EDUCATORS' PERSPECTIVES ON SUPPORTING STUDENTS' MENTAL HEALTH WITHIN THE FRAMEWORK OF POSITIVE BEHAVIOURAL INTERVENTIONS AND SUPPORTS

By

Larissa Thorsteinson

A Thesis submitted to the Faculty of Graduate Studies of

The University of Manitoba

In partial fulfillment of the requirements for the degree of

MASTER OF EDUCATION

Department of Educational Administration, Foundations and Psychology

University of Manitoba

Winnipeg

Table of Contents

Abstract

A significant number of students are living with diagnosed and undiagnosed mental health disorders such as anxiety, depression, post-traumatic stress disorder, schizophrenia and substance-use, and this number has only increased due to the COVID-19 worldwide pandemic. When students are demonstrating symptoms of languishing mental health within the classroom, it is the classroom teachers, resource teachers and counsellors who experience first-hand, the challenges that come along with this, and work to implement strategies to support these students. This qualitative study has the purpose of obtaining the perspectives of classroom and support teachers on their experiences in working with students with mental health needs and how they are addressed and supported in school-based settings that are implementing Positive Behavioural Interventions and Supports (PBIS).

The data from individual interviews were analysed and coded, revealing six themes: 1) Diversity of student mental health and wellbeing in the classroom, 2) Implementation and integration of PBIS and SEL, 3) Strategies to support student mental health and wellbeing in schools, 4) Barriers and challenges in supporting student mental health and wellbeing in schools, 5) Effect of PBIS on student mental health, and 6) Impact of Covid-19 on students' and teachers' mental health and wellbeing.

This study makes recommendations for change in current practice in schools, including the integration of PBIS and SEL, administrator support of instructional strategies that foster positive mental health, and the development of school culture that has an emphasis on collaboration and co-teaching.

Acknowledgements

First, I would like to express my sincerest gratitude and thanks to my advisor, Dr. Zana Lutfiyya, for her invaluable encouragement, guidance, and support throughout every step of this research project and throughout my graduate studies in Inclusive Education.

I would also like to thank my committee members, Dr. Rick Freeze and Dr. Nadine Bartlett, for their insightful comments, feedback, and support on my thesis.

Finally, to my husband, Trevor, and children, Hannah and Sean, I am immensely grateful for your love, patience and encouraging support.

Dedication

To all of the students I have worked with in the past, present, and to those still yet to come.

You have taught me to always look beyond what meets the eye, and for this, I thank you.

List of Tables

Chapter One: Introduction

The shift towards inclusive education began more than half a century ago when students with disabilities, who had previously been excluded from public schools, were given the right to receive their education alongside their peers. Although society and the educational system have come a long way with regards to including students with disabilities in classrooms, there is still much work to do when it comes to meeting the needs of students who experience difficulties with their mental health. The *Canadian Charter of Rights and Freedoms* (1982) states that,

> 15. (1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

Today, children who are in a wheelchair or who have another type of physical disability are often accommodated for, as should be the case, however this is not always the outcome for students who have an invisible disability, such as a mental health disorder. There continues to be stigma around people who experience difficulties with their mental health, and this is an important issue within the education system of today. Educators are not only faced with the task of providing education to our children and youth, but they are also confronted with the challenge of supporting students' mental health and emotional well-being.

Supporting Mental Health in the Classroom

In the early years of my career in education, it became clear to me that my role was not to simply educate children, but also to support my students' mental health and wellbeing. I was

hired to teach in a small school situated in a friendly neighborhood. I was very familiar with most of the students and staff, and already felt that I was part of a very supportive school community. As most teachers tend to do, especially those in their first years, I spent the majority of my summer creating well thought out lesson plans and engaging educational materials in the hopes of instilling a love of learning in my future students. I carefully prepared my classroom to make it an inviting and welcoming environment and organized the supplies so that they were accessible to all students. Taking into account my Bachelor of Education degree training, as well as the experience that I had gained in my teaching practicums, I made sure to plan community building activities for the month of September, as I knew that creating a caring classroom community was crucial to student learning. However, as I look back now, I can honestly say that all of my training and planning did not fully prepare me for the journey that lay ahead.

Although there were under twenty children in my class, the student dynamics and needs made that year one of the most challenging ones of my career. In the first few days of school, among other classroom activities, I began a routine of reading a story to my students before they went outside for recess. The students were all sitting on the carpet in front of me and as I started to read, one boy got up abruptly, went to his table, grabbed a pair of scissors, and started screaming and running back and forth around the room with the scissors in his hands in an escalated state. He appeared to be completely out of control, and I was seriously worried for his safety as well as for the other students. It was in this moment that I realized that nothing in my years of training in education had taught me how to respond to this specific situation. Of course, I responded with my instincts, remained calm, pressed the call button for the office,

managed to safely obtain the scissors from the student, and placed myself between him and the other students until another adult arrived to help provide support. This is where I first learned about how to do a "classroom clear" in order to keep my students safe, and it would be the first one out of the countless classroom clears that I initiated, or helped to support another teacher in implementing, in the years to come.

In the following days and weeks, my student's outbursts became more frequent and more intense. He would run out of the classroom, and on one occasion, out of the school. It became necessary to create a plan that involved the whole school staff, in order to keep him and others safe. Our resource teacher was helping to support me in the classroom as much as possible, and my principal spent many hours in my room as well. Parents began calling the school to ask what plan was in place to keep their children safe. Numerous meetings were held, and student specific planning was initiated to wrap supports around this student, his family, as well as his teacher. Some wondered how it was possible to continue to teach in such "conditions", but to me, this was all I knew, and I learned to adapt very quickly. At the same time, I was learning about the various needs of the other students in my class. One student would become very frustrated if he perceived that he did not complete his work perfectly. He would begin to cry inconsolably, and it would take upwards of thirty minutes to calm him down. Another student was so shy, that she barely spoke at all in class, and I was not sure how I was going to be able to properly assess her for her report card. A few students were having difficulties learning the sound associated with each letter and I was worried how I would possibly teach them to read by the end of the year. Others were already reading above grade level and needed to be challenged so that they did not become completely bored and

disengaged from school. My meticulously planned lessons were quickly thrown out the window, as I realized that I needed to make a conscious effort to teach the students that were in front of me, rather than my own preconceived notions of the students that I *thought* would be in my classroom.

Every day was a new day that brought new challenges, but also new successes. I was learning about my students and had the opportunity to work collaboratively, not only with my in-school team, but also with divisional clinicians and other staff. In the year that I worked with these students they taught me more than I could have anticipated about the necessity of understanding all aspects of their needs. I realized that I could not simply teach the curriculum, but rather, I needed to find a way to teach to the whole child. Every year after that, I was faced with a variety of similar challenges. Students who had lived through traumatic events and were experiencing negative self-talk, self-harm or thoughts of suicide, students diagnosed with Conduct Disorder (CD), Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD). More and more, it became obvious to me that teachers needed to have training in how to support student diversity, and especially, how to support students' mental health. Since mental health in the classroom often manifested itself as "defiant", "manipulative" or "aggressive" behaviour, adult reactions were frequently filled with anger, frustration or fear, which would then lead to the student being removed from the classroom. As I moved into the role of a resource teacher and school counsellor, the majority of my time was spent working alongside classroom teachers to model and teach strategies and approaches to help students with developmental disorders and mental health challenges to be successful in the inclusive classroom. Every single student and every specific situation were unique, and it

took a tremendous amount of collaboration, creative thinking and problem solving to meet the specific needs of all students. These experiences made obvious the necessity to address student behaviour proactively through the implementation of a variety of strategies and supports that would prevent reactive strategies such as room clears.

Children's Mental Health

The above vignette is not unique to my own experience, but rather, it has become common for many teachers to have worked with students with mental health issues, including disruptive behaviour (Reinke et al., 2011). The current condition of children's mental health has become a critical issue that is affecting classrooms, schools, and communities in a variety of important ways. Conventional educational policies, curricula and methods of teaching are no longer sufficient to effectively support the wide array of needs that students have in today's classrooms. In response to the increasing needs, particularly mental health needs (Chartier et al., 2016), we must innovate and renew the way that we teach. One way to achieve this goal is to reduce the research to practice gap that exists in supporting students' mental health (Reinke et al. 2011). The DSM-5 defines a mental disorder as a "syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (American Psychiatric Association, 2013, p. 20). Although often considered an "invisible" condition, it is undeniable that mental illness is detrimental to the daily functioning of individuals, their relationships with others, and has a tremendous impact on society. Approximately one in eight people are diagnosed with a mental health disorder in their lifetime, and one in every 100 deaths is due to suicide (WHO, 2022). The prevalence of mental disorders

in children is also increasing (Chartier et al., 2016). Mental disorders, such as depression, attention deficit/hyperactivity disorder, attachment disorder, conduct disorder, schizophrenia, substance use disorder and post-traumatic stress disorder, affect 14% or one in seven 10–19-year-olds across the globe (World Health Organization, 2021) and prevalence reports from the United States are even higher, with approximately 20-40% of children and adolescents diagnosed with a mental health disorder (Kessler et al., 2012; Merikangas et al., 2010). According to Katz (2018), "For the first time in more than 50 years, the worldwide prevalence of children's mental health diagnoses has surpassed those of physical injury and illness" (p. 21). The Manitoba Centre for Health Policy determined the prevalence rate of mental disorders in Manitoban children and youth to be 14% and increases were noted between the two four-year time periods of the study (2005/06-2008/09 and 2009-10-2012/13) (Chartier et al., 2016). Furthermore, and alarmingly, it has been found that many children and youth with symptoms of mental health disorders go untreated and in the United States "61.5% of youth with major depression do not receive any mental health treatment" (Hellebuyck et al., 2019).

In addition to increased health risks (Battaglia et al., 2017; Copeland, 2014), lower living standards and other negative life outcomes (Gibb et al., 2010), research also suggests that educational outcomes for children with mental disorders are significantly reduced (Battaglia et al., 2017; Mojtabai et al., 2015). In the province of Manitoba, assessment results for Grade 3 numeracy and reading, Grade 7 mathematics, Grade 8 reading and writing, and high school completion for students with mental disorders were found to be significantly lower than children without mental disorders (Chartier et al., 2016). The aforementioned study also found that children with mental health disorders had higher rates of suicide and attempted suicide,

were more likely to have been involved with Child and Family Services and the justice system, and had higher rates of asthma, diabetes, and death. Alarmingly, the estimated cost to the system of children and youth's mental health disorders is approximately $247 billion in the United States (O'Connell et al., 2009). Considering this research and the impact that mental illness is having on our children's lives, it is imperative that the following areas be prioritized in our schools and school divisions, in policy as well as in practice:

a) gaining an understanding of students' educational needs in relation to mental health and wellbeing,
b) supporting students' mental health, and
c) reducing stigma.

Mental Illness vs. Mental Health and Well-being

Understanding how to best support students with mental illness will not only benefit children who are affected by mental health disorders but will, in fact, benefit all students. This is because the absence of a mental health disorder does not necessarily equate to the presence of strong or positive mental health and emotional well-being. Mental health is defined as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organization, 2014). Keyes (2002) argues that mental health does not simply mean the absence of mental illness. Keyes' Complete State Model of Mental Health (CMH) is a continuum with two dimensions that are separate but related – mental illness and mental health. Mental illness refers to either the presence or the absence of

a mental illness, while mental health refers to a range of languishing or flourishing mental health characteristics. Flourishing refers to high levels of emotional well-being while languishing refers to low levels of emotional well-being. For example, an individual may not meet the criteria for a mental illness, yet he or she may be experiencing languishing mental health, perhaps after the death of a loved one or another significant negative life event. Alternatively, an individual who has a clinical diagnosis of schizophrenia, may experience flourishing mental health, where he or she is able to successfully manage his or her mental illness and lead a productive, happy life. It is important to note that anyone may experience languishing mental health at some point in his or her life and may, at that time, require supports like those offered to individuals diagnosed with a mental disorder. An Australian study that examined the CMH states of youth aged 13-17, found that "the majority of adolescents were not flourishing in life (58%) and that these adolescents, who were languishing, struggling, or floundering, engaged in more health-risk behaviour than adolescents who were flourishing in life" (Venning, et al., 2013, p. 305). Furthermore, Keyes et al. (2010) longitudinal study found that languishing mental health is a higher predictor of negative functioning over time, even higher than the presence of a mental illness. This further supports the importance of effectively and proactively supporting students' mental health and well-being in the classroom. Educators play an important role in this process as advocates, models, and teachers of positive mental health and well-being.

Although there are a significant number of children who are officially diagnosed with a mental illness, there are many more who are not, but who may be experiencing similar symptoms or may be experiencing languishing mental health. When children are exposed to trauma, such as neglect, abuse, domestic violence, parental mental illness, death of a loved

one, natural disasters, etc., their brain structure and chemistry are physically altered (Perry & Szalavitz, 2017), leading to an over-active stress response of fight, flight or freeze, even in situations where there is no apparent danger (Perry & Hambrick, 2008). In a study by Duke et al. (2010) it was found that 28.9% of youth between the ages of 12-18 reported at least one Adverse Childhood Experience (ACE). Furthermore, "Each type of adverse childhood experience was significantly associated with adolescent interpersonal violence perpetration (delinquency, bullying, physical fighting, dating violence, weapon-carrying on school property) and self-directed violence (self-mutilation, suicide ideation, and suicide attempt)" (Duke et al., 2010, 783). Consequently, by consciously supporting students' mental health, not only would their functioning improve, but there would also be a reduction in occurrences of violence (to self and/or others).

In a Ted Talk, Dr. Nadine Burke Harris (Founder and CEO of Center for Youth Wellness), described the ACE Study (Felitti et al., 1998) and the threatening effects that exposure to childhood trauma have on physical health in adulthood. She boldly states, "The science is clear. Early adversity dramatically affects health across the lifetime. […] This is beatable. The single most important thing that we need today is the courage to look this problem in the face and say: 'This is real and this is all of us'" (Harris, 2014). Although Harris is urging the medical community to embrace this movement, this certainly applies to the field of education. Children spend the majority of their time in schools, which makes it the most logical environment to embed the proactive, preventative best practices that can change or buffer the negative effects of trauma and mental health over a lifetime.

Research Questions

Many school divisions in Canada and around the world, have started to recognize their role in supporting students' mental health, and have invested in the implementation of strategies, frameworks, programs, and training to realize this objective. For example, Positive Behavioural Interventions and Supports (PBIS) is a framework that is widely used across the United States and in some parts of Canada (National Technical Assistance Center on Positive Behavioral Interventions and Supports, 2019) to create positive and predictable environments, which in turn, support students' mental health. In addition, Social Emotional Learning (SEL) is also prevalent in schools, as educators are becoming more aware of the importance of developing these skills in students so that they are more able to engage in learning and to increase their success.

The purpose of this study is to obtain the perspectives of classroom teachers and support teachers (e.g., resource teachers and school counsellors) about students' mental health needs and how they are addressed in school-based settings.

In this study, I will address:

1) What are the perspectives and experiences of classroom and support teachers (resource teachers and school counsellors) on the state, scope and degree of mental health challenges that students are experiencing?
2) What are the facilitators and barriers to supporting students' mental health challenges?

3) What are the classroom and support teachers' perspectives on the efficacy of the PBIS framework in supporting students' mental health and on their role in supporting and responding effectively to students' mental health in general?
4) What are the perspectives of classroom and support teachers on how SEL is being integrated within the PBIS framework as well as the effects of this integration, or other strategies to support mental health, on students' mental health and wellbeing?

Chapter Two: Literature Review

In this chapter, I have decided to review the research in the following areas: Positive Behavioural Interventions and Supports (PBIS), Social Emotional Learning (SEL) and Trauma Informed Practices, with a particular focus on how these approaches support student mental health, as well as how they can be integrated into the classroom to provide the most effective system of delivery. I will also review the current literature on teachers' perceptions on student mental health and on their role in supporting student mental health and wellbeing. Additionally, I will also discuss the literature on collaborative, team-based approaches that are utilized in inclusive schools and within PBIS.

Definition of Mental Health

Throughout this chapter, I will use the term "mental health" with the following definition:

> [Mental health] is conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. With respect to children, an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full active participation in society. (World Health Organization, 2013, p. 6)

I will also utilize the term "mental health disorders" when referring to disorders that are found in the DSM-V, such as depression, attention deficit/hyperactivity disorder, attachment disorder,

conduct disorder, schizophrenia, substance use disorder, autism spectrum disorder and post-traumatic stress disorder. Finally, when I am referring to the work of particular researchers, I will use the terms that they use in their work.

Positive Behavioural Interventions and Supports (PBIS)

In this section, I will discuss PBIS, including its history and development, its definition, the positive effect of PBIS in schools, and how it supports student mental health.

Development and History of School-Wide Positive Behavioural Interventions and Supports

Although the roots of Positive Behavioral Interventions and Supports (PBIS) began in the 1980s, it was not until the reauthorization of the Individuals with Disabilities Education Act (IDEA) in 1997 that PBIS was officially developed and formalized in the United States (Sugai & Simonsen, 2012). One component of IDEA called for a behaviour intervention plan to be developed or reviewed if the student's behaviour was deemed to be due to the child's disability, and recommended the use of an intervention strategy, namely positive behavior supports (Turnbull et al., 2001). Subsequently, the National Technical Assistance Center on PBIS was created with funds from a grant with the purpose of providing supports to schools in utilizing PBIS and other evidence-based strategies for students with behavioural disorders. Researchers from universities all over the United States, such as Missouri, Florida and Oregon, were involved in this initiative and the focus expanded to include school-wide positive behaviour supports for all students, rather than solely for students with behaviour disorders, leading to the PBIS framework that exists today.

Definition of PBIS

PBIS is defined as an "application of a behaviorally based systems approach to enhance the capacity of schools, families, and communities to design effective environments that improve the fit or link between research-validated practices and the environments in which teaching and learning occur" (Sugai et al., 2000, p. 133-134). Incorporating elements from behavioural theory and analysis, prevention and implementation science, systems perspectives as well as evidence-based practices, PBIS utilizes a three-tiered framework of supports. At the Tier 1, universal prevention level, school-wide positive behavioural expectations are established, taught, practiced, and reinforced, and classroom expectations align with the school-wide expectations. Continuums of procedures for encouraging expected behaviour and discouraging problem behaviour are also developed, and strategies are implemented that encourage a school-family partnership. For students who may be at risk of developing problem behaviours, Tier 2, targeted prevention, strategies are implemented. These include increasing the following: instruction and practice with self-regulation and social skills, adult supervision, opportunities for positive reinforcement, pre-corrections, focus on possible function of problem behaviours, and access to academic supports (www.pbis.org). Finally, at the Tier 3 level of intensive, individualized prevention, the focus is on functional assessments, wraparound supports, and cultural/contextual fit of highly individualized support. Supports at the Tier 2 and 3 levels are not intended to replace the Tier 1 practices, but rather to intensify and complement the universal supports that are provided for all students.

When school teams begin to implement PBIS, the PBIS model requires the following elements for effective implementation: 1) establishing a common philosophy and purpose, 2)

leadership, 3) clarifying expected behaviours, 4) teaching expected behaviours, 5) encouraging expected behaviours, 6) discouraging inappropriate behaviour, 7) ongoing monitoring, and 8) utilizing effective classroom practices (Missouri Department of Elementary and Secondary Education, 2018). Although the PBIS framework is a flexible system that can be adapted depending on the needs of the students and the specific environment, PBIS leadership teams within schools work to ensure that these eight components are in place and sustained. Action plans are often created based on these features and the leadership team utilizes tools, such as the *School-Wide PBIS Tiered Fidelity Inventory*, which measures the fidelity of the implementation of PBIS (Algozzine et al., 2019).

Positive Effects of PBIS in Schools

PBIS has been widely studied in the literature, and research indicates that there are several positive effects of implementing this framework within schools. A recent synthesis of PBIS research, which included 55 studies, found that the largest impact of the implementation of PBIS in schools, is a reduction in the number of office discipline referrals (ODR) and suspensions (Noltemeyer et al., 2019). The impact of PBIS on academic achievement has been mixed. Numerous studies have found that when school wide PBIS has been implemented with fidelity, it is associated with higher academic achievement, including more students who are above or at grade-level (Gage et al., 2017; Madigan et al., 2016), higher math achievement (Muscott et al., 2008; Simonsen et al., 2012; Kelm et al., 2014), and increased achievement in reading and writing (Kelm et al., 2014). Other studies have not found a relationship between PBIS and increased academic achievement (Gage et al., 2015; Bradshaw et al, 2010). One explanation for this may be that PBIS has positive effects on academic achievement mainly

through improved student behaviour (reduced ODRs and suspensions) which allows for more time for instruction and learning, and this link may only be visible once PBIS has been implemented with fidelity for lengthier periods of time (Lassen et al., 2006). The PBIS framework is also a system to increase equity of disciplinary practices in schools. Although PBIS does not eliminate racial disparity in disciplinary disproportionality, it has been found to increase equity in this area through the implementation of school-wide reinforcement systems as well as analyzing and interpreting data to identify inconsistencies (McIntosh et al., 2018). Not only does PBIS have positive effects for student outcomes, primarily in the area of behaviour, but it has also been associated with improved teacher wellbeing, including reduced teacher burnout and increased self-efficacy (Ross et al., 2012). A recent study by Houchens et al., (2017), found that PBIS was associated with higher teacher satisfaction concerning their teaching conditions, and teachers' perceptions of their school's organizational health, including staff affiliation, were improved in PBIS schools (Bradshaw et al., 2008).

PBIS and Mental Health

Despite the positive outcomes associated with the implementation of PBIS, one shortcoming is that it does not necessarily support the identification of students who are exhibiting internalizing behaviours, such as withdrawal from social interactions and reduction in engaged participation, which may be associated with depression and/or anxiety. In a study by Bradshaw et al. (2008), it was found that academically average students who demonstrated internalizing behaviours were as likely as students who did not demonstrate any behaviours, to receive additional support. Although the structure and predictability within the PBIS framework, as well as the creation of a positive school culture and equitable environments

naturally supports many students with mental health concerns, the limitation of PBIS is that some students who are experiencing such difficulties may not be identified or provided with necessary supports.

Since researchers in the field have become aware of this gap, they have been working on ways to remediate this limitation. For example, McIntosh et al. (2014) have suggested three possible (and practical) ways to address this shortfall and they include: 1) to implement evidence-based interventions that support students with internalizing symptoms, 2) to provide training to teachers and staff in how to identify students with internalizing behaviours, and 3) to introduce regular screenings for internalizing symptoms. In schools where PBIS is being implemented with fidelity, systems and structures are already in place for data-based decision making, and therefore, it would not be terribly cumbersome to incorporate additional interventions and proactive strategies to address students' internalizing needs. However, many argue that a larger cross-systems approach needs to help drive the improvement of student mental health outcomes. In fact, although the education system is a natural place for students to receive preventative and ongoing mental health supports, it is not the only system responsible for doing so. The health system must also play a large role in working together with partners in education for the benefit of all students. The integration of School Mental Health (SMH) and PBIS through the Interconnected Systems Framework (ISF) is an important recommendation that has been proposed by Swain-Bradway et al. (2015):

> For the PBIS system, the ISF addresses the common concern, of insufficient development of Tier II and Tier III structures, resulting in unaddressed behavioral and emotional needs for students with more complex mental health needs. Also, PBIS Tier I

> systems, although showing success in social climate and discipline, do not typically address broader community data and mental health prevention (p. 3).

Currently, the education system and mental health system work in silos, communicating and sharing information only when necessary and in a disjointed way (Barrett, Eber, & Weist, 2017). Instead, the proposed suggestion of working together to interconnect the two systems, will undoubtedly result in improving outcomes for all students.

Researchers and practitioners alike have already begun to look at ways to incorporate these recommendations into practice. Namely, Weist et al. (2018) suggests that specific interventions to address students' social emotional well-being can be incorporated at all three levels of the PBIS framework (Tiers 1, 2 & 3). At Tier 1, "Connecting the teaching of social/emotional skills directly to the basic behavior expectations sets the foundation for classroom support of all students, including those with internalizing concerns" (Weist et al., 2018, p.178). An example of how to incorporate social skills into a classroom matrix is illustrated in Table 1. At Tier 2, strategies to support social-emotional regulation, could be incorporated within a targeted intervention, such as Check-In, Check-Out (CICO). "…a student struggling with anxiety issues could have expectations on the DPR [Daily Progress Report] of 'stay calm and use my deep breathing skills when there are classroom disruptions'." (Weist et al., 2018, p. 178). By infusing this into an already existing intervention, it allows for the cross over from what is being worked on with a therapist or counsellor into the student's daily life and prompts the teacher and other adults to positively reinforce the student's use of the strategy. Finally, at the Tier 3 level, Weist et al. (2018) suggest the utilization of a

Table 1. "Tier 1 behavioral matrix in a school with many students experiencing anxiety about lunchtime."

Teaching Matrix		INCORPORATE Coping Strategies for Managing Stress						
		All Settings	Halls	Playground	*Lunch*	Library/ Computer Lab	Assembly	Bus
Expectations	Respectful	Be on task Give your best effort Be prepared	Walk	Have a plan	*Invite those sitting alone to join in*	Study, read, computer	Sit in one spot	Watch for your stop
	Achieving & Organized	Be kind Hands/feet to self Help/share with others	Use normal voice volume Walk to right	Share equipment Include others	*Choose quiet or social lunch area* *Use cognitive coping skills* *Invite friend to join me*	Whisper Return books	Listen/watch Use appropriate applause	Use a quiet voice Stay in your seat
	Responsible	Recycle Clean up after self	Pick up litter Maintain physical space	Use equipment properly Put litter in garbage can	*Use my breathing technique* *Listen to my signals*	Push in chairs Treat books carefully	Pick up Treat chairs carefully	Wipe your feet

Reprinted from *Improving Multitiered Systems of Support for Students With "Internalizing" Emotional/Behavioral Problems*, by Weist et al., 2018, retrieved from *Journal of Positive Behavior Interventions*, *20*(3), p. 179, https://doi.org/10.1177/1098300717753832 Copyright 2018 by Hammill Institute on Disabilities, reprinted with permission (see Appendix A).

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC) (Chorpita & Weisz, 2009), as it "includes a range of user-friendly resources for families and youth to help them learn key skills and provides guidance to the clinician in cognitive-behavioral skill training" (Weist et al., 2018). Considering the heavy workload and amount of stress that teachers experience on a regular basis, this integration of social-emotional learning at all three levels of the PBIS framework would allow for mental health supports to be in place for students, while at the same time, not adding a separate "program" or "initiative" on the plates of educators. Although it makes the most sense for Social Emotional Learning (SEL) to take place within the context of PBIS, it is important to highlight the SEL research.

Social Emotional Learning (SEL)

In this section I will discuss the development and history of SEL, its definition, and the positive effects of SEL in schools.

Development and History of SEL

The modern concept of teaching social and emotional skills to students began in 1968 when James P. Comer and his colleagues from the Yale University Child Study Center implemented a school-wide project that focused on teaching social skills to students in authentic ways and building positive relationship between teachers and students (Comer, 1988). Comer stated that "Our analysis of the two New Haven schools suggested that the key to academic achievement is to promote psychological development in students, which encourages bonding to the school" (p. 46) and later, "[School districts, state and local governments and

school boards] must recognize that students' social development is as important to society as their academic ability" (p. 48). Because of the success of this intervention in the two schools in New Haven, including improved academic achievement in students between 1969 and 1984, it was then implemented in over 50 schools in the United States (Comer, 1988).

Six years later, in 1994, the Collaborative for Academic, Social, and Emotional Learning (CASEL) was developed with the purpose of "establishing high-quality, evidence-based social and emotional learning (SEL) as an essential part of preschool through high school education" (retrieved from https://casel.org/history/ on May 3, 2020). In 1997, CASEL and the Association for Supervision and Curriculum Development (ASCD) published the book *Promoting Social and Emotional Learning: Guidelines for Educators* which outlined strategies for teaching social and emotional skills to students. Since then, research on SEL and its implementation in schools across the world persisted, and SEL continues to grow and evolve within the education system to this day.

Definition of SEL

According to the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2017), "SEL is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions" (retrieved from https://casel.org/what-is-sel/ on May 3, 2020). SEL encompasses five different areas: (a) self-awareness (identifying emotions, accurate self-perception, recognizing strengths, self-confidence, self-efficacy), (b) self-management (impulse control, stress management, self-discipline, self-motivation, goal

setting, organizational skills), (c) social awareness (perspective-taking, empathy, appreciating diversity, respect for others), (d) responsible decision-making (identifying problems, analyzing situations, solving problems, evaluating, reflecting, ethical responsibility), and (e) relationship skills (communication, social engagement, relationship building, teamwork) (CASEL, 2017). These specific competencies can be explicitly taught and learned in the classroom (and elsewhere), and the following section will highlight some of their positive outcomes.

Positive Effects of SEL in Schools

The research on the impact of SEL goes back more than twenty years. The most well-known study on SEL was a meta-analysis by Durlak et al. (2011). This meta-analysis looked at school-based universal SEL programs that were delivered to students from K-12 and found that students demonstrated (a) increased social-emotional skills, (b) more positive attitudes about themselves, others, and school, (c) an eleven percentile-point increase on standardized tests, (d) reduced conduct problems, aggressive behaviour, and emotional distress, and (e) increased prosocial behaviour. Other studies have shown that SEL programs enhance students' connection to school, improve classroom behaviour and increase academic achievements (Zins et al., 2004). In fact, researchers argue that students must first have a foundational sense of emotional security in order to be ready to learn (Hyson, 2004), highlighting the importance of explicitly incorporating SEL into curriculum. Furthermore, when SEL is incorporated into classrooms, there are also positive outcomes for teachers, including increased self-efficacy and job satisfaction as well as higher teacher confidence and wellbeing (Collie, Shapka, & Perry, 2012; Jennings & Greenberg, 2009).

Integrating SEL into the PBIS Framework

Although PBIS and SEL have the potential to create positive effects on students' academic and behavioral achievement as well as on their mental health and well-being, researchers have begun to advocate for the implementation of SEL programming within the PBIS framework (Barrett, Eber, & Weist, 2013; Bradshaw et al., 2013). It is argued that PBIS offers the important structures to teach SEL skills in a proactive way and because data is collected on a regular basis, it can be utilized to identify specific social-emotional needs, as well as to determine the efficacy of interventions (Barrett et al., 2018). The following recommendations are offered by Barrett et al. (2018) to facilitate the integration of SEL into the PBIS framework: (a) utilize a singular school leadership team for social-emotional and behaviour support, (b) increase the types of data that teams collect in order to identify which skills to teach, (c) utilize PBIS systems to teach social-emotional competencies, and (d) foster a positive staff culture to increase adult wellbeing. It is important for us to continue to move in this direction, not only for the benefit of students, but also for the benefit of the adults who care for them.

Trauma-Informed PBIS

It is important to discuss emerging research related to the integration of trauma-informed practices into the PBIS framework, as this has similarities to the integration of SEL and PBIS. According to Kumm et al. (2020),

> The goal of embedding mental health and trauma-informed interventions into FW-PBIS [facility-wide PBIS] practices is not to make every staff member a mental health

> provider; the goal is to provide all staff with the skills and resources to work with youth who have mental health disorders and to know how to collect data and recognize the signs and symptoms so that they can recommend youth for more intensive interventions, if needed (p. 82).

Ensuring that all staff are knowledgeable in identifying children or youth who have experienced trauma and are in need of further interventions, is at the base of the integration of trauma-informed PBIS. Kumm et al. (2020) further suggest specific mental health interventions appropriate for each level of support. For example, at Tier 1, the following mental health interventions were suggested, "Facility-Wide Time Devoted to Social Emotional Strategies, Promoting Alternative Thinking Strategies (PATHS), Yoga or Physical Activities, Sanctuary Model, Think Trauma, Mindfulness Interventions, Aggression Replacement Training, Dialectical Behavioural Therapy" (p. 84). At Tier 2, strategies such as "Focused Small Group Discussions, Check-In Check-Out, Social Skills Instruction, Talk Therapy, Coping Cat, Trauma Affect Regulation: A Guide for Education and Therapy (TARGET), Building Decision Schools" (p. 84) were suggested. At Tier 3, "Cognitive Behavioural Therapy (CBT), Functional Behavior Assessment, Cognitive Behavioural Interventions Therapy for Trauma in Schools (CBITS), Multisystemic Therapy (MST)" (p. 84), were proposed. Although these are suggestions made for use in a Juvenile Justice Facility, it is certain that these interventions would also be beneficial to be used in a school setting, since it is known that trauma affects a significant number of students within our classrooms.

In 2017, The Council for Children with Behavioural Disorders (Mathur et al., 2017) made the following eight recommendation for school policies and practices related to trauma informed PBIS:

1. acknowledge that students with emotional concerns need comprehensive SBMHS,
2. build infrastructure within schools for the systematic and systemic teaching of prosocial skills,
3. adopt programs and practices that reduce racial and ethnic bias,
4. evaluate behavior management strategies from individual student, classroom, and schoolwide perspectives, moving from punishment-based strategies to prosocial instructional approaches that promote social, emotional, and behavioral development,
5. train school staff to recognize early signs of emotional distress and to intervene early with evidence-based preventive practices that are implemented with integrity,
6. monitor school climate by periodically examining relationships among students and staff members to assure climate is positive and all at-risk students are connected with or mentored by school staff,
7. assure connectedness with families in communication, coordination of goals, and joint decision making,
8. establish systems of care with community mental health service providers, revenue sources, juvenile justice, and others to create networks of support. (p. 225)

Current research conducted during the pandemic indicate that the prevalence of mental health problems has increased. A meta-analysis conducted by Dragioti et al. (2022), stated that "an increase between 9% and 31 % in the prevalence rates before and after the pandemic were found for anxiety, depression, stress, and sleep problems" (p. 1943). In particular, they also found that anxiety/depression were most highest for caregivers and family members of people with COVID-19 (42%) and young adults in quarantine (21%) (Dragioti et al., 2022). Additionally, Chien (2022), found that "pandemic-related restrictions on children's participation were unfavorably related to mental health. In particular, reduced involvement in daily activities,

except electronically related home activities, was associated with more externalizing problems and fewer prosocial behaviors among children" (p.3). The integration of trauma informed practices within the PBIS framework is imperative, especially as we continue to observe the effects that the COVID-19 pandemic had on the mental health of children all over the world.

Teachers' Perceptions of Supporting Students' Mental Health Needs

Although researchers advocate for educators to implement interventions and strategies to support students' mental health and wellbeing, it is important to ascertain teachers' perspectives on this issue. In an American study by Reinke et al. (2011), it was found that "75% of teachers reported either working with or referring students with mental health issues within the last year […] and nine out of 10 teachers reported working with children with defiant behavior and children who were experiencing family stressors" (p.8). This study also found that "89% of teachers agreed that schools should be involved in addressing the mental health needs of children. However, only 34% of teachers reported that they felt they had the skills necessary to support these needs in children" (p. 9). This latter finding is concerning, but very valuable information, as it demonstrates that teachers are aware of students' mental health needs and are inclined to help, however they do not feel confident to support them effectively, or are unsure of how best to do so. Similar results were found in a beginning qualitative study by the author of this thesis proposal. It was found that, "Teachers viewed mental health as being equal to physical health and all of them reported having students in their classrooms who exhibit symptoms of mental health challenges, including internalizing and externalizing behaviours. […] All participants believed that more professional development was needed in [the area of mental health] for all educators, as a lack of knowledge and attitudes were viewed as barriers"

(Thorsteinson, 2018). Similar barriers were found in Walter et al.'s study (2006) where "teachers' knowledge about mental health issues was limited, and they did not feel confident about their ability to manage mental health problems in their classrooms" (p.61).

Teachers also feel that they require more training in understanding mental health disorders, behaviour management techniques, social skill training, and trauma (Moon et al., 2017). Reinke (2011) contends that there is a large research to practice gap in the area of supporting children's mental health and that nearly 50% of teachers in her study had never heard of the term "evidence-based practices". Reinke (2011) also highlights that "despite the increased availability of evidence-based interventions and the importance of targeting the school setting, the widespread adoption and implementation of evidence-based practices and interventions to promote children's mental health has not occurred" (p.1). In conclusion, it is apparent that educators agree that they should, and do, play a key role in supporting students' mental health in the classroom, however there is still more work to be done in preparing teachers so that they feel capable to practically apply the strategies and supports necessary.

Collaboration and Team-Based Approaches in Inclusive Schools

There is a need for collaboration when supporting students with mental health needs and it is well-documented that collaboration and team-based approaches are necessary to the successful functioning of inclusive schools, including the collaboration between support teachers and general classroom teachers (Mulholland & O'Connor, 2016; Hedegaard-Soerensen, Riis Jensen, & Borglum Tofteng, 2018; Fisher, 2003). In the Manitoban context, "when the primary role of the resource teacher [support teacher] in an inclusive environment focuses on supporting and working with classroom teachers, all students benefit" (Manitoba

Education and Advanced Learning, 2014, p.13). The document entitled *Supporting Inclusive Schools: A Handbook for Resource Teachers in Manitoba Schools* (Manitoba Education and Advanced Learning, 2014), posits that one of the principal roles of the resource teacher is to provide services and supports to classroom teachers through the development of positive relationships and collaboration. According to Hedegaard-Soerensen (2018), "formalised collaboration is highlighted as most significant in contributing to the development of inclusive teaching practices as it supports general teachers in reflecting and analysing the practice of teaching. It offers close collaboration between the special school teacher and the general teacher as recommended by international research on co-teaching" (p. 392). Finally, when it comes to supporting students with mental health challenges in the classroom, Forman et al. (2009) found that teacher support was a significant factor that enabled the successful implementation of school-based mental health interventions.

Gaps in the Research

Although there has been a vast amount of research on PBIS and SEL independently, there has been little research on the integration of the two (Cook et al., 2015). In addition, there has been some research on the perspectives of teachers on supporting students' mental health, however, there has not been any research that I can find on the perspectives of support teachers on supporting students' mental health within an inclusive school setting. Furthermore, there has not been any qualitative research done on supporting students' mental health through SEL and within the PBIS framework. In this study, I tried to fill this gap by examining the perspectives of classroom and support teachers on supporting students' mental health through SEL delivered within a PBIS framework and in an inclusive setting.

Chapter Three: Methods and Methodology

In this chapter, I will outline the method and process that I used to determine the perspectives of educators on supporting students' mental health. In particular, I will describe the research design, the set up the study, the data collection, the data management, the data analysis and my positionality as a researcher.

Research Design

In order to ascertain the perspectives of classroom teachers and student services personnel on supporting students' mental health within the Positive Behavioural Interventions and Supports (PBIS) framework, I carried out a qualitative study. The qualitative research approach allows researchers to "study things in their natural settings, attempting to make the most sense of, or interpret, phenomena in terms of the meanings people bring to them" (Denzin & Lincoln, 2011, p. 3). This approach aligns with my research objectives, because it enabled me to understand the unique perspectives of my participants in supporting students' mental health based on their own experiences.

Setting Up the Study

To begin the process, I prepared, presented and submitted my research proposal to my advisor and committee members, and the proposal defense took place virtually on November 5, 2020. Following the approval of my research proposal, I prepared and submitted my ethics application, and I obtained ethics approval from the University of Manitoba's Fort Garry Campus Research and Ethics Board (ENREB) on March 22, 2021 (see Appendix B). Next, I completed a research application form and submitted this, along with all required documents

to the school division in which I conducted my research. I approached one particular school division that was implementing Positive Behavioural Interventions and Supports (PBIS) across the division. This meant that there would be educators who had relevant, practical experiences related to considering the mental health and well-being of their students. I received permission to recruit study participants from the school division on April 9, 2021.

Participants

The participants that I had originally recruited for this study were support teachers, also known as student services personnel, who work within one school division. Student services personnel within the school division, are designated as either resource teachers or school counsellors. Additionally, the reason that I also chose to interview student services personnel is because, due to the nature of their role within the school, they have a unique view of the whole school functioning and dynamics as well as a direct view of the work of classroom teachers. Student Services Personnel are assigned classrooms as part of their caseload and an important function of their role is providing support to those classroom teachers. Through regular consult meetings, classroom observations, co-planning and co-teaching, student services personnel work closely with classroom teachers and have a unique view of the instructional decisions, professional judgements and student learning that takes place every day in the classroom. Originally, I had planned to interview six to twelve student services personnel only, two to four being from each level (Early Years – Kindergarten to Grade 5, Middle Years – Grades 6 to 8, and Senior Years – Grades 9 to 12). However, due to the COVID-19 pandemic, recruiting participants became a challenge, therefore I decided to also interview classroom teachers. Classroom teachers work directly with students who are considered to have languishing mental health or

who may have been affected by trauma. These educators provide a unique perspective not only on their direct experiences in supporting student mental health in the classroom, but they also have firsthand experience in implementing strategies to support these students.

I recruited participants by first gaining permission from the division's assistant superintendent who then sent out my recruitment letters to schools. Any interested student services personnel, and subsequently, classroom teachers, contacted me via email and I then arranged to have the consent form either mailed or sent by email to the prospective participants. Please see Appendix C for the participant consent form. In total, I completed interviews with five participants: three classroom teachers (two Early Years and one Middle/Senior Years) and two support teachers (one Early Years' resource teacher and one Middle Years' school counsellor.

Data Collection

The semi-structured, individual interviews lasted between 30 minutes and 58 minutes and took place virtually, due to the current worldwide COVID-19 pandemic. The virtual platform was mutually agreed upon by each research participant and me and took place via Microsoft Teams. The five interviews occurred on May 16th, 2021; July 19, 2021; October 24th, 2021; December 13th, 2021, and January 11, 2022. See Appendix D for the Interview Guide that was used in this research study. The interviews were audio recorded using an iPhone and, when transcribing the interviews, I used pseudonyms to keep participant names confidential. Audio recordings were stored on an encrypted file on a password protected iPhone and were permanently deleted after being transcribed. I provided participants with a $5.00 Starbucks gift

card as an honorarium for the time and effort that they provided for participating in this study. Participants received this gift card before the interview took place and it was theirs to keep even if they had chosen to withdraw from the study. Due to the topic that we explored in the interviews, I anticipated that some participants would find it emotionally stressful to discuss the mental health challenges that some of their students faced as well as the difficulties that this creates for the educators supporting these students. Therefore, I provided all participants with a list of therapists and counselling agencies that they may choose to access if they feel that they would like to talk with a therapist or another professional.

Data Management

In this section, I will describe the type of data that I collected, created, stored and shared during this study. First of all, I collected and stored audio recordings of the individual interviews with participants. This information was directly identifying of participants and was stored on an encrypted file on a password protected iPhone and was permanently deleted after being transcribed. Subsequently, I created transcripts of the audio recorded interviews. I have de-identified the data transcripts and have taken the following steps to keep all of the information that I have of the participants (including consent forms) protected and confidential. The de-identified transcripts were kept on a USB storage drive in a locked cabinet until the completion of my Master's thesis by March 22, 2023. Some of the potential consequences in the event that the wrong person obtained access to these data were that the identities, opinions and perspectives of the study participants may be made public, which could potentially have legal or financial consequences for the participants and myself.

Data Analysis

Prior to data analysis, I used the member checking technique to enhance the credibility of my study. Participants were asked to review the transcript of their interview for accuracy. All of the participants replied stating that there were no errors in their respective transcripts. I then applied Moustakas' (1994) phenomenological approach to analyze the data related to participants' experiences in supporting students' mental health. In order to analyse the data, I used Cresswell's (2013) six step process. First, I prepared the data for analysis by transcribing the individual interviews. Second, I read the transcripts several times to become familiar with the content. I wrote a summary of each interview to gain a general sense of the information that was being shared. Third, I coded the data by highlighting significant statements, organizing them into lists and categorizing them into themes. This coding process led to the fourth step where I identified and described the emerging themes. Next, I prepared the narrative for each theme using direct quotes from participant interviews, as can be seen in subsequent chapters. Finally, an interpretation of the data occurred.

It was important that I established trustworthiness of my data analysis in this study, and I did so by considering Lincoln and Guba's (1985) descriptions of the elements of trustworthiness: credibility, authenticity, transferability, dependability and confirmability. I established credibility by triangulating the data and through member checking. In order to establish authenticity, I ensured to collect data from classroom and support teachers who were currently working in a school and had recent experiences of supporting students' mental health and well-being. When I analysed the data, I attempted to establish transferability by looking at common elements and themes that occur within and across the different participants to see if

there were aspects that may also be true for other groups. I established dependability by asking the participants the same set of questions and by working with my thesis advisor to see if she would arrive at similar findings and interpretations. Next, confirmability was attempted through using reflexivity by keeping a journal and notes regarding how my own background and position influence the collection and analysis of the data. I also ensured to detail the process of all areas of the collection, analysis and interpretation of data in the form of an audit process to further establish confirmability.

Dissemination of the Results

After I collected and analyzed the data, I prepared a brief summary of the results of this study which was shared with the participants by email. In addition to the thesis, I may also disseminate the findings through presentations and or articles.

Positionality and Reflexivity

In qualitative research, it is important for researchers to communicate their positionality as it relates to their study. Creswell and Poth (2018) state that "Qualitative researchers need to 'position' themselves in their writings. This is the concept of reflexivity in which the writer engages in self-understanding about the biases, values, and experiences that he or she brings to a qualitative research study" (p. 229). The purpose of this is to not only describe the researcher's experiences related to the topic of the study, but also to illustrate how those experiences may influence how the results of the study are interpreted (Creswell & Poth, 2018; van Manen, 2014). The process of reflexivity also helps the researcher to be aware of his or her positionality throughout the research, and the associated advantages and disadvantages.

Role of the Researcher

As I embarked upon this research, it was important to describe my background as it relates to this study, and to highlight my own personal stance and beliefs, how they may influence my research, as well as the relationship that I have with the context and possible participants of my study. To begin, my experience as a classroom teacher has helped to shape my beliefs regarding the role that teachers must play in order to support students' mental health and wellbeing. As was visible in the vignette at the beginning of this proposal, I have worked closely with many students who have experienced challenges with their mental health. Working in the context of the classroom, I developed a personal belief early on, that in order for me to be able to meet the varied needs of my students, it was imperative that I dedicated the time necessary to truly get to know them as human beings, to find a way to form a meaningful connection with each one, and to maintain an open mindset. I believe in the importance of looking at students through a lens of curiosity, rather than one of judgement, and by doing so the adults can then engage in productive and collaborative problem-solving for the benefit of the students. Furthermore, when I became a Resource Teacher and subsequently a School Counsellor, I quickly learned that the most significant way to support students, was through the development of collaborative relationships with classroom teachers. Teachers possess a huge power to significantly influence their students which can ultimately either help or harm them. This is especially true for those students who may have an invisible disability, such as a mental health disorder.

As I continued to learn more about PBIS and became a co-chair of our school based PBIS committee and later, a divisional PBIS Teacher, it was clear to me how the larger functioning of

the school and culture, created and modeled by the adults, affected student health, safety and well-being. When the adults' responses to students were proactive, consistent, predictable and positive, I observed firsthand, the encouraging effect that this would have on student learning because it allowed for a sense of reassurance, safety and consequently, enabled them to engage successfully with the classroom environment. The opposite was also visible. I am convinced, by the literature as well as through my own personal experiences, that the implementation of the PBIS framework, when done so with fidelity, is of tremendous benefit to students. I do, however, recognize that there are some students who require even more strategies and supports, and that is why I am interested in investigating the experiences of support teachers who are implementing additional mental health support strategies within the PBIS system and structure. Finally, in my role as a Student Services Consultant, I worked closely with school teams, to provide leadership, guidance and support in the area of student services within our school division. I participated in student specific planning meetings, developed professional learning for schools, and worked closely with our clinical team. This role allowed me to see how the larger system affect the individuals within it, as well as how individuals affect the larger system, which placed me in a unique position that enhances my knowledge of the context of this research.

The experience that I have gained in these various roles has several possible advantages and disadvantages in conducting my research study. First, I have gained a very good understanding of the context this research from a school-based and divisional perspective, and in particular, the functioning of PBIS. Working in several schools, both smaller schools and larger schools, has allowed me to develop a good understanding of the culture, structures and

procedures. Similarly, working at a divisional capacity, I have become very familiar with the divisional priorities, guidelines, and policies. I have experienced the role of a classroom teacher, as well as that of a student services personnel supporting classroom teachers, which has enabled me to fully understand the roles and responsibilities associated with each one. Furthermore, my work as a divisional PBIS teacher, helped me to develop a strong understanding of the philosophy behind PBIS as well as the benefits, challenges and realities of its implementation within a large school division.

This familiarity of the context is undoubtedly beneficial; however, I have made every effort to account for this influence in the collection and analysis of the data. It was important that I maintained awareness of my own personal beliefs as they relate to PBIS and supporting students' mental health. I worked to ensure that I continually monitored myself during the interview process as well as in the analysis of the data for the purpose of keeping an open mind to all the possibilities and not allowing my beliefs to cloud my interpretations. For example, in the data analysis process, although I felt that there were some areas that participants could have expanded on, I only used the information that they gave and did not allow for any of the additional knowledge that I had regarding PBIS to guide my interpretations. Also, I ensured that participants did not feel undue pressure to participate in my study by making it explicit that their participation is completely voluntary, letting them know that that they could have refused to answer questions and communicating that they could withdraw their data from the study up until the analysis begins. In order to help maintain objectivity, I met with my advisor and asked her to read the interview summaries so that I could receive feedback regarding any areas of subjectivity. I also wrote some field notes that included my observations and thoughts as I

carried out the interviews and discussed these with my advisor. I used triangulation of the data in my study by collecting data from participants from different schools and who work at different levels to gather evidence that may illuminate the presence of similar themes (Creswell & Poth, 2018). This also allowed me to collect data from participants with differing experiences and perspectives, which may have in turn, challenged my own perspective. With this in mind, I took the time to reflect on my process as well as the influence of my background and experiences, to help minimize any biases that I may have had and also maximize the benefits that they have brought to this thesis.

CHAPTER 4: Results

My main research question was to document the experiences and perspectives of classroom and support teachers about student mental health and wellbeing in the classroom. In this chapter, I will present the analysis of trends and emerging themes from the semi-structured interviews with participants. Although it took several rounds of recruitment, the participants were very willing to share their experiences and perspectives with much detail and authenticity. As described in the methods and methodology chapter, the transcribed interviews were reviewed, analysed, and coded for similar responses and subsequently synthesized to reveal important themes.

Throughout this process, the following six themes emerged: 1) Diversity of student mental health and wellbeing in the classroom, 2) Implementation and integration of PBIS and SEL, 3) Strategies to support student mental health and wellbeing in schools, 4) Barriers and challenges in supporting student mental health and wellbeing in schools, 5) Effect of PBIS on student mental health, and 6) Impact of Covid-19 on students' and teachers' mental health and wellbeing.

Theme 1: Diversity of Student Mental Health and Wellbeing in the Classroom

The first theme that was apparent from participants' interview responses was that for the study participants, there exists a diversity of mental health issues and wellbeing in classrooms. Throughout the interviews, all five participants described having worked with students with mental health challenges or social emotional needs. The analysis of the data indicated that these descriptions spanned into the following four sub-categories: a) students

with diagnosed mental health disorders, b) students with life circumstances that negatively affected their mental health and/or wellbeing, c) students with a lack of skill development, d) students with observable behaviour that raise concerns (see Table 1).

Table 2. List of student mental health issues and how mental health manifests in the classroom setting

Students with diagnosed mental health disorders	***Students with life circumstances that negatively impacted students' mental health***	***Students with a lack of skill development***	***Students with observable behaviours that would raise concern***
Anxiety (e.g., separation anxiety)	Poverty	Anger management	Sexualized behaviours
FASD	Children in care	Lack of coping skills	Lack of sleep
ADHD	Trauma	Friendship challenges	Outbursts and disruptive behaviours
Depression	Inter-generational trauma		Learning difficulties/academic challenges
Schizophrenia	Parental death		Difficulties with attention and impulsivity
Multiple Personality Disorder	Divorce		Aggression
Autism	Parental pressure		Substance abuse
			Property destruction
			Stealing
			Suicide ideation
			Self-harm
			Involvement with the justice system
			Internalizing behaviours (e.g., shutting down)
			Refusing to eat or drink
			Low self-esteem
			Non-verbal
			Feelings of stress

Students with Diagnosed Mental Health Disorders

When participants described students with diagnosed mental health disorders, four out of the five named one or more of the following nine disorders: Anxiety Disorder (3 participants), Fetal Alcohol Spectrum Disorder (FASD) (2 participants), ADHD (2 participants), Depression (1 participant), Schizophrenia (2 participants), Multiple Personality Disorder (1 participant), Autism (1 participant), Learning Disorder (LD) (1 participant), and Bipolar Disorder (1 participant) (see Table 1 below). All of these disorders are currently in the DSM-5. When mentioning the mental health diagnoses, participants discussed some of the ways that they manifested in the classroom. For example, Kristin stated that "we've had many children with a diagnosis of FASD which created significant issues with their learning, as well as around attention and impulsivity, and some aggression". Additionally, when speaking about anxiety, Kristin said that the "anxiety often comes out in not wanting to come to school or really high levels of separation anxiety, where parents are not able to drop their kids at school, and when they do, the child has significant outbursts and resistant behaviours, and it's very, very difficult to transition them into the school." Similarly, when speaking about autism, Jessica observed "things like not being able to socialize with others, needing special routines, being very specific in how they complete jobs, routines, work, that sort of thing". It was apparent that all of the participants noticed that students' mental health affects their behaviour and ability to engage in learning in the classroom.

Students with Life Circumstances that Negatively Affect their Mental Health and/or Wellbeing.

The second sub-category that was revealed in the data was student life circumstances that the participants perceived as affecting their mental health and wellbeing. For example, all of the participants described having worked with students who have experienced trauma or inter-generational trauma. Other life circumstances that were mentioned were living in poverty, being a child in care, experiencing the death of a parent or parental divorce, having a lack of parental support or parental pressure to perform well academically, and having a parent who was experiencing mental health challenges. Kristin described several of these life circumstances in the following quote, "We've had kids who have been dealing with issues around poverty. So, things like living in unhealthy conditions, lack of hygiene. We've had students who, you know, were being sent to school in unwashed clothes, dealing with some health issues that could cause multiple issues with hygiene. Rotting teeth because they weren't being taken to the dentist, just a lack of parental support. Lots of screen time. Kids reporting that they, you know, their parents go to bed, and they continue to watch YouTube, or watch videos all night long. So, there's been a lot of, um, a lot of issues in that area. Where there's been kind of a lack of parental support and a need for us to intervene in those situations to address the concerns that students are relating to us".

Emma also talked about life experiences that some of the students in her school had, "There were kids within that classroom as well who were products of intergenerational trauma and a lot of drug use as well as, even though they were middle years' students, a lot of them had been using or exposed to drug or alcohol at very young ages. So just things that you

wouldn't normally tag for a middle years' classroom. So, there's a wide range of experiences". Finally, Jessica discussed some of the repercussions of parental academic pressure on the students in her class, "I definitely taught students, now that I think about it, I definitely taught students in [location removed] who did exhibit some, some signs that they're experiencing stress. So, it's quite a… that's from both schooling and from home, because of the demand that's put on academic achievement in some there. So, there were kids that would really worry about achieving, doing well, getting a very high grade or feeling like they were successful in the eyes of their parents or their teachers".

Students with a Lack of Skill Development

The third sub-category that participants described was a lack of skill development, particularly in the areas of the managing emotions, coping skills and social/relationship skills. For example, Kristin discussed this in her interview, "We've had anger, we've dealt with anger management. Kids who just are not able to… they don't have the coping skills necessary to handle some pretty intense emotions. […] And in a lot of cases we have outbursts and disruptive behaviours in the classroom when they're having their emotional moments. And so, then a lot of need to support them in learning some coping skills". Similarly, Sara discussed supporting students who had a lack of emotional regulation, "I do recall a moment where my principal identified me as where I can handle anything and I was just young, starting out, and he would give me a youngster that was in grade one when I was teaching grade three that would run all over the top of the desks and everything. And he would say, 'You can control them'. […] I've had very challenging moments like, well you know, they would have actual physical meltdowns and totally destroy a classroom and come back the next day and try again".

Students with Observable Behaviour that Raise Concerns

The final sub-category in participants' descriptions of students' mental health and/or social-emotional needs, was students' observable behaviour that would typically raise concerns for the professional staff in the school. Some examples of concerning behaviours that participants described were sexualized behaviours, outbursts and disruptions, aggression, suicide ideation and self-harm, refusing to eat or drink, substance abuse, and internalizing behaviours (such as shutting down). This was the sub-category with the highest number of descriptions, which is likely because teachers may not necessarily know if a student has a diagnosed mental health disorder, but they are able to report on behaviours that they see in the classroom and school setting. Sara described that "there was suicide and gas sniffing, I guess you would call it substance abuse. Lots of issues with that. And we'd have to deal with that daily. Even with young ages". Additionally, Emma shared some externalizing and internalizing behaviours that she has seen in students, "it could be everything from flipping tables to flipping chairs to outbursts to…that kind of thing. Or, I call it the silent period, where they go silent, they remove themselves from peers and don't really engage. It's a really wide range."

Theme 2: Implementation and Integration of PBIS and SEL

The second theme that emerged from the data was the implementation and integration of PBIS and SEL. All participants in this study were familiar with and implementing PBIS as well as integrating SEL into their work in schools, whether in the classroom as a teacher or in a supportive role as a school counsellor.

Implementation of PBIS

When asked about the work that their school was doing related to PBIS, participants discussed several areas key to its implementation, such as the development of a common language by using matrices that outline the school-wide expectations. The instruction of the expectations, the tracking of unexpected behaviour, the use of data to inform decision-making and the reinforcement of positive behaviours were also noted as important to the implementation of PBIS. When explaining how matrices would be explicitly taught (and re-taught) to students throughout the school year and across school environments, Sara noted, "we have those postings of what is expected in all of the different areas, which is very helpful because it has pictures and very limited words, so if a child cannot read, or has limited reading, it's pretty easy to figure it out. Plus, we review it a lot. Because it's important, the language, Safe, Respectful and Responsible. It's very simple and easy to explain".

Several participants mentioned how they use a referral system to track unexpected behaviours. The terms "expected and unexpected behaviors" originate from Michelle Garcia Winner's Social Thinking Methodology (2006). Rather than categorizing a behaviour as "appropriate vs. inappropriate", the Social Thinking Methodology describes behaviours as being expected or unexpected for a particular situation or context. When an expected behavior occurs, other people tend to feel calm, neutral or content. Alternatively, unexpected behaviours for a particular situation or context make others feel confused, nervous or angry. For example, throwing a ball, can be either an expected or unexpected behaviour, depending on the context. If a student throws a ball during gym class, this would be considered an expected behaviour, however, if a student throws a ball in the classroom while another student

is presenting in front of the class, this would be considered an unexpected behaviour. Participants discussed how their school utilized these data on discipline events/unexpected behaviour to determine areas of focus for further instruction or additional use of reinforcement systems acknowledge positive behaviour. For example, Kristin shared that "our [student information system] gives us really good data on identifying the needs, the targeted needs within our building and it gives us a heads up about who will need further intervention. Our school is small, so we pretty much know who our kids are, who our targeted needs are within our building. I could see in a larger building, that data would be even more important". Interestingly, one participant also described how they continued to use their PBIS reinforcement system during periods of remote learning, due to the COVID-19 pandemic, "So the award is [given] if a student is caught doing something good, they get one of these [special] awards, even if it's remotely, so we had a [special] award and we would slap it onto the chat so that they knew that they got a [special] award".

Integration of PBIS and SEL

Participants discussed a variety of SEL programs and interventions that were being implemented in their schools, mainly at the universal level (class wide or schoolwide), and they integrated these activities with PBIS. One example was the purposeful implementation of the Zones of Regulation (Kuypers, 2011) as Kristin described in the following statement:

> We've had a huge focus on Zones of Regulation. It started with our student services staff rolling it out. So, we would go in and do the universal lessons with the classroom teachers observing. And we would model how to roll out all of the lessons within the book and over the last three years, we have used the optimal learning model. So, we've

> taught for the teachers and then we gradually release that responsibility to the teachers, and now the teachers are integrating it into classroom meetings.

Leah Kuypers, the founder of Zones of Regulation (Kuypers, 2011), describes this framework and curriculum in the following statement:

> The Zones is a systematic, cognitive-behavioral approach used to teach us how to regulate our feelings, energy and sensory needs in order to meet the demands of the situation around us and be successful socially…[and] develops awareness of feelings, energy and alertness levels while exploring a variety of tools and strategies for regulation, prosocial skills, self-care, and overall wellness (Kuypers, 2021).

The Zones of Regulation comprises of a set of lessons that support educators to teach students the four zones (blue, green, yellow and red), that correspond with physical levels of alertness in the body and their associated emotions. Once the students understand the four zones, they can then choose tools or strategies that can support them when experiencing certain emotions.

Although it was not explicitly stated by the participant, the manner in which she described the how the SEL program was rolled out, indicates that it was done in an integrated way with the PBIS framework. This framework supported a systematic, school-wide structure to enable the Zones of Regulation to be taught and reinforced by all staff members in a consistent and predictable fashion. This aligns with Bradshaw et al. (2013) when they stated that "The organizational framework offered by PBIS may help to encourage sustained implementation of SEL programs" (p. 108).

Additionally, Kristin described teaching the Zones of Regulation using the Optimal Learning Model (OLM). The OLM, described in Routman's book *Teaching Essentials* (2007), is a

framework that educators can use to teach across the curriculum. It involves teacher demonstration (I do it), shared demonstration (we do it), guided practice (we do it), and independent practice (you do it) , encompassing a gradual release of responsibility to the learner. Although Routman describes the process to support students with the writing practice, the OLM can be used in any subject area or grade level.

Other SEL interventions that participants mentioned were the use of temperature checks (Frey et al., 2019), the explicit teaching of coping/self-regulation strategies, the use of a solution wheel (Encourage Play, 2015), peacekeepers or peer mediation (Cohen, 2005), MindUp (The Hawn Foundation, 2011), teaching social thinking through the We Thinkers program (Hendrix et al., 2016), classroom meetings (Katz, 2012), soft landings/quiet starts, and calming areas (Rief, 2016), chill zones (Enright, 2022) or alternative workspaces or flexible seating (Cole et al., 2021). Emma described how SEL is embedded into their PBIS framework in the following quote,

> So, we've embedded a lot of mindfulness, we've been trying to integrate more of that kind of thing. Along with our PBIS and zones of regulation and explicitly teaching self-regulation strategies, that kind of thing. And looking at it from more of a universal model. We're teaching it to the whole class even though there might be three kids in the classroom who might need those strategies but creating an environment where everyone is aware of different self-regulation strategies, that kind of thing.

Additionally, Kristin described how her school used the problem-solving wheel to teach students what to do when faced with a conflict with peers,

> We were able to adopt the problem-solving wheel which we got from another school. We teach the students how to use the problem-solving wheel to solve small and medium

> problems within the school. We've created problem solving guides that we use to help the kids use a script when trying to resolve conflicts. We have peacekeepers that we try to roll out usually in the springtime, where older children come outside and teach younger kids how to play low organized games.

When Sara talked about SEL, she described it as being part of their daily routines – "It's kind of meshed into what we do. Because our students need temperature checks and need to be taught coping strategies in the classroom. And how we do it could be through posters or even just a mini lesson". In this context, temperature checks were not literally taking the temperature of a student, but rather, having the student identify how they were feeling emotionally (often with the use of Zones of Regulation), so that the teacher would know if they whether were ready to learn or required additional time and support.

Furthermore, participants described how SEL was incorporated into remote learning during the COVID-19 pandemic. For example, Jessica said that,

> […]during any remote learning, there is a big push that teachers make sure they reach out and communicate with all students, especially those students that don't have access to technology and making sure you still make those connections with those students, kind of like check in and see how they're doing. We also schedule sort of check in meetings on Teams when doing remote learning, and they're not academic in nature, it's just about maintaining connection and checking in on students and their mental health.

Related to SEL, some participants also discussed the integration of the Indigenous perspective and teachings into the PBIS framework. For example, one participant spoke about how their school taught the seven sacred teachings (Alberta Regional Professional

Development Consortia, 2023) in conjunction with the PBIS teaching of being Safe, Responsible and Respectful. They also discussed how they were working on building a 'chill room' with an Indigenous paintings and murals as well as other Indigenous items such as a Star Blanket and Dream Catchers, that students could access when needed in order to have a place to calm or to regulate.

Although participants did not explicitly talk about the use of SEL at the Tier 2 or 3 levels of support, they did discuss how some additional support would be given to students who were in need. For example, Sara described how support workers were utilized,

> We also have a lot of Youth Care Workers who, if a kid is having pretty big issues being around peers, they might take them aside and maybe go for walks and I'm sure they're talking to them about their, you know, how to cope. And sometimes they get little perks, you know like, go get a McDonald's drink or a Tim Horton's Iced Cap.[…] I know that helps them feel better about themselves and honestly any kid that walks through the door, we all do the "Hey, how are you doing?" and treat them like they've always been there, you know?

Kristin also spoke about her school's friendship and recess clubs as a way to incorporate additional social emotional learning,

> […] so our Tier 2 supports would be individual or small group counselling. Sometimes that looks like, the groups would be around friendship skills. We have friendship club, we have recess club. So, friendship club would be addressing some of those needs around kids who are having a hard time making social connections. Recess club is for kids who need

> to learn some of those social skills, explicit instruction around some of those social skills. Um so they would get to invite a student to recess club, then I would be there, and I would be helping. There would be approximately five pairs of students playing games together and I would be there to support the prosocial skills that they need or are potentially lacking support with.

Professional Learning Related to PBIS, SEL and Supporting Student Wellbeing

Throughout the interviews, the theme of professional learning related to supporting students' wellbeing was evident. Some of the professional learning topics mentioned by the participants included trauma-informed practices, Working Effectively with Violent and Aggressive States (WEVAS), Nonviolent Crisis Intervention (NCI), Project 11, PBIS, SEL and behaviour management. As described in Chapter Two, trauma-informed practices are a variety of strategies that are implemented (usually school-wide) to help with identifying and supporting students who may have been affected by traumatic experiences (Kumm et al., 2020). Next, The WEVAS Approach, teaches participants a variety of communication strategies that help to support people (including children) that are experiencing heightened emotional states, such agitative, aggressive or assaultive states (WEVAS Inc., 2022). Similarly, NCI trains "primary caregivers, educators and human service professionals who directly intervene in crisis situations, teaching staff de-escalation techniques as well as restrictive and nonrestrictive interventions" (Crisis Prevention Institute, 2022). Next, Project 11 is curriculum that has been developed to help students learn a variety of coping strategies to increase their mental health and well-being (True North Sports + Entertainment, 2022). Educators receive training before they implement this curriculum in their classroom. Kristin shared that "we do PD as a staff, we

do PD around behaviour management, we've done PDs around social emotional learning, we've done PDs around trauma informed practices, so we're always trying to give as much information to staff as possible, to effectively plan and support kids with mental health needs". She also indicated that she pursued further post-graduate education in order to learn more about how to support student mental health,

> part of the reason why I've decided to go back to school was just because I felt that my previous education didn't really provide me the tools that I felt like equipped me to teach in the community I currently am teaching and really supporting student mental health.

Theme 3: Strategies to Support Students' Mental Health and Wellbeing

When participants were asked how teachers and schools can effectively respond to students' mental health and wellbeing, they discussed a variety of strategies, interventions and supports that fell in the following categories: 1) regulation strategies, 2) instructional methods, 3) interpersonal skill development, 4) teacher/student/parent relationships, 5) teacher traits, 6) systems and structures, 7) specialized services (see Table 2).

Table 3: Strategies to support student mental health and wellbeing in schools

Regulation strategies	***Instructional methods***	***Interpersonal skill development***	***Teacher/student/ parent relationships***	***Teacher traits***	***Systems and structures***	***Specialized services***
• Calm room/chill zone • Use of regulation tools (ear protectors, lava lights, aromatherapy, weighted-animals, rocking chairs, bean bag chairs, mandelas) • Deep breathing techniques • Physical movement • Interactive start	• Incorporating student interests into instruction • Project-based learning/Inquiry-based learning, group projects • Utilizing multiple ways of teaching and assessing • Incorporating student voice & choice • Transdisciplinary studies	• Direct instruction of pro-social behaviour and creating opportunities for students to practice using the skills they learned • Social skills groups • Social emotional learning programs	• Providing support to the family • Building rapport and relationships with students and parents • Creating a strong classroom community • Communication with parents and community members in relation to supporting student mental health • "Open door" parent communication and support – working alongside families	• Attuned to students' needs • Flexible and responsive to students' needs • Demonstrating vulnerability – allowing students to learn about teachers • Good listener • Giving value to students' identities and diversity • Unconditional support • Teacher mindset • Use of non-threatening, non-limiting language	• Proactive planning • Utilizing resources and experts in the school building (e.g., former teacher, older sibling) • Prioritization of student wellbeing • Staff collaboration and teamwork (e.g., collaboration between students services staff and classroom teachers) • Systems of communication • Normalizing talking about mental health • Equity	• Individual counselling • Clinical support

Regulation Strategies

The first category of strategies that participants described as being supportive of student mental health and wellbeing, is the teaching and integration of self-regulation strategies within the context of the classroom. According to Eisenberg, Hofer, & Vaughan (2007), emotional self-regulation is defined as:

> […] processes used to manage and change if, when, and how (e.g., how intensely) one experiences emotions and emotion-related motivational and physiological states, as well as how emotions are expressed behaviorally. Thus, emotion-related regulation includes processes used to change one's own emotional state, to prevent or initiate emotion responding (e.g., by selecting or changing situations), to modify the significance of the event for the self and to modulate the behavioral expression of emotion (e.g., through verbal or non-verbal cues)" (p. 288).

Participants in this study described several calming strategies that can be used to help children regulate their emotions and/or support their sensory needs, such as the use of a calm room or chill zone, the use of regulation tools (e.g., ear protectors, lava lights, aromatherapy, weighted toy animals, rocking or bean bag chairs, colouring in Mandela shapes, etc.), deep breathing techniques, physical movement and interactive start. Kristin indicated that teachers in her school

> established chill out zones within their classroom with some calming tools within the chill zone so that the kids can reach for tools in an appropriate way and take a break. One of our teachers [uses Mandela shapes and] she starts off [the day] with really

> calming music, the lights are down low, the kids are able to start off their week colouring and just having a calm moment to collect themselves after their weekend. Yeah, a lot of our teachers use brain breaks. They incorporate physical movement throughout the day to allow the kids to use up some of that physical energy that they may need to use up.

Similarly, Sara also talked about calming activities that were used in her school.

> …a lot of teachers made […] a calm room, like had lava lights, aromatherapy in there, just offering anything that would, even those heavy-weighted turtles that they could put on them to calm them, and I think that we even have rocking chairs, that are even important for me…. Yeah, there's lots of comfort there and some kids I know in the high school area, the kids would go in there so that they could just listen to music because that would help them be able, like with headphones, be able to do their work or whatever was bothering them, they could chill-ax.

Finally, Amelia described how her school used interactive start to allow students time to choose an activity that would help them regulate first thing in the morning, while at the same time, providing them with an opportunity to connect with an adult.

> We have interactive start at our school and so I would say that that's the way that classroom teachers are building relationships, fostering mental health…so pre-covid, interactive start looked like, each EA or teacher would offer some sort of, I'll say, an activity and it could range from things like a yoga, a Rubik's cube, reading, cooking, a show. You could just offer anything in your space, and it would be presented on a board

> and when students came in that morning, they would have the choice of going to whichever space to engage in kind of like a soft landing, and a way to engage with that teacher and their peers based on how they felt. If they wanted something kind of Zen, then they could do yoga, if they wanted something upbeat, they could go for like a walk or something. So that was what it looked like pre-covid, and then now post-covid, with the cohorting, it's just that individual classroom teacher offers a different activity each day. It's just a way to kind of ease into the day and build connection with their peers and with their teacher.

Instructional Methods

The second category that emerged in the data was employing specific instructional methods that fostered positive mental health and well-being, such as incorporating student interests into instructional lessons, using project-based or inquiry learning, using a variety of instructional and assessment methods, incorporating student voice and choice in the learning, and using transdisciplinary studies. Jessica described some of these instructional methods in the following quote from her interview:

> So, I've noticed teachers…providing flexible grouping, things like providing flexible or multiple ways of assessing or learning. I think all of that contributes to students' well-being. Give value to what students already know. Giving value to students' culture and individuality throughout the school day and throughout the curriculum. So, a lot more people are doing transdisciplinary-based studies in their classroom, project-based learning, inquiry-based learning, and really providing student voice in what they're

> learning and providing student choice in how they're learning and how they're showing that learning, is really super important for students to feel valued and for their well being at school and in life.

Similarly, Sara discussed how her school has begun to change their instructional practices to incorporate more project-based learning, "We switched over to big project learning…I think it's also more realistic the project-based learning because it's real life and the kids can apply it and they're doing the driving force and you're just there to guide them".

Interpersonal Skill Development

Thirdly, participants proposed that providing students with interpersonal skill development would support their mental health and wellbeing. For example, providing direct instruction of pro-social behaviours through social skills groups or social emotional learning programs. Kristin described that "bringing in social emotional learning programs has probably been the strongest improvement in terms of what we've been doing. We see the biggest impact with Zones [of Regulation] and with the problem-solving wheel. That's where we've seen a huge growth with the kids' skillset. Their ability to solve problems. So, I think implementing those things regularly is probably the biggest thing that they can do".

Teacher/Student/Parent Relationships

Participants also believed that forming strong relationships among teachers, students, and parents was key to supporting student mental health and wellbeing. Several ways to do this were mentioned in the data such as, providing support to the family, building rapport and relationships with students and parents, creating a strong sense of classroom community,

communicating with parents and community members in regard to supporting student mental health, and having an "open door" for parent communication and support. Kristin shared that

> We work really hard to liaison between clinicians, families and teachers so we feel like we've got a very connected, I don't know if system is the right word, but we feel like we have strong connections with families and with the school. So, families are willing to share with us things so that we have a better understanding of what's happening within their homes so that we can better support them within the schools…Working alongside families, making sure everybody is working as a team and communicating with each other makes a huge difference.

Similarly, Emma discussed the importance of building a classroom community when she said,

> …we spend so much time community building and learning about each other, whether it's each others' strengths and each others ethnicities, each others cultural backgrounds, our likes our dislikes, that kind of thing. I based a lot of what our inquiry has kind of been around their interests, their cultural backgrounds that kind of thing, so giving the students the opportunity to learn from each other, not just from me, I think it's really valuable.

Finally, Jessica discussed the importance of teacher-student relationships in supporting student mental health and wellbeing when she said,

> I think for me, the most important part of teaching anyone, is that you have to have a good relationship with them. So, they have to feel comfortable coming and talking to you or taking risks in front of you or all those kind of things really. So, the best way in my

opinion that I can support students' mental health, is by building a relationship with them that allows for them to grow.

Teacher Traits

The fifth category that participants discussed, was related to specific teacher traits that are helpful in supporting student mental health and wellbeing, such as being attuned, flexible and responsive to student needs, demonstrating vulnerability, being a good listener, giving value to students' identities, culture and diversity, providing students with unconditional support, possessing a growth mindset, and using non-threatening and non-limiting language. Sara described that:

> I just find that all teachers are very attuned to the students' needs and interests and that's very important and that's one of the reasons I love teaching where I teach because it's not like a cookie cutter kind of place. You are always, you can know your curriculum, but you need to know your students before you teach that curriculum. And you base it on their interests.

Jessica talked about how important it is for teachers to be able to have the skill of really listening to their students when she said the following:

> You have to listen to students, you have to learn about them, and you have to be willing to be vulnerable that they can learn about you, as well. Doing things that are fun and that you know are fun for your students 'cause you know them. To learn about their families, to learn about what they like to do when they're not in school is important. And to integrate those kind of things into your lessons, whether it's academic or

> something that's more like based on social emotional learning. Just being like a nice person.

Systems and Structures

The next category of supports that teachers and schools can implement to support student mental health and well-being, according to the participants, is related to the school systems and structures. Specifically, having proactive planning in place, utilizing the resources and experts within the school, prioritizing student wellbeing, having systems in place for staff collaboration and communication, normalizing talking about mental health and having systems in place that create equity. Kristin talked about the systems of collaboration and communication that are in place in her school in the following quote:

> So, our big role is obviously collaborating with teachers. So, I think my biggest role is supporting teachers and identifying the best interventions for all of their students. So, we have regular consults where we discuss any, we identify any needs that are happening within the classroom and trying to match them to the interventions within our school. I also meet with my Tier 2 team, which in our school is our administrator, our guidance counsellor and myself. And any students who have been identified by the classroom teachers as needing significant support is brought up at our Tier 2 meeting and we discuss those students and try again to problem-solve to see what the most appropriate intervention would be.

Similarly, Emma talked about the importance of having proactive systems in place:

> I think it's really important for teachers to be proactive, so like having these programs kind of in place before you notice that there are students within the classroom that really need this intervention. I think being proactive rather than reactive, can support and that way you can kind of gauge what your student level of need is.

Specialized Services

Finally, some participants spoke about the importance of having specialized services in place to support student mental health and wellbeing, such as individual counselling and clinical support services. Jessica spoke about accessing additional support when issues are not able to be addressed at the classroom level when she said,

> And if we are unable to [address an issue], expanding my team - asking help from resource, you know, getting a counselor involved if you need. So just depending on what that situation is, starting with a parent team and then expanding as is appropriate. And certainly, trying different things and listening to professionals in the field so that team's always different and it should be very flexible.

The table below outlines the various strategies used to support student mental health and well-being in schools, that were mentioned by participants.

Theme 4: Barriers and Challenges in Supporting Student Mental Health and Wellbeing in Schools

When asked about the barriers and challenges that teachers and schools face in supporting student mental health and well-being, the participants revealed several categories of barriers: 1) Systemic barriers, 2) Access to additional supports, 3) Relational or collaborative barriers, 4) Prioritization of supporting student mental health and wellbeing, 5) Teacher traits (See Table 3 below)

Table 4: Barriers and challenges to supporting student mental health and wellbeing in schools

1) Systemic and community barriers	*2) Access to additional supports*	*3) Relational or collaborative barriers*	*4) Prioritization of supporting student mental health and wellbeing*	*5) Teacher traits*
• Class size • Lack of time in the school day to connect with students • Limited by the curriculum • COVID-19 pandemic	• Lack of additional supports such as clinical or student services supports • Lack of access to resources for teachers (e.g., professional learning libraries) • Difficulty accessing outside mental health supports	• Lack of parental support • Difficulties making connections with parents • Parental mental health challenges • Peer dynamics/challenges	• Lack of administrator support of professional learning related to supporting student mental health and wellbeing • Teacher resistance to working effectively with Student Services Personnel to implement strategies in the classroom to support student mental health and wellbeing • Finding a balance between holding high expectations for students and supporting their wellbeing at the same time	• Teachers' mental health and wellbeing • Staff's lack of empathy and understanding of trauma and not being able to access all of the information

Systemic and Community Barriers to Supporting Student Mental Health and Well-Being

When discussing barriers to supporting students' mental health in the classroom, a variety of challenges were related to the educational system and community. For example, class size, lack of time in the school day to connect with students, limits within the curriculum itself, as well as the COVID-19 pandemic were all barriers that were revealed in this category. In the following quote from Emma, she discussed the difficulties of having a large class size:

> I think a big one for me is class size, just because obviously I still need to teach kids how to read and write all those lovely things in grade one and two, and when you have those students that need more social emotional support, the lower-class sizes tend to kind of cater better to that so students are able to get more adult support whether it's more adult support, EA support, that kind of thing. But with a larger class size, I've just found that the larger class sizes don't cater to that community building and that environment that I personally want to foster. I started the year I think with 27 kids and that was just far too many.

Jessica spoke about the limits put in place by the curriculum when she said, "I think we are limited by the curriculum. So, the amount of time that is available to spend on different areas is limited by the amount of material we need to cover in a year." Amelia had a similar perspective about the restraints of the curriculum:

> I also think that there's a really big push in meeting all the pieces in the curriculum. And, in some of the teachers that I'm working with, or just what I observed, is that there is that kind of stress to meet the curriculum but also play catch up with the last few years

> [due to the COVID-19 pandemic], is really taken away from that relationship building and I'm seeing the effects of that and some of the students that I work with.

Access to Additional Supports

Many of the participants found that accessing additional supports for the classroom in order to support students' mental health was also a barrier. This included access to (a) in-school student services personnel, such as resource teachers or school counsellors, (b) divisional clinical supports, (c) outside mental health supports and, (d) tangible resources, such as professional learning libraries for teachers. In the following quote, Emma referred to the difficulty in accessing additional student services and clinical supports for students in need,

> So, whether that's like resource support, counseling support, clinical support. […] our building is like bursting at the seams. It seems that everybody's classroom also has a lot of needs, so I think just the access to additional supports for my students has been really hard, especially in grade one and two, because the wait list for clinical supports, like you're going to be put to the back of that list, so those students would be lucky if they would then see psych by the time they hit grade three or four. So, a barrier has been those waitlists for those additional supports.

Jessica also talked about lack of additional supports when she said, "I think sometimes there is also the barrier or the challenge that you don't always have as much support in your classroom as you need to be able to provide sort of 1 to 1 or small group with students as often as you like. So just access limitations I suppose."

Relational or Collaborative Barriers

A third area of challenges was regarding relational or collaborative barriers. For example, a lack of parental support, difficulties in making connections with parents, parental mental health challenges, and peer dynamics/challenges were all aspects that were disclosed as challenges. In her interview, Jessica spoke about several of these barriers,

> Some of the kids that I've taught for example, have perhaps like, parents that are working evenings at home, so they don't have a lot of interaction with adults in their evenings. Or maybe parents that aren't themselves very healthy mentally, which can provide an environment that's not very great for our students' mental health and well-being. Things like parents with addiction issues or depression or […] anxiety disorders and how that manifests in the student - feeling afraid to come to school or be around others. So, we can support the students' mental health and development and teach them what that means and how they can deal with that but there is that added challenge that they're getting from outside of the classroom.

Prioritization of Supporting Student Mental Health and Wellbeing

A fourth category of barriers relates to the level of prioritization that schools and school divisions give to supporting student mental health in classrooms. First, a lack of administrator support of professional learning related to supporting student mental health and wellbeing was revealed as a barrier. For example, Jessica said,

> I think the training around it can sometimes be limited and I guess it depends on the school or the person on how much your administration values that kind of personal development as well or professional development as well. I've been very fortunate the

> past few years my admin has been very supportive of that kind of development, but I know it is a general barrier.

Participants also spoke about teacher resistance to working effectively with Student Services Personnel to implement strategies in the classroom to support student mental health and wellbeing, and additionally, the challenge in finding a balance between holding high expectations for students and supporting their wellbeing at the same time.

Teacher traits

Finally, the participants discussed how particular traits that some teachers possess can be barriers to supporting students' mental health and wellbeing. For example, teachers' own mental health and wellbeing proved to be a challenge, especially during the COVID-19 pandemic. Kristin spoke about this when she said:

> One of the things that can be difficult, is working effectively with classroom teachers to implement things within the classroom. Particularly if the teacher is resistant to receiving outside supports and they are wanting to manage all the needs within their classroom alone. That can be challenging because we want to be able to provide that support within our student services lens, but not everyone is open to receiving that kind of support. So that can be a bit of a barrier.

Kristin also spoke about how staff may have a lack of empathy and understanding of trauma as they are not always privy to confidential student information:

> The other thing is, teachers don't always get all of the background information about trauma that may have occurred in a child' life, due to privacy issues, and without that

> background information, sometimes it's difficult for them to understand why they need to support a student in a particular way, or how to support that student. So, we really try to support the teacher in that understanding without breaking privacy laws. But that can be difficult because if you don't know the background information, sometimes it's difficult to be empathetic to a student's need.

Theme 5: Effect of PBIS on Student Mental Health and Wellbeing

Overall, the participants in this study found that the use of PBIS positively supported students' mental health and wellbeing. The implementation of proactive, positive strategies as a whole-school approach and with a common language helped to support decreases in discipline referrals, as one participant (Kristin) stated here:

> Yes, I do think that PBIS in general is helpful, because it is a schoolwide program. It definitely does impact the building in a positive way. Again, most of the things that we do at a universal level, are supportive of the kids. I would say that using, when the kids and the staff all use a common language everyone in the building is aware of the expectations. Newcomers into the building, so even our visitors, volunteers, substitute teachers, the visuals we have all around the building do help everyone to understand what the expectations are and so in that sense, it's easy for everyone to enforce the system that's in place. Our reinforcement system does keep the kids engaged. They love hearing their names called out on the morning announcements or during schoolwide assemblies. […] I would definitely say that for the majority, the universal population, these things that they are doing within these classrooms are making a big impact. We

> see far less referrals from the universal population in terms of negative behaviours or disruptions, aggression, acting out. We see, [discipline] referrals have gone down in the universal population.

Participants also shared that because PBIS is a user-friendly and simple system for teachers to integrate in their classrooms, it is more supportive of student mental health, as Emma stated here:

> I think PBIS is really valuable for supporting student mental health and well-being just because it gives a framework for teachers, which I think is really helpful, and a place to start. So, I've had this conversation with colleagues that PBIS kind of lays out a lot of systems in a way that's easy for teachers to access for them to implement in their classrooms. As a school entirely to be able to universally implement I mean giving those Tier 1 and Tier 2 supports are really important for student mental health. So, we're intervening at those Tier 1 or Tier 2 levels in the hopes that they don't become Tier 3. I think PBIS is a really user-friendly system for classroom teachers who are often bombarded with different programs and different models and different systems, I think it's pretty user friendly and when your whole school is on board, it can be really implemented well.

The implementation of PBIS also necessitates the communication of its principles to parents and the community, which one participant (Jessica) also described as being supportive of student mental health and wellbeing,

> I think that implementing something like this schoolwide or division wide, puts the importance on it for all stakeholders - parents are aware, administrators are aware, teachers are aware, students are aware. So, it can sort of elevate the importance of it, I think.

Theme 6: Impact of Covid-19 on Students' and Teachers' Mental Health and Wellbeing

Although there were no direct interview questions related to the COVID-19 pandemic, participants spoke about how teachers' and students' mental health has been negatively impacted by the effects of this virus. Participants shared that staff were feeling very overwhelmed and stressed due to reduced supports as well as reduced staff in the building. It was also noted that student mental health issues were amplified, while at the same time, there was a reduction in mental health supports and longer waiting lists to access these supports. Emma shared the following statement regarding the increase in student mental health concerns, "personally, I think that the need for [supporting student mental health] has really been just heightened with the pandemic and I'm not sure how much your research is kind of gauging off of that but I think it has with students that would have previously needed those mental health supports those Tier 1 and Tier 2 interventions are now kind of tipping the scales and are now nearing the Tier 3 area. So, I think it's just kind of widened the gap, and unfortunately tipped the scales towards those kids who were already at risk, or their emotional needs are heightened, their mental health supports are less now that we're in a global pandemic. I think it's just kind of broadened that gap unfortunately".

Additionally, participants shared that it was difficult to support students to build peer connections due to covid-19 restrictions, such as wearing face masks, social distancing, student and staff cohorts and remote learning. This led to reduced collaboration and communication among teachers. Delayed school entry for some students, also led to difficulties to adjusting to the school setting.

In conclusion, this chapter summarized the emerging themes regarding participants' perspectives on supporting student mental health and well-being in the classroom. Participants described the existence of a variety of mental health conditions and how languishing mental health may manifest in the classroom. They also proposed strategies and barriers in supporting students with their mental health and well-being, as well as the implementation and integration of PBIS and SEL. Finally, participants also described the impact of the worldwide Covid-19 pandemic on student and teacher's mental health. The following chapter will discuss the implications of these findings for current practices in schools, pre-service teacher training, future research as well as the limitations of this study.

Chapter Five: Implications and Recommendations

In this chapter I will outline the implications of this study for current practice in schools and school divisions in supporting student mental health. This includes not only implications for classroom and support teachers, but also school administrators and divisional employees. Implications for pre-service training and for future research will also be discussed. Finally, the contribution and limitations of this study will be discussed.

Implications for Current Practice in Schools

The findings of this qualitative study revealed several implications for current practice in schools. First, for the educators who took part in this study, PBIS, and an integration of PBIS with SEL on a divisional and school level made a significant difference in their perceptions of how well students fared, and how staff and educators fared as well. This finding supports Cook et al.'s (2015) study as can be seen in the quote below:

> Our findings speak to the power of implementing a more comprehensive structure of universal supports by integrating PBIS and SEL interventions together using a blended approach by combining these two interventions both theoretically and practically speaking. […] this combined approach appeared to produce additive effects on mental health outcomes including internalizing and externalizing behavior problems beyond changes that occur when implementing only one intervention (p.178).

Considering that the teachers and support teachers in this study have all worked with students with languishing mental health, whether that be due to a diagnosed mental health disorder or due to experiencing devastating life circumstances, having a framework in place that provides a

consistent structure that supports student mental health is of the utmost importance. Furthermore, this structure can easily allow for SEL programs and interventions to be implemented school-wide, as systems are already in place for this through the PBIS framework. Bradshaw et al. (2013) state that,

> PBIS can provide a school-wide context in which the SEL core competencies can be taught, practiced, and reinforced throughout the day. Moreover, by improving school-wide climate and behavior management practices across school settings, PBIS may enhance the implementation quality and effects of classroom-based SEL programs (p. 108).

Additionally, since participants viewed students as struggling with their mental health when they had a lack of skill development or when they demonstrated observable behaviours that were a cause for concern, such as aggression or self-harm, the implementation of PBIS, especially when paired with specific SEL programs that target those behaviors or internalizing symptoms, can provide teachers with the strategies and interventions to support these students (McIntosh et al., 2014). For example, PBIS Tier 2 interventions can provide students with additional instruction time, additional structure/predictability, and/or increased opportunity for feedback. Furthermore, when SEL strategies are embedded into existing Tier 2 interventions, they can also aid in helping students to develop replacement and positive coping strategies targeted specifically to their needs, such as utilizing positive self-talk or breathing techniques to calm anxiety.

Next, administrators must model the development of strong student, parent, and community relationships as family engagement at all three levels of support can support student mental health and can support increased attendance and reduced negative behaviours (Roth & Erbacher, 2022). When administrators and school personnel take the time to build positive relationships with students and families, those students and families are more likely to participate in working together as a team to implement strategies that can help improve or buffer the effects of languishing mental health. If parents already feel comfortable with school administrators and teachers, they may open up or come to them when they are experiencing difficulties, and when there is open communication between home and school, everyone will benefit, especially the student.

School administrators must also provide support to teachers so that they can feel confident in supporting student mental health. This can happen in a variety of different ways, such as through additional teacher training; advocating for and modeling instructional practices that support student mental health; providing teacher support in the implementation of PBIS and SEL; hiring teachers who possess specific traits; fostering a school culture that emphasizes teacher collaboration, co-planning and co-teaching; and accessing additional teacher support, planning time, and modelling from clinicians/divisional personnel. Although professional learning and specific teacher training on how to support student mental health can be beneficial, school administrators should not stop there, as it often takes more than training to cause lasting change in teachers' instructional practices.

First, principals and vice-principals must advocate and model instructional practices with their staff that will support student mental health. Participants in this study suggested project-

based/inquiry learning, universal design for learning, as well as transdisciplinary studies as specific instructional practices that can help to support students with languishing mental health. Additionally, when administrators advocate for teachers to incorporate student interests, voice, and choice into their daily teaching practice, this can also help to support student mental health. Finally, encouraging teachers to provide students with a variety of instructional practices and allowing for multiple ways of assessing student learning, will also help students who may be experiencing languishing mental health, be more engaged in learning, and have more positive academic outcomes.

Providing teachers with a variety of supports to aid them in implementing SEL into the PBIS framework is important for these systems to be established and maintained. One example of a type of support that can be extremely helpful to teachers, is to provide them with additional planning time where they can work with divisional clinicians or other personnel to plan out how to integrate class wide SEL interventions and strategies into the curricular content. Furthermore, accessing clinicians and other divisional supports to provide 'on-the-job' training and modelling can be particularly useful, especially when teachers have not had the opportunity to see specific strategies put into action in the classroom.

Next, administrator hiring practices must consider teachers who possess specific traits that are needed in order to better support student mental health. For example, hiring teachers who are flexible and responsive to student needs and willing to adapt their own practices to better support students would be an important trait in helping not only students with languishing mental health but also for struggling learners. Additionally, hiring teachers who give value to students' identities and diversity, who are attuned to student needs and who have an

open mindset are also extremely important, although this might be difficult to determine when hiring.

Finally, administrators must strive to create a school culture that is built upon teacher collaboration, co-planning and co-teaching. When teachers have the opportunity to engage in professional collaboration and planning with other teachers, this can have many benefits. First, it is through this type of collaboration (co-planning and co-teaching) that teachers can learn strategies from one another that they would not have learned in another manner. Specifically, when classroom teachers and student services personnel co-plan and co-teach, not only does the student services personnel can get to know and observe students in the classroom setting, but the classroom teacher can learn how to implement instructional differentiation strategies with the side-by-side support of the student services personnel. For example, in a research paper by Shin, Lee and McKenna (2016), which reviewed 11 studies on co-teaching, found that,

> The co-teaching experiences provided both special education and general education preservice teachers opportunities to reflect on how to better support individual students' diverse needs regarding the provision of accommodations and modifications. As both the preservice teachers planned and delivered the lessons together, they recognized the various needs of diverse learners (p. 98).

Furthermore, this type of collaborative work can help teachers feel like they are not alone and that they are working as part of a team, which helps to ease their workload and may prevent teacher burnout. Finally, while it is extremely important for administrators to develop this collaborative culture, it is necessary for school divisions to prioritize and allocate funds towards

more support teachers and student services personnel so that they can help teachers develop the strategies required to support student mental health and wellbeing.

Implications for Pre-Service Training

While most pre-service teacher training programs include a course, or component of a course, dedicated to learning about how to support students with disabilities, there is less time allocated to learning about how to support students' mental health and wellbeing in the context of the classroom (Atkins & Roger, 2016; Rodger et al., 2014; Canadian Teachers Federation, 2012). One implication of this study is that it is very important, more now than ever, for pre-service teachers to receive more information on the range and types of mental health issues that they may see in their classrooms once they become teachers. Furthermore, learning about which universal, class wide and evidence-based strategies are more supportive of students' overall mental health and wellbeing is imperative in order to reduce the number of students requiring support at the Tier 2 and 3 levels.

Another implication for pre-service training is to provide specific education on the collaborative nature of the role of a teacher. Traditionally, teaching (especially in high school), was viewed as a solitary role, however, we know that it is extremely important to work effectively within a team in order to be able to support all students. Specifically, when classroom teachers work together with student services personnel, by co-planning, co-teaching, consulting and collaborating, the combined strengths and particular traits held by both staff members will ultimately benefit all students.

Implications for Future Research

This findings from this study provide several implications for future research. Although gaining the perspectives of classroom and support teachers provided rich information regarding supporting students' mental health within the education system, it would be beneficial for researchers to obtain additional perspectives from other stakeholders. For example, the perspectives of parents, administrators, divisional personnel, and of course, the perspectives of the students themselves.

Another implication for future research would be to undertake a systematic review of school divisions' policies and procedures through the lens of determining whether they are supportive of students' mental health and wellbeing. It would be beneficial if additional data from educators were collected over time and in different locations and with different age groups. Long term observational studies would be particularly helpful for us to see the implementation of PBIS and SEL strategies in real time as there may be additional factors within this implementation that may come to light. Tracking behavioural change with the number of discipline referrals or percentage of students suspended or excelled prior to and after the implementation of PBIS and SEL would also be a path for future researchers to explore.

Next, although participants mentioned the integration of SEL programs into the PBIS framework, future research could gather more qualitative data on the specific ways that educators went about implementing this integration. Having educators share how specific SEL programs are delivered at the Tier 1, 2 and/or 3 levels of support would provide some rich data that could lead to further practical implications. In my experience in working with PBIS school

teams, the SEL programs are chosen on based on student needs observable in data collected on discipline referrals or other sources of data, such as surveys. Then, the school team plans how the SEL program will be implemented into the school setting, and this is included in the yearly PBIS action plan. For example, the Zones of Regulation curriculum can be implemented at all three levels of support. At the Tier 1 level, school-wide implementation of the curriculum would occur and be incorporated in daily practices. At the Tier 2 level, students who require additional support, would participate in small group sessions with the school counsellor to receive additional instruction and practice on the Zones. Finally, at the Tier 3 level, a specific student might benefit from the use of the Zones curriculum to monitor their emotions every school period as well as the use of calming tools. This may also be support one of their Student Specific Outcomes on their Individual Education Plan or Behaviour Intervention Plan.

Finally, future research could also undertake a case study of specific students who had experienced languishing mental health and the factors that supported those students to be able to move towards having a flourishing mental health.

Limitations

Although this study has contributed to the research around supporting students' mental health and wellbeing in schools, as will be further discussed in this chapter, some limitations exist. First, this study was completed during the worldwide Covid-19 pandemic and therefore, should be replicated when the pandemic is over in order to have a full understanding of how student mental health is being supported when the world is not also dealing with the effects of a pandemic. Additionally, due to the timing of this study and Covid-19, it contained a smaller

sample size than anticipated. Many teachers and support teachers were not able to dedicate time to supporting research studies such as this one as their workloads increased and they were forced to adapt to the ever-changing pandemic restrictions. A final limitation of this study is the reality that participants were more likely to be supportive of PBIS and the idea that schools have a responsibility to promote their students' mental health and well being. Educators who do not support this approach are probably less likely to take part in this type of study.

Contributions

The current study provided several contributions to the literature. First, it described the perspectives of classroom and support teachers with regards to supporting student mental health within the school setting. At the time of the interviews, all participants were working within a school and had first-hand knowledge and experience of students who may have been struggling with their mental health. The information provided through the interviews came from participants who were currently working closely with students who may have a mental health concern, therefore, a candid description of lived experiences was communicated. Second, as the world is becoming more aware of the impact of mental health in children, this study's contribution to the importance and the responsibility of all school-based staff to support every single student. Finally, this study also confirms the necessity for the education system, the foster care system and the medical system to come together to work cohesively in order to ensure that all students received the support that is required.

Conclusion

One's mental health, similar to one's physical health, plays a significant role in the trajectory and quality of our lives. When educators support student mental health and wellbeing in the classroom, they are not only supporting them in the moment, but they are providing them with the tools, skills and strategies that can last a lifetime. Therefore, school divisions, schools and educators must ensure that evidence-based interventions that support student mental health, such as PBIS and SEL, are prioritized and implemented in all classrooms. It is evident from the results of this study, that educators have many experiences in working with students who may have languishing mental health, and that they believe that a difference can be made through the implementation of various strategies. Although there are several barriers that may impede students in receiving the support that they need, when teachers understand the impact they can have on student mental health, there is much that they can do to support students through their own planning and daily practice. This will continue to be the case in the coming years, as the effects of the Covid-19 pandemic on our children's mental health are revealed.

References

Alberta Regional Professional Development Consortia. (2023). *Seven Sacred Teachings.* https://empoweringthespirit.ca/cultures-of-belonging/seven-grandfathers-teachings/

Algozzine, B., Barrett, S., Eber, L., George, H., Horner, R., Lewis, T., Putnam, B., Swain-Bradway, J., McIntosh, K., & Sugai, G (2019). School-wide PBIS Tiered Fidelity Inventory. OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. www.pbis.org.

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, 5th Edn. Washington, DC: American Psychiatric Association.

Atkins, M.-A., Rodger, S. (2016). Pre-service teacher education for mental health and inclusion in schools, *Exceptionality Education International*, 26(2), 93-118.

Barrett, S., Eber, L., McIntosh, K., Perales, K., & Romer, N. (2018). *Teaching Social-Emotional Competencies within a PBIS Framework.* OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports, www.pbis.org.

Barrett, S., Eber, L., & Weist, M. (2017). Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support, Center on Positive Behavioral Interventions and Supports, https://www.pbis.org/resource/advancing-education-effectiveness-interconnecting-school-mental-health-and-school-wide-positive-behavior-support.

Battaglia, M., Garon-Carrier, G., Côté, S. M., Dionne, G., Touchette, E., Vitaro, F., Tremblay, R. E., & Boivin, M. (2017). Early childhood trajectories of separation anxiety: Bearing on mental health, academic achievement, and physical health from mid-childhood to preadolescence. *Depression and Anxiety*, *34*(10), 918–927. https://doi.org/10.1002/da.22674

Bradshaw, C. P., Bottiani, J. H., Osher, D., & Sugai, G. (2013). The integration of positive behavioral interventions and supports and social and emotional learning. In M. D. Weist, N. Lever, C. Bradshaw, & J. Owens (Eds.), *Handbook of school mental health: Research, training, practice, and policy* (pp. 101- 118). Boston, MA: Springer.

Bradshaw, C. P., Koth, C. W., Bevans, K. B., Ialongo, N., & Leaf, P. J. (2008). The impact of school-wide positive behavioral interventions and supports (PBIS) on the organizational health of elementary schools. *School Psychology Quarterly*, *23*(4), 462–473. https://doi.org/10.1037/a0012883

Bradshaw, C. P., Mitchell, M. M., & Leaf, P. J. (2010). Examining the Effects of Schoolwide Positive Behavioral Interventions and Supports on Student Outcomes: Results From a Randomized Controlled Effectiveness Trial in Elementary Schools. *Journal of Positive Behavior Interventions*, *12*(3), 133–148. https://doi.org/10.1177/1098300709334798

Bradshaw, C., Reinke, W., Brown, L., Bevans, K., & Leaf, P. (2008). Implementation of school-wide positive behavioral interventions and supports (PBIS) in elementary schools: Observations from a randomized trial. *Education and Treatment of Children, 31,* 1-26.

Canadian Charter of Rights and Freedoms (1982). s15, Part 1 of the *Constitution Act*, 1982, being Schedule B to the *Canada Act 1982* (UK), c 11.

Canadian Teachers Federation. (2012). Student mental health: Canadian teachers call for more resources and professional development in schools [Press release], retrieved from Student mental health: Canadian teachers call for more resources and professional development in schools (newswire.ca)

Chartier, M., Brownell, M., MacWilliam, L., Valdivia, J., Nie, Y., Ekuma, O., Burchill, C., Hu, M., Rajotte, L., Kulbaba, C. (2016). *The Mental Health of Manitoba's Children*. Winnipeg, MB, Manitoba Centre for Health Policy.

Chien, C.-W. (2022). Effects of the change in activity participation during the COVID-19 pandemic on children's mental health, American Journal of Occupational Therapy, 76(2), 1-6.

Chorpita, B. F., & Weisz, J. R. (2009). *MATCH-ADTC: Modular approach to therapy for children with anxiety, depression, trauma, or conduct problems*. Satellite Beach, FL: PracticeWise.

Cohen, R. (2005). *Students Resolving Conflict: Peer mediation in schools*. Good Year Books.

Collaborative for Academic, Social, and Emotional Learning. (2017). https://casel.org/what-is-sel/

Cole, K., Schroeder, K., Bataineh, M., Al-Bataineh, A. (2021), Flexible seating impact on classroom environment, *TOJET: The Turkish Online Journal of Educational Technology*, 20 (2).

Collie, R. J., Shapka, J. D., & Perry, N. E. (2012). School climate and social emotional learning: predicting teacher stress, job satisfaction, and teaching efficacy. *Journal of Educational Psychology, 104,* 1189-1204. doi: 10.1037/a0029356

Cook, C. R., Frye, M., Slemrod, T., Lyon, A. R., Renshaw, T. L., & Zhang, Y. (2015). An integrated approach to universal prevention: Independent and combined effects of PBIS and SEL on youths' mental health. *School Psychology Quarterly*, *30*(2), 166–183. https://doi.org/10.1037/spq0000102

Comer, J.P. (1988). Educating Poor Minority Children. *Scientific American*, 259(5), 42-49.

Copeland,W.E., Angold,A., Shanahan,L., & Costello, E.J. (2014). Longitudinal patterns of anxiety from childhood to adulthood: The Great Smoky Mountains Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53, 21–33.

Crisis Prevention Institute. (2022). *Nonviolent Crisis Intervention*. https://www.crisisprevention.com/Our-Programs/Nonviolent-Crisis-Intervention

Denzin, N.K., & Lincoln, Y.S. (2011). *The SAGE handbook of qualitative research*. Thousand Oaks, CA: Sage.

Dragioti, E., Li, H., Tsitsas, G., Lee, K.H., Choi, J., Kim, J., Choi, Y.J., Tsamakis, K., Estradé, A., Agorastos, A., Vancampfort, D., Tsiptsios, D., Thompson, T., Mosina, A., Vakadaris, G., Fusar-Poli, P., Carvalho, A.F., Correll, C.U., Han, Y.J., … Solmi, M. (2022). A large-scale meta-analytic atlas of mental health problems prevalence during the COVID-19 early pandemic, *Journal of Medical Virology*, 94: 1935-1949.

Duke, Naomi & Pettingell, Sandra & Mcmorris, Barbara & Borowsky, Iris. (2010). Adolescent Violence Perpetration: Associations With Multiple Types of Adverse Childhood Experiences. *Pediatrics*. 125. e778-86. 10.1542/peds.2009-0597.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. *Child Development*, *82*(1), 405–432. https://doi.org/10.1111/j.1467-8624.2010.01564.x

Eisenberg, N., Hofer, C., & Vaughan, J. (2007). Effortful control and its socioemotional consequences. *Handbook of emotion regulation*, *2*, 287-288.

Encourage Play. (2015). *Solution wheel: A simple way to help kids solve problems.* *https://www.encourageplay.com/blog/solution-wheel-a-simple-way-to-help-kids-solve-problems*

Enright, J. (2022, October). Setting Up Chill Zones and Calming Corners. Neurodiversified, https://medium.com/neurodiversified/how-to-set-up-chill-zones-or-calming-corners-15c7520f6c32

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., … Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245–258.

Fisher, F. (2003). What do special educators need to know and be prepared to do for inclusive schooling to work?" *Teacher Education and Special Education*, vol. 26, no. 1, SAGE Publications, Jan., pp. 42–50, doi:10.1177/088840640302600105.

Forman, S.G., Olin, S.S., Hoagwood, K.E., Crowe, M., & Saka, N. (2009). Evidence-based interventions in schools: Developers' views of implementation barriers and facilitators. *School Mental Health*, 1(1), 26–36.

Frey, N., Fisher, D. & Smith, D. (2019). All Learning is Social and Emotional: Helping students develop essential skills for the classroom and beyond. ASCD.

Gage, N. A., Leite, W., Childs, K., & Kincaid, D. (2017). Average Treatment Effect of School-Wide Positive Behavioral Interventions and Supports on School-Level Academic Achievement in Florida. *Journal of Positive Behavior Interventions*, *19*(3), 158–167. https://doi.org/10.1177/1098300717693556

Gage, N. A., Sugai, G., Lewis, T. J., & Brzozowy, S. (2015). Academic Achievement and School-Wide Positive Behavior Supports. *Journal of Disability Policy Studies*, *25*(4), 199–209. https://doi.org/10.1177/1044207313505647

Gibb, S. J., Fergusson, D. M., & Horwood, L. J. (2010). Burden of psychiatric disorder in young adulthood and life outcomes at age 30. *British Journal of Psychiatry*, *197*(02), 122–127. https://doi.org/10.1192/bjp.bp.109.076570

Harris, M.B. (2014, September). How childhood trauma affects health across a lifetime [Video]. TEDMED. https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime/up-next

Hedegaard-Soerensen, L., Riis Jensen, C., & Borglum Tofteng, D.M. (2018) Interdisciplinary collaboration as a prerequisite for inclusive education, *European Journal of Special Needs Education*, 33:3, 382-395, DOI: 10.1080/08856257.2017.1314113

Hellebuyck, M., Halpern, M., Nguyen, T., & Fritze, D. (2019). *The State of Mental Health in America, Mental Health America,* Retrieved from https://www.mhanational.org/sites/default/files/2019%20MH%20in%20America%20Final_0.pdf

Hendrix, R., Zweber Palmer, K., Tarshis, N., Garcia Winner, M. (2016). *We Thinkers*. Social Thinking.

Houchens, G. W., Zhang, J., Davis, K., Niu, C., Chon, K. H., & Miller, S. (2017). The Impact of Positive Behavior Interventions and Supports on Teachers' Perceptions of Teaching Conditions and

Student Achievement. *Journal of Positive Behavior Interventions*, *19*(3), 168–179. https://doi.org/10.1177/1098300717696938

Hyson, M. (2004). The emotional development of young children-*building an emotional centered curriculum. New York, Teachers College Press.*

Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research, 79*, 491-525. doi: 10.3102/0034654308325693

Katz, J. (2012). *Teaching to Diversity: The three-block model of universal design for learning.* Winnipeg, MB, Portage and Main Press.

Katz, J. & Lamoureux, K. (2018). *Ensouling Our Schools*. Winnipeg, MB, Portage and Main Press.

Kelm, J. L., McIntosh, K., & Cooley, S. (2014). Effects of Implementing School-Wide Positive Behavioural Interventions and Supports on Problem Behaviour and Academic Achievement in a Canadian Elementary School. *Canadian Journal of School Psychology*, *29*(3), 195–212. https://doi.org/10.1177/0829573514540266

Kessler, R. C., Avenevoli, S., Costello, E. J., Georgiades, K., Green, J. G., Gruber, M. J., He, J., Koretz, D., McLaughlin, K. A., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Merikangas, K. R. (2012). Prevalence, Persistence, and Sociodemographic Correlates of DSM-IV Disorders in the National Comorbidity Survey Replication Adolescent Supplement. *Archives of General Psychiatry*, *69*(4), 372–380. https://doi.org/10.1001/archgenpsychiatry.2011.160

Keyes, C. L. M. (2002). The Mental Health Continuum: From Languishing to Flourishing in Life. *Journal of Health and Social Behavior*, *43*(2), 207–222.

Keyes, C. L. M., Dhingra, S. S., & Simoes, E. J. (2010). Change in Level of Positive Mental Health as a Predictor of Future Risk of Mental Illness. *American Journal of Public Health; Washington*, *100*(12), 2366–2371.

Kumm, S., Mathur, S.R., Cassavaugh, M., & Butts, E. (2020). Using the PBIS framework to meet the mental health needs of youth in juvenile justice facilities. *Remedial and Special Education*, 41(2), 80-87.

Kuypers, L. (2011). *The Zones of Regulation: A Curriculum designed to foster self-regulation and emotional control.* Social Thinking.

Kuypers, L. (2021). The original zones of regulation: A social emotional learning framework & pathway to regulation. https://zonesofregulation.com/index.html

Lassen, S. R., Steele, M. M., & Sailor, W. (2006). The relationship of school-wide Positive Behavior Support to academic achievement in an urban middle school. *Psychology in the Schools*, *43*(6), 701–712. https://doi.org/10.1002/pits.20177

Lincoln, Y.S., & Guba, E.G. (1985). Naturalistic Inquiry. Beverly Hills, CA: Sage.

Madigan, K., Cross, R. W., Smolkowski, K., & Strycker, L. A. (2016). Association between schoolwide positive behavioural interventions and supports and academic achievement: A 9-year evaluation. *Educational Research and Evaluation*, *22*(7–8), 402–421. https://doi.org/10.1080/13803611.2016.1256783

Mathur, S.R., Kern, L., Albrecht, S.F., Poland, S., Rozalski, M., & Skiba, R.J. (2017). CCBD's position executive summary on school-based mental health services. *Behavioral Disorders*, 43(1), 223-226.

McIntosh, K., Gion, C., & Bastable, E. (2018). Do schools implementing SWPBIS have decreased racial and ethnic disproportionality in school discipline. Positive Behavioral Interventions and Supports – OEPS Technical Assistance Center, retrieved from https://assets-global.website-files.com/5d3725188825e071f1670246/5d7ac87c3af0212c7783631e_do%20schools%20implementing%20swpbis%20have%20decreased%20racial%20and%20ethnic%20disproportionality%20in%20school%20discipline-2.pdf

McIntosh, K., Ty, S. V., & Miller, L. D. (2014). Effects of School-Wide Positive Behavioral Interventions and Supports on Internalizing Problems: Current Evidence and Future Directions. *Journal of Positive Behavior Interventions*, *16*(4), 209–218. https://doi.org/10.1177/1098300713491980

Merikangas, K. R., He, J.-P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010). Prevalence and Treatment of Mental Disorders Among US Children in the 2001–2004 NHANES. *Pediatrics*, *125*(1), 75–81. https://doi.org/10.1542/peds.2008-2598

Missouri Department of Elementary and Secondary Education (2018). Missouri Schoolwide Positive Behavior Support: Tier 1 Team Workbook. Retrieved from https://pbismissouri.org/wp-content/uploads/2018/05/MO-SW-PBS-Tier-1-2018.pdf

Mojtabai, R., Stuart, E., Hwang, I., Eaton,W., Sampson, N., & Kessler, R. (2015). Long-term effects of mental disorders on educational attainment in the national comorbidity

survey ten-year follow-up. Social Psychiatry and Psychiatric Epidemiology, 50(10), 1–15. http://dx.doi.org/10.1007/s00127-015-1083-5.

Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and Youth Services Review, 73,* 384–391. https://doi.org/10.1016/j.childyouth.2017.01.006

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Mulholland M., & O'Connor, U. (2016). Collaborative classroom practice for inclusion: perspectives of classroom teachers and learning support/resource teachers, *International Journal of Inclusive Education*, 20:10, 1070-1083, DOI: 10.1080/13603116.2016.1145266

Muscott, H. S., Mann, E. L., & LeBrun, M. R. (2008). Positive Behavioral Interventions and Supports in New Hampshire: Effects of Large-Scale Implementation of Schoolwide Positive Behavior Support on Student Discipline and Academic Achievement. *Journal of Positive Behavior Interventions*, *10*(3), 190–205. https://doi.org/10.1177/1098300708316258

National Technical Assistance Center on Positive Behavioral Interventions and Supports. (2019). Retrieved from https://www.pbis.org/about/about

Noltemeyer, A., Palmer, K., James, A.G., & Wiechman, S. (2019). School-Wide Positive Behavioral Interventions and Supports (SWPBIS): A synthesis of existing research, *International Journal of School & Educational Psychology*, 7:4, 253-262, DOI: 10.1080/21683603.2018.1425169

O'Connell, M.T., Boat, T., & Warner, K.E. (2009). *Preventing Mental, Emotional, and Behavioural Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academic Press.

Perry, B.D. & Hambrick, E.P. (2008). The neurosequential model of therapeutics. *Reclaiming Children and Youth.* 17(3), 38-43. http://childtrauma.org/wpcontent/uploads/2013/08/NMT_Article_08.pdf

Perry, B.D. & Szalavitz, M. (2017). *The Boy Who Was Raised As A Dog: And Other Stories from a Child Psychiatrist's Notebook*. Basic Books: New York, NY.

Rief, S. (2016). *How to Reach and Teach Children and Teens with ADD/ADHD: Practical techniques, strategies and interventions,* Third Edition. Jossey-Bass.

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*(1), 1–13. https://doi.org/10.1037/a0022714

Rodger, S., Hibbert, K., Leschied, A., Pickel, L., Stepien, M., Atkins, M.-A., Koenig, A., Woods, J., & Vandermeer, M. (2014). Shaping a mental health curriculum for Canada's teacher education programs: a rationale and brief overview, Physical & Health Education Journal, 80(3), 28-29.

Ross, S. W., Romer, N., & Horner, R. H. (2012). Teacher Well-Being and the Implementation of School-Wide Positive Behavior Interventions and Supports. *Journal of Positive Behavior Interventions*, *14*(2), 118–128. https://doi.org/10.1177/1098300711413820

Roth, J.C., Erbacher, T.A. (2022). *Developing Comprehensive School Safety and Mental Health Programs: An integrated approach*. Routledge. https://www-taylorfrancis-com.uml.idm.oclc.org/books/mono/10.4324/9781003150510/developing-comprehensive-school-safety-mental-health-programs-jeffrey-roth-terri-erbacher

Routman, R. (2007). *Teaching Essentials: Expecting the most and getting the best from every learner*, K-8. Heinemann.

Shin, M., Lee, H., & McKenna, J.W. (2016). Special education and general education preservice teachers' co-teaching experiences: a comparative synthesis of qualitative research, International Journal of Inclusive Education, 20(1), 91-107, https://doi.org/10.1080/13603116.2015.1074732

Simonsen, B., Eber, L., Black, A. C., Sugai, G., Lewandowski, H., Sims, B., & Myers, D. (2012). Illinois Statewide Positive Behavioral Interventions and Supports: Evolution and Impact on Student Outcomes Across Years. *Journal of Positive Behavior Interventions*, *14*(1), 5–16. https://doi.org/10.1177/1098300711412601

Sugai, G., & Simonsen, B. (June, 2012). Positive Behavioral Interventions and Supports: History, defining features, and misconceptions, Retrieved from http://pbisaz.org/pbis-overview/pbis-history/

Sugai, G., Horner, R. H., Dunlap, G. Hieneman, M., Lewis, T. J., Nelson, C. M., Scott, T., Liaupsin, C., Sailor, W., Turnbull, A. P., Turnbull, H. R., III, Wickham, D. Reuf, M., & Wilcox, B. (2000). Applying positive behavioral support and functional behavioral assessment in schools. Journal of Positive Behavioral Interventions, 2, 131-143.

Swain-Bradway, J., Johnson, J., Eber, L., Barrett, S., & Weist, M. D. (2015). Interconnecting school mental health and school-wide positive behavior support. In S. Kutcher, Y. Wei, & M. D. Weist (Eds.), *School Mental Health* (pp. 282–298). Cambridge University Press. https://doi.org/10.1017/CBO9781107284241.023

The Hawn Foundation. (2011). *MindUP curriculum: Brain-focused strategies for learning – and living. Grades Pre-K-2.* Scholastic Inc.

Thorsteinson, L. (2018). *Interpretive Memo: Educators' perspectives on supporting students' mental health in the classroom and school settings.* Unpublished manuscript.

Turnbull, H. R., Wilcox, B. L., Stowe, M. J., & Turnbull, A. P. (2001). *IDEA Requirements for Use of PBS: Guidelines for Responsible Agencies*. https://doi.org/10.1177/109830070100300103

van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press.

Venning, A., Wilson, A., Kettler, L. & Eliott, J. (2013). Mental Health among Youth in South Australia: A Survey of Flourishing, Languishing, Struggling, and Floundering, *Australian Psychologist*, https://onlinelibrary-wiley-com.uml.idm.oclc.org/doi/full/10.1111/j.1742-9544.2012.00068.x

Walter, H. J., Gouze, K., & Lim, K. G. (2006). Teachers' Beliefs About Mental Health Needs in Inner City Elementary Schools. *Journal of the American Academy of Child & Adolescent Psychiatry*, *45*(1), 61–68. https://doi.org/10.1097/01.chi.0000187243.17824.6c

Weist, M. D., Eber, L., Horner, R., Splett, J., Putnam, R., Barrett, S., Perales, K., Fairchild, A. J., & Hoover, S. (2018). Improving Multitiered Systems of Support for Students With "Internalizing" Emotional/Behavioral Problems. *Journal of Positive Behavior Interventions*, *20*(3), 172–184. https://doi.org/10.1177/1098300717753832

WEVAS Inc. (2022). *The WEVAS Approach.* https://www.wevas.ca/the-wevas-approach

Winner, M.G. (2006). Social Behavior Mapping: Connecting behavior, emotions and consequences across the day, Social Thinking.

World Health Organization (2013). *Mental Health Action Plan 2013-2020* [PDF file]. Geneva, Switzerland: Department of Mental Health and Substance Abuse, World Health Organization. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf;jsessionid=EAB790677405E1FEDC94D9D7CDDB0FA9?sequence=1

World Health Organization (2021). Adolescent Mental Health Fact Sheet. Retreived from https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

World Health Organization (2022). World Mental Health Report: Transforming mental health for all [PDF file]. Geneva, World Health Organization. Retrieved from https://www.who.int/publications/i/item/9789240049338

Zins, J. E., Bloodworth, M. R., Weissberg, R. P., & Walberg, H. J. (2004). The scientific base linking emotional learning to student success and academic outcomes. In J. E. Zins, R. P. Weissberg, M. C. Wang, & H. J. Walberg (Eds.), Building academic success on social and emotional learning: What does the research say? (pp. 3-22). New York, N.Y: Teachers College Press.

Appendices

Appendix A

Permission to Reprint Figure from *Improving Multitiered Systems of Support for Students With "Internalizing" Emotional/Behavioral Problems*, by Weist et al., 2018, retrieved from *Journal of Positive Behavior Interventions*, *20*(3), p. 179, https://doi.org/10.1177/1098300717753832

RP-55 I would like to ask permission to reprint Figure 1 (on page 179) in the literature review section of my Master Thesis

MP

Mary Ann Price <permissions@sagepub.com>
Wed 2020-04-01 1:56 PM
To: Larissa Thorsteinson

Reply above this line.

Mary Ann Price commented:

Dear Larissa Thorsteinson,

Thank you for your request. I am pleased to report we can grant your request without a fee as part of your thesis or dissertation.

Please accept this email as permission for your request as you've detailed below. Permission is granted for the life of the edition on a non-exclusive basis, in the English language, throughout the world in all formats provided full citation is made to the original SAGE publication. Permission does not include any third-party material found within the work.

Please contact us for any further usage of the material.

If you have any questions, or if we may be of further assistance, please let us know.

Kind Regards,

Mary Ann Price

Rights Coordinator

SAGE Publishing

2600 Virginia Ave NW, Suite 600

Washington, DC 20037

USA

T: 202-729-1403

www.sagepublishing.com

Mary Ann Price resolved this as Done.

Appendix B

Ethics Protocol Approval

University of Manitoba | Research Ethics and Compliance

Human Ethics - Fort Garry
208-194 Dafoe Road
Winnipeg, MB R3T 2N2
T: 204 474 8872
humanethics@umanitoba.ca

PROTOCOL APPROVAL

To: **Larissa Thorsteinson** **(Advisor: Zana Lutfiyya)**
Principal Investigator

From: **Andrea Szwajcer, Chair**
Research Ethics Board 2 (REB 2)

Re: **Protocol # R2-2021:008 (HS24627)**
Educators' perspectives on supporting students' mental health within the framework of Positive Behavioural Interventions and Supports (PBIS)

Effective: March 22, 2021 **Expiry:** March 22, 2022

Research Ethics Board 2 (REB 2) has reviewed and approved the above research.

REB 2 is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018)*.

This approval is subject to the following conditions:

i. Approval is granted for the research and purposes described in this application only.

ii. Any changes to this research must be approved by the Human Ethics Office (HEO) before implementation.

iii. Any deviations to the research or adverse events must be reported to the HEO immediately.

iv. This approval is valid for one year only. A Renewal Request Form must be submitted and approved prior to the above expiry date.

v. A Study Closure Form must be submitted to the HEO when the research is complete prior to the above expiry date, or if the research is terminated.

vi. The University of Manitoba (UM) may request to audit your research documentation to confirm compliance with this approved protocol, and with the UM *Ethics of Research Involving Humans* policies and procedures.

Funded Protocols: Email a copy of this Protocol Approval, with the corresponding UM Project Number, to ResearchGrants@umanitoba.ca

Appendix C

Participant Consent Form

UNIVERSITY OF MANITOBA

Faculty of Education

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

Individual Interview

Research Project Title: "Educators' perspectives on supporting students' mental health within the framework of Positive Behavioural Interventions and Supports".

Principal Investigator and contact information: Larissa Thorsteinson

Research/Thesis Advisor and contact information: Dr. Zana Lutfiyya

This consent form, a copy of which will be left with you for your records and reference, is only 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 detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

You are being asked to participate in a research study involving an individual interview. Please take your time to review this consent form and discuss any questions you may have with your friends or family before you make your decision. The consent form may contain words that you do not understand. Please ask me to explain any words or information that you do not clearly understand.

Purpose of this Research Project

This research study is being conducted as a requirement for the completions of the Masters of Inclusive Education program at the University of Manitoba. The purpose of this study

will be to gain an understanding of educators' perspectives on students' mental health as it relates to the integration of social emotional learning (SEL) into the Positive Behavioural Interventions and Supports (PBIS) framework. It will also have the purpose to understand educators' experiences in working with students who have languishing mental health, and their role in supporting students' mental health needs. This study will also aim to understand the barriers and challenges that educators may face in implementing strategies to support students' mental health in the context of the classroom and school.

Participant Selection

You are being asked to participate in this study because you are an educator who works with children and/or other educators' in a school that is currently implementing social emotional learning practices and integrating these into the PBIS framework.

Study procedures

The method of data collection for this study will be individual interviews. I will be conducting the interview. The interview will last approximately 45-60 minutes in duration. During the interview, you will be asked some questions relating to your experience in implementing SEL (or supporting other educators in implementing SEL) within the context of PBIS. You will also be asked questions about how students' mental health needs are being supported. These questions will help me to understand educators' perspectives on their role in supporting students' mental health through the use of SEL within the PBIS framework.

These sessions will be held via Zoom or Microsoft Teams, will be audio-recorded using an iPhone and will be transcribed by myself.

Your name will be replaced with a pseudonym in the transcript of the interview and I will ask you to review your transcript for accuracy, which will take approximately 30 minutes. If I do not hear back from you within two weeks of sending the transcript, I will assume that it is correct and free of errors. The audio-recordings will be stored on a password protected iPhone and will be destroyed after being transcribed. The results of this study will be shared with you in writing by December 31, 2020.

Risks and Discomforts

There are no anticipated physical risks to participants however, you may find talking about children's mental health and supporting children's mental health to be upsetting or emotional. You do not have to answer any question that makes you feel uncomfortable or that you find too upsetting. Should you need any additional help or support, here is a list of therapy/counselling support service agencies (removed to protect confidentiality of participants)

Benefits

Taking part in an interview for this study may not help you directly, but information gained may help other educators to better support students' mental health.

Costs

There is no cost to you to attend the individual interview.

Honorarium

You will be given a $5.00 Starbucks gift card as an honorarium for the time and effort that you provided for participating in this study.

Confidentiality

I will do everything possible to keep your personal information confidential. Your name will not be used at all in the research study records, a pseudonym will be used. A list of names and addresses of participants will be kept on a password protected laptop so that I can send you a summary of the results of the study. If the results of this study are presented at a conference, or published, there is a low probability that participants will be identified as all identifying information will be removed and pseudonyms will be used.

Please note that although you will not be identified as the speaker, your words may be used to highlight a specific point. The collection and access to personal information will be in compliance with provincial and federal privacy legislations.

Audio recordings of the interviews will be stored on a password protected iPhone, typed and used to prepare a thesis, a pseudonym will be used in these transcripts. The audio recordings will be destroyed once transcribed and the non-identifiable transcripts will be kept on USB storage drive in a locked cabinet until the completion of my Master's Thesis on December 31, 2020. My thesis advisor, Zana Lutfiyya, may review the typed transcripts in order to evaluate this study for my Master's thesis. My thesis advisor will have access to the data. The University of Manitoba may look at my research records to ensure that I have carried out this study in a safe and proper way.

I will use examples from the data in my thesis. I will not identify who made the statement.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to participate, or you may withdraw from the study simply by letting me know of your decision in person during the interview, or by email or by phone, up to two weeks after the interview has been completed or by April 30, 2020.

Dissemination

As I am conducting this study for my Master's thesis, the results will be disseminated to my advisor, Dr. Zana Lutfiyya. I may also present this data at conferences and the results may be disseminated in future publications.

Summary of Results

I will prepare a brief summary of the results of this study which I will share with you by December 31, 2020. Please indicate how you would like to receive this summary:

- ☐ By email - Email address: _____
- ☐ By post mail – Address: _____

Questions

If any questions come up during or after the study, please contact me.

For questions about your rights as a research participant, you may contact Dr. Zana Lutfiyya, the Human Ethics Coordinator, Fort Garry Campus, at 204-474-7122 or humanethics@umanitoba.ca.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.
The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.
This research has been approved by the Education, Nursing Research Ethics Board (ENREB). If you have any concerns or complaints about this project, you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122.
A copy of this consent form has been given to you to keep for your records and reference.

Consent Signatures:

1. I have read all 5 pages of the consent form.
2. I have had a chance to ask questions and have received satisfactory answers to all of my

questions.

3. I understand that by signing this consent form I have not waived any of my legal rights as a participant in this study.
4. I understand that my records, which may include identifying information, may be reviewed by the research staff working with the Principal Investigator and the agencies and organizations listed in the Confidentiality section of this document.
5. I understand that I may withdraw from the study up to two weeks after the interview has been completed or by April 30, 2020.
6. I understand that I will be provided with a copy of the consent form for my records.
7. I agree to participate in the study.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

Appendix D

Interview Guide

Script:

"Thank-you for agreeing to participate in this study. We have just reviewed the participant consent letter which you have signed. Do you have any questions before we begin?"

1. Please describe your background in education, including your number of years of experience in the field of education, the grade levels and subjects you have taught, as well as the roles/positions that you have held.
2. Please describe your experiences in working with students who have had mental health challenges.
3. Please describe the work that your school is doing in the area of PBIS.
4. How are classroom teachers supporting student mental health within the PBIS framework? What has been the impact of these supports?
5. Please discuss your role in supporting students' mental health within the PBIS framework. In your opinion, what has been the impact of these supports?
6. What are the barriers or challenges that you face in supporting students' mental health? What are the barriers or challenges that classroom teachers face in supporting students' mental health?
7. Does the implementation of PBIS help to support students' mental health? Why or why not?
8. In your opinion, how can teachers and schools respond effectively to students' mental health needs?

9. Is there anything else you would like to say?

Thank-you for your time and willingness to take part in this study.