

PROMOTING MENTAL WELL-BEING:
EDUCATORS' PERCEPTIONS OF MENTAL WELL-BEING PRACTICES AND
PROGRAMS FOR INCLUDING ALL STUDENTS

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ABSTRACT

The Canadian Mental Health Organization states that there is a substantial percentage of children and youth in the school age range who suffer from some form of mental health disorder (Canadian Mental Health Organization, 2020). A troubling finding is that only twenty percent of individuals who suffer from a mental health disorder receive adequate support (Canadian Mental Health Organization, 2020). Schools have been regarded as important environments for promoting the well-being of children, as they spend over 6 hours a day and more than 180 days a year in school (Stewart et al., 2004). In the school year 2020/2021, Manitoba children had 196 scheduled days of school (Education, n.d.). The promotion of well-being for students includes responding efficiently to all student needs and learning challenges. In this fast-paced world, educators are looking for strategies to assist students and help them thrive. This qualitative study examined six elementary educators' (e.g., classroom teachers, support teachers and administrators) perceptions of practices and programs intended to promote students' mental well-being in Manitoba, Canada, including interventions designed for those who lack self-regulation or present with exceptional social and emotional needs. Each participant was individually interviewed using a digital platform. The data was analyzed thematically. The findings support a need for more evidenced based resources and support, a need for a school wide framework, more resources and supports as well as more focused measuring of outcomes. The implications of promoting mental well-being in schools for all students as well as areas for future research are discussed.

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Chapter 1: Introduction to Well-Being in Schools

Effective teaching and learning, the central goals of our educational system, are underpinned by student health and well-being (World Health Organization, 2014). According to the World Health Organization (WHO), health promoting schools are ones in which the school community members all work together to provide structures and experiences that protect and promote well-being (World Health Organization, 1997). This includes the establishment of a safe and healthy school environment, implementing a health curriculum, partnering with the community, and deliver health services (World Health Organization, 1997). This introductory chapter provides a rationale for the premise that the promotion of well-being for all students must involve responding efficiently to all needs and learning challenges. The literature review in Chapter 2 provides an overview of well-being programs, approaches and practices that are currently used in schools. The empirical literature on the various approaches will be reviewed. The methodology is presented in Chapter 3 and the findings and discussion are presented in Chapter 4.

Well-Being Development and Theory

The construct of well-being is a complex one with several accepted definitions existing in the literature. The World Health Organization (WHO, 2014) notes that schools can play particularly important roles in protecting students from a range of health-compromising behaviors and conditions in each of the domains of well-being that constitute health and that influence student achievement in school. Well-being is a multidimensional construct consisting of emotional, psychological, and social aspects of functioning. In the following sections, the three dimensions of well-being are outlined in detail.

Emotional Well-Being

Emotional well-being refers to the individual experience of well-being. Emotional well-being is attached to how efficiently humans control their emotions (Gross, 2014). There are arguments, however, about what factors are included in the definition because emotions are multi-factorial phenomena. Emotional well-being is an important part of overall health. Research has shown that emotional well-being is connected to better health and a longer life (Shek, Yu, Wu, Zhu, & Chan, 2017). Those who are emotionally healthy are in more control of their behaviours, thoughts, and feelings. They can better manage challenges and keep dilemmas in perspective. Those who are emotionally healthy are more resilient in the face of setbacks (Staff, 2020). Emotional health allows a person to work more efficiently and manage the stresses of everyday life. Emotional health can help an individual realize their full potential. It affects your physical health as well it may assist a person to better contribute to society. There is a connection between a positive mental state and physical signs of good health. These connections include reduced risk of heart disease, lower blood pressure, and a healthier weight (Staff, 2020). Therefore, a positive feedback loop is generated between social and emotional well-being, and physical health.

The terms *mental health*, *mental illness*, and *emotional health* are often used interchangeably. While similar in some respects, it is important to remember that these terms are ultimately very different (Staff, 2020). Mental health is the capacity to process information (Staff, 2020). Everyone has mental health (Canadian Mental Health Organization, 2021b). It is about balancing social, mental, physical, spiritual, and economic life circumstances (Canadian Mental Health Organization, 2021b). Mental illness also known as psychiatric disorders or mental health problems take up many forms (Canadian Mental Health Organization, 2021a). Mental illnesses

affect a person's feelings, thoughts, and behaviours but with the right supports, it is possible to identify and use effective coping strategies. There are many different types of mental illness which may affect people in diverse ways. Examples of mental illnesses include schizophrenia, depression, anxiety, obsessive compulsive disorder, eating disorder and bipolar disorder. There is a difference between poor mental health and mental illness. Poor mental health is generally more time limited and based on a specific situation. Mental illness typically has more of a detrimental influence in different areas of a person's life (Canadian Mental Health Organization, 2021b).

Emotional health is the ability to communicate feelings which are built upon the information that has been processed. Emotional health is about having both the ability to manage and express feelings in an age-appropriate manner as well as having self-awareness of your emotions (Staff, 2020). For example, if a person is living with depression or anxiety (mental health), s/he may struggle with accurately identifying a situation. Therefore, an inappropriate response may occur because his/her response was based upon inaccurate thoughts (Staff, 2020).

Positive affect pertains to the subjective degree to which a person experiences a variety of positive moods (Watson, Clark, & Tellegen, 1988). These emotions include feelings of love, joy, interest, and alertness. Low positive affect is characterized by feelings of sadness and lassitude. Negative affect refers to subjective distress. It may include aversive mood states, such as anger, despair, guilt, disgust, and fear (Watson, Clark, & Tellegen, 1988). Positive emotions serve as indicators of optimal well-being. When individuals' lives portray experiences of positive emotions, they are less likely to be provoked by negative emotions (Diener, Sandvik, & Pavot, 2009). Positive emotions signal flourishing and are worth cultivating to improve well-being over time (Diener, 1999).

Emotional regulation incorporates both external and internal processes in the cognitive, physiological, and behavioral domains (Gross, 2014). There is some ambiguity in the definition of emotional regulation. Some individuals believe emotions consist of behaviors which are completed after a person is subjected to a personally relevant experience that evokes an emotional response (Gross, 2014). Others do not separate emotions and emotional regulation. Alternatively, emotions are on-going, interactive, and synchronized processes (Campos, Frankel, & Camras, 2004). Emotional regulation is used to refer to regulation *by* emotions, or the regulation *of* emotions themselves (Gross, & Muñoz, 1995). The two main types of emotion regulation are antecedent-focused and response-focused regulation. Antecedent-focused emotional regulation involves the conditions that occur before an emotion starts and influences if an emotion arises (Gross, & Muñoz, 1995). It may involve altering the internal or external environment by changing the inputs to the emotional system. Antecedent-focused emotional regulation is involved with whether specific emotions are generated in ourselves or others. It can also be involved in managing the way emotion-relevant stimuli are dealt with (Gross, & Muñoz, 1995). Response-focused emotional regulation occurs when the individual regulates the response that has been generated after the emotional response has already been stimulated (Ekman & Friesen, 1969). In other words, it refers to how individuals manage the expression, suppression, or reframing of their emotional responses.

Psychological Well-Being

Approximately 20% of youth experience mental illness such as anxiety, conduct problems, and depression, and may need to use mental health services (WHO, 2014). The Center for Disease Control and Prevention states that the prevalence of mental health difficulties amongst youth has been increasing (Center for Disease Control and Prevention, 2013).

Psychological well-being is made up of two important characteristics. The first is hedonic wellbeing which is typically utilized to describe subjective feelings of happiness (Diener, 2000). Eudaimonia well-being is described as the purposeful aspect of psychological well-being (Seifert, 2005). Basically, psychological well-being is made up of the subjective blissful feelings carried on by something that is enjoyable along with feelings of meaningfulness and purpose (Diener, 2000).

The psychologist Carol Ryff (Ryff & Singer, 2008) has developed a model that splits eudaimonia psychological well-being into six core dimensions. According to Seifert (2005), the six dimensions are autonomy, environmental mastery, self-acceptance purpose in life, personal growth, and positive relations with others. High scores in autonomy indicate that an individual is independent and can regulate his or her behavior independent of social pressures. Environmental mastery relates to the sense of mastery an individual has in managing environmental factors and activities. For example, environmental mastery activities might include executive functioning skills and creating situations that aid in personal exigencies. Personal growth refers to how an individual continues to progress, recognizes improvements in his or her behavior and self-awareness over time, and how he or she develops resiliency. The key component of positive relations with others is reflected in an individual's engagement in meaningful relationships. These relationships include intimacy, affection, and reciprocal empathy. The component of having a purpose in life reflects faith that life holds a purpose along with an individual's strong goal orientation. Self-acceptance relates to an individual's positive attitudes about himself or herself (Seifert, 2005).

Psychologists suggest that life experiences, along with personality, create the scaffolding for levels of well-being (Dierendonck et al., 2007). However, well-being is dependent on

frequent experiences that maintain positive or negative levels of psychological well-being in individuals. Those with high psychological well-being, have more positive self-acceptance, higher levels of autonomy and more positive interpersonal relationships. Those with low psychological well-being may experience reduced health outcomes (Dierendonck et al., 2007).

Social Well-Being

According to Keyes (1998), social well-being refers to one's circumstance and optimal functioning in society. Keyes (1998), model of social well-being consists of five possible dimensions. It is characterized by coherence, actualization, integration, contribution, and acceptance. Social coherence is the perception of the nature, configuration, and application of the social world. Individuals with higher coherence are not only concerned about the type of world in which they reside, but also comprehend what is happening around them. Social actualization is the appraisal of the capability and the direction of society. It is underpinned by the belief that the work of citizens, channeled through social institutions, can change society. Social integration is the quality of an individual's participation in a wide range of social roles in the community. It is the extent to which individuals feel they are accepted in their communities and society. The appraisal of an individual's social value is known as social contribution. It relates to the concepts of responsibility and efficacy. Social contribution includes the assumption that one is an important member of society and that everyone has something important to contribute. Social acceptance is the inference of society through personality. It includes having positive opinions about other individuals and a belief that others are capable. Social well-being, along these five dimensions indicates if and how individuals are meeting social demands and how well they are operating in their social world (Keyes, 1998).

Inclusion and Well-Being

With the rising prevalence of mental illness in children, it is important for teachers to be informed of how to support students with mental well-being challenges as it may have an effect in the classroom (e.g., interfering with learning or contributing to school dropout) (Meldrum et al., 2008). Manitoba Education's (2010) definition of appropriate educational programming is, "a collaborative school-family-community process through which school communities create learning environments and provide resources and services that are responsive to the lifelong learning, social and emotional needs of all students" (p.85). With respect to students with disabilities, there are several values, constructs and principles that are encouraged by the Government of Manitoba (Manitoba Education, Citizenship, and Youth, 2006). The empowerment principle is a principle wherein all Manitobans with disabilities have a right to make the most of their independence and enhance their well-being (Manitoba Education, Citizenship, and Youth, 2006). The inclusion principle is a belief that all students have the right to experience feelings of acceptance, safety, and worthiness (Manitoba Education, Citizenship, and Youth, 2006). In Manitoba, inclusion is said to enhance the well-being of every individual (Manitoba Education, Citizenship, and Youth, 2006). Educators in inclusive schools believe that all children can learn (Inclusive Education and its Benefits, n.d.). They find ways to assist students in developing friendships and relationships. Inclusive schools allow children to develop a better sense of belonging and gain the opportunity to be part of their community. Inclusive schools also provide the chance to learn about and accept individual differences. They can foster a culture of belonging and respect, as they provide all children with the opportunity to develop friendships. In addition, friendships offer opportunities for students to gain role models to look up to (Inclusive Education and its Benefits, n.d.). Therefore, students' mental well-being is

integral to the philosophy of inclusion in Manitoba. While most educators desire for their students to be well, not all are comfortable with the idea of paying attention to this aspect of their students' lives. Some teachers may think that this isn't what teachers should be doing.

Research Question

Given the province of Manitoba's inclusive education policy, along with the importance of student well-being, it is important to examine educators' perceptions of practices and programs such as Roots of Empathy and Zones of Regulation that are available to them. This research was guided by the following question: What are grade 3-6 educators' perceptions and experiences of programs and practices intended to promote well-being for all students, including students with additional/exceptional self-regulation and social and emotional needs in classrooms? In this study, I examined the perspectives of teachers regarding the various well-being programs with which they have been involved.

Summary

Throughout this chapter, I have explored theory and development of well-being. I also discussed emotional well-being, psychological well-being, social well-being, and related the concepts of inclusion and well-being. This chapter has provided the main framework for a thorough discussion and analysis of promoting mental well-being in inclusive education. In Chapter Two, I will build upon these concepts and explore well-being practices, approaches, and programs in schools. As well as the research literature pertaining to well-being.

Chapter 2: Literature Review

There is increasing recognition that children's and youth's emotional and social development affect their ability to learn (National Healthy School Standard, 2004). Brain research suggests that effective learning occurs when people experience emotional well-being (National Healthy School Standard, 2004). Is the construct of well-being the missing link that will ultimately make truly inclusive education a reality? Students who are angry, anxious, or depressed do not learn effectively (National Healthy School Standard, 2004). Students' who are having relationship problems with others, either at school or at home, are more likely to be affected by a highly charged emotional state (National Healthy School Standard, 2004). There are approaches, practices, and programs available for supporting children in the emotional and social aspects of their learning in school. Approaches refer to the way of doing or thinking about well-being. Practices refer to the repetitive activities utilized to develop student skills while programs refer to a set of structured activities. Schools have a role in paying attention to their students' well-being including their emotional and social development. Addressing student well-being in schools may help them learn and achieve and thereby make schools more inclusive for all. In this chapter, I will discuss an overview of well-being programs, approaches and practices that are currently used in schools. The empirical literature on the various approaches will be reviewed.

Foundational Models and Approaches for Promoting Well-Being in Schools

Positive mental health involves active promotion. Promotion involves efforts by the education system to give all students the opportunity to achieve well-being (Carney, 2015). Children are multi-dimensional beings who need to grow and learn in many ways. This includes their individuality, emotional understanding, relationships, and overall well-ness. Children's

development is complex and rich (Flock, 2019). It is important to focus on opportunities for all students to experience positive well-being promotion and provide optimal learning environments for all (Carney, 2015). For school-based implementation a multi-tiered model of help for students, a whole-school community approach, a social emotional learning approach, along with a strength-based approach are discussed as practices for supporting and implementing well-being in schools. The foundational structures and characteristics of these different models and approaches to be effective are described.

Multi-Tiered System of Support

Addressing the well-being needs of students is complex. It is important to proactively address the well-being needs of all students. The three-tier model of supporting students is a planning model used to represent a continuum to help differentiate the nature of the differing interventions used to support students emotionally, socially, and behaviourally (Carney, 2015). This model allows for the planning of strategic and deliberate supports by denoting three levels and of support of help for students. The model supports the well-being of students directed at individuals, and it allows for targeted support to small groups, as well as universal support for all (Carney, 2015). In Ontario, the continuum is also known as the Aligned and Integrated Model (School Mental Health Ontario, 2021). In Manitoba, a similar tiered model is used to help support positive behaviour interventions (Manitoba Education, 2011).

Tier 1

At this level, the promotion of well-being is for all students. Universal strategies (ideally a whole-school and whole-community approach) are used to promote positive well-being for all students, including students with and without mental health challenges (School Mental Health Ontario, 2021). For example, teaching all students to recognize the signs of anxiety and to build

the necessary skills to persevere. The hope is that by using a tier 1 approach, it will allow for less exertion at the tier 2 and 3 levels (Carney, 2015). Although some research has contributed to the awareness of the three-tier model system there is a very limited understanding of the relative contribution the model has had as there have been no systematic reviews of the research.

Additionally, there have been no studies to evaluate the effects and impacts of each model that have used meta-analytic review procedures (Stewart, Benner, Martella, & Marchand-Martella, 2007).

Tier 2

At tier 2, targeted interventions are taught to students at-risk of developing mental health problems. Generally, tier 2 uses a small group set-up that teaches specific skills for more significant or diagnosed conditions (Carney, 2015). Mental health professionals such as school psychologists, school social workers and psychological associates may partner with schools to deliver preventive interventions (School Mental Health Ontario, 2021).

Tier 3

At tier 3, more intensive individual intervention and support are involved (Carney, 2015). Teachers and other school staff assist in identifying individual students who require additional supports that go above what is achieved through tier 1 and tier 2. Tier 3 support helps students, and their families access additional help. Supports may be offered within a community or healthcare setting. Teachers, along with other staff, work together with supports that are offered within the community and/or healthcare setting (School Mental Health Ontario, 2021).

Whole-School Community Approach

Promoting mental health requires focus and intentionality, but it does not need to be an extra burden (Carney, 2015). Healthy practices and instruction can be woven into daily school

routines. With a whole-school and community-wide approach, educators are not alone. Teachers and educators can start making mental health a priority in their schools and classroom communities. School and teacher buy-in can be increased by tailoring the well-ness activities to the needs and priorities of the school (Storey, Montemurro, Schwartz, Farmer, & Veugelers, 2015). Proponents of this approach argue that learning is social, emotional, and academic. Research in many fields verifies that a whole child approach is essential for children to learn well in school. Children's brain development may be shaped by the modeling of positive behaviors. The child's brain develops more fully when they feel more engaged, connected, and challenged (Flock, 2019). Intentionally fostering skills and attitudes that support mental well-being along with an understanding of mental well-being, allow for more possibilities for students (Carney, 2015).

Once the promotion of mental health becomes a priority, it begins to become a part of the everyday conversations, interactions, routines, and instructions within the classroom (Carney, 2015). Research shows us that social emotional learning and mental health development are foundational to academic success (Durlak, & Mahoney, 2019). Nurturing healthy individuals who are resilient and able to circumnavigate life's challenges results in more positive contributions to our communities (Durlak, & Mahoney, 2019).

It is important and most effective to promote positive well-being to all students instead of only concentrating on those with mental well-being issues (Manion, Short, & Ferguson, 2013). Teachers should be viewed as essential members of the wider mental health community. Their role should include promoting positive well-being while creating inclusive classrooms and school environments (Carney, 2015). A school's physical environment was explored in a study (Kontak, McIsaac, Penney, Kuhle, & Kirk, 2017). The study found that schools who had

increased visual cues to support mental well-being, physical activity, and healthy eating had greater evidence of a holistic approach to students. Valuing the whole child contributes to the well-being of children as well as the community. Teachers can also influence students' mental well-being. Research shows that caring teachers who believe in and assist their students and can make a difference in helping to prevent mental health disorders (Carney, 2015).

Teachers can foster open and honest conversations about mental health and well-being issues. This helps combat stereotypes and misconceptions. There is often stigma associated with mental health and this interferes and challenges the much-needed compassion and the philosophy of inclusion that are so critical to mental health (Carney, 2015). People need to know and recognize that everyone deals with mental health issues. It is possible to develop skills to successfully assist with circumnavigating these matters (Framework for student well-being, 2015). In the following section, a social emotional learning approach will be discussed.

Social Emotional Learning Approach

According to Carney (2015), everyone at times needs help figuring out why they feel their different emotions and how to appropriately deal with their feelings. Social emotional learning may occur authentic and intentional process that is intertwined into the school culture with common language, competencies, and understandings. All members of the school community, including educational assistants, teachers, bus drivers, parents, and administrators can learn to apply social emotional language in all their interactions with students. Life in the classroom is a rich environment for students to learn how to recognize situations that can cause stress, recognize the signs of stress in their bodies, and to practice strategies and use tools to help them relax and get back to a calm state (Carney, 2015).

It is important for students to develop emotional awareness as well as impulse control and self-regulation strategies (Framework for student well-being, 2015). There are several useful strategies and activities that can help students develop skills to assist them in recognizing, labeling, understanding, and talking about emotions experienced by themselves as well as those experienced by others. These skills can be integrated with curriculum such as English Language Arts (Carney, 2015). Students can learn how to build up their emotion word vocabularies by teachers giving students opportunities to: (a) share, label and depict their feelings in art class, (b) practice the use of descriptive words found in literature, (c) construct emotion wheels, (d) use pictures to teach nonverbal cues and emotions in others, (e) use stories or movies to give students opportunities to talk about the emotions of the characters, (f) engage students in examining their personal emotional experiences by keeping personal journals, and (g) employ activities that encourage students to act out emotional positions such as charades (Carney, 2015).

A child who is exposed to too much stress in their life may develop an internal alarm system. Minor stressors can send them into fight-or-flight or freeze mode (Shanker, 2021). Teachers can help students become more aware of their need to self-regulate themselves, both up and down, during the different situational demands placed on them throughout the day. These strategies can be tactile, auditory, and visual. Examples of some motor or tactile strategies include deep breathing, gum chewing, drawing, stretching, jumping jacks, running errands, sharpening the class pencils, and dancing. Examples of motor tools that could also be tried include items such as stress balls, stones, dough, and popping bubble wrap (Carney, 2015). There are also auditory strategies that could be tried such as listening to music or tools such as earphones and ear plugs. Visual strategies include reading a book, watching a classroom pet such as a fish swim, or watching a sand timer (Carney, 2015).

Students may struggle at times to recover from stress (Shanker, 2021). It is important for teachers to include strategies for balance and well-being within their classrooms. There are several strategies and activities that support student relaxation and stress relief. These ideas may include practicing deep breathing exercises, allowing regular stretch/movement breaks, using relaxation imagery, music, and practicing progressive muscle relaxation and body scans (Carney, 2015).

To assist in the development of successful social interactions and relationships classroom teachers can incorporate and encourage social strategies (Carney, 2015). For example, students can be encouraged to resolve their own small problems, define what a positive classroom community involves, and participate in setting their own classroom rules. Teachers can allow for the practicing of active and reflective listening during activities, encourage student-led classroom meetings, use restorative justice circles, try diversity panels, use peace tables, and practice conflict resolution (Carney, 2015).

Mentally healthy classrooms are where students are encouraged to become more aware of their emotions, along with being able to share and recognize how their emotions affect others (Carney, 2015). The classroom environment has an important influence on a student's mental health as well as their sense of belonging. Mentally healthy classrooms build social emotional skills by embedding opportunities for practice, providing instruction and ongoing modelling (School Mental Health Ontario, 2022). In addition, mentally healthy classrooms should dedicate time to specific teaching of social and emotional skills, strategies, and tools, taught within the classroom, so that students can understand and support their own mental well-being. They also support a global climate that contributes to safe and inclusive practices (School Mental Health Ontario, 2022).

Strength-Based Approach

A strength-based learning approach is a perspective that leads with the positive where differences and diversity are celebrated. It is based on four values: trust, respect, intentionality, and optimism (Carney, 2015). According to the Department of Education and Early Childhood Development. (2012), a strength-based approach views the problem and the individual person as separate. As opposed to focusing on a concern or problem there is acknowledgment and support given to existing strengths and capacities. A strength-based learning approach is a way to nurture all students, while recognising and supporting differences and exceptionalities. Carney believes that people, along with their environments, interact and change. The environment can build capacity within students. This person–environment model offers a way of designing interventions that focus on a child’s strengths rather than on their weaknesses. It begins by looking with what that student is successful at, their interests, as well as their abilities. To further support their successful functioning, one looks at using those strengths to modify the situation in ways that support and further bridge the gap between what a student is capable of accomplishing and what the demands of the setting or environment are (Wehmeyer, 2019). A strength-based learning approach recognizes that everyone has inner strengths, capabilities, and resources. It promotes the belief that all students have the potential to learn and develop with their different strengths and capabilities (Carney, 2015). This approach supports the building of a positive foundation that will ultimately prevent problems. A strength-based learning approach promotes strengths and provides all students the skills to deal with hardships and difficulties while producing positive mental well-being (Carney, 2015).

COVID-19

The COVID-19 global pandemic has had significant impacts on the global population including children. To limit the rapidly increasing transmission of COVID-19, there were nationwide lockdowns and isolation policies put in place (Hards, Loades, Higson-Sweeney, Shafran, Serafimova, Brigden, Reynolds, Crawley, Chatburn, Linney, McManus, & Borwick, 2022). There have been school closures that have ranged in length including more than a full year of school for some. The simple and basic need to belong has been impacted and has resulted in greater social isolation and loneliness for children (Vaillancourt, McDougall, Comeau, & Finn, 2021). Children were not able to play and interact with their friends as they typically would. Many children were expected not to have playdates and avoid in-person interactions with their friends and peers (Iqbal, & Tayyab, 2021). Children also missed the many opportunities that schools provide for social interaction (Iqbal, & Tayyab, 2021). There has also been so much added stress linked with acquiring this potentially fatal disease which has been further compounded with (particularly in children and adolescents) the solitude and loneliness of the enforced social isolation of quarantine (Hards et al., 2022). Research has shown that there is a positive correlation between loneliness and indications of anxiety and depression in children. This is extremely pertinent to the context of the global pandemic since enforced quarantine measures may increase loneliness (Hards et al., 2022).

The impact of the COVID-19 pandemic might have been exceptionally difficult for many families because of school closures but more so for parents of children with disabilities. There were reductions in many of the services connected to caring for children with disabilities (Arim, 2020). Examples of the reduction in services included not receiving respite and rehabilitation services, a decrease in attending clinic and therapy appointments, as well as difficulties in

obtaining medical equipment (Arim, 2020). Although, we do not yet know the full impact COVID-19 has had (since we are still living it) there are key areas of concern.

Well-Being Programs in Schools

Student well-being can have a significant influence on academic performance and learning engagement. For students who have faced trauma it is important to encourage a predictable, calm and flexible classroom environment (Gay, 2018). Trauma can affect students' capacity to regulate their emotions and impulses which can lead to challenging behaviours and emotional outbursts (Gay, 2018). Students with conditions such as Autism Spectrum Disorder, Attention Deficit and Hyperactivity Disorder, neurological damage in-utero, Intellectual Disabilities, and/or Oppositional Defiance Disorder may also have difficulties regulating their behaviours and emotions (Anglicare Victoria, 2020). It is crucial to consider the development and design of educational programs available to teachers that may possibly support the facilitation of well-being. In this section, I will describe and discuss the following programs designed to foster student well-being in school MindUP, The Incredible 5-point Scale, Kimochis, Zones of Regulation, calming spaces, using social narratives and social prompts, Thrival Kits, Roots of Empathy, Speak Up, and finally trends and fads in education. Finally, the elements that are key for effectively promoting well-being, the challenges as well as considerations educators should make when deciding what approaches and programs should be used are also described and discussed.

MindUP

Finding positive meaning predicts increases in well-being and health (Robinson & Eid, 2017). MindUP is a mindfulness program that is gaining popularity in schools. MindUP is a program of The Goldie Hawn Foundation that claims to help children build the mental fitness

required to flourish in school. It was designed to help students learn to focus their minds, calm down and reflect on situations when they need to make a choice. It uses a core practice which is focused, practiced, slow deep breathing. The core practice is intended to help students quiet their minds, relax, focus, and learn better. Research has shown that focusing on your breathing calms your body by lowering blood pressure, slowing the heart rate, and sharpening your focus.

Awareness to breathing also encourages strong functioning in the higher brain (Gregory & Rutledge, 2016). The higher brain refers to the operations of the brain that are unique to humans (Conn, 2008). The higher capacities of the human brain can be captured by verbal communication, social behavior, cognition, and metacognition (Conn, 2008). Verbal communication is the ability to hold many pathways of multifaceted information at the same time (Conn, 2008). Behavior is described by the psychological response mode that characterises a person's behaviors in different circumstances (Conn, 2008). Behaviour is also influenced and guided by personality which is another facet of higher brain function (Conn, 2008). Behavior is the appearance of these cognitive functions as well as the important domain of emotional processing and regulation (Conn, 2008). Cognition encompasses capacities including memory, complex perception, judgment, intellectual function, speech and language, planning, orientation, attention, and decision-making (Conn, 2008).

The MindUP program comprises of fifteen lessons. The lessons are informed from research and theory in social-emotional learning, positive psychology, cognitive developmental neuroscience, contemplative science and mindfulness (Maloney, Lawlor, Schonert-Reichl, & Whitehead, 2016).

A randomized controlled study by Thierry, Bryant, Nobles and Norris (2016), examined the implementation of the program MindUP with group of early-years students across two years.

The teachers in the study covered all 15 lessons over the course of a school year. They also indicated doing the daily core breathing on a consistent basis. Teachers ranked the level of student engagement during each lesson using a scale from 1 to 5 (Thierry et al., 2016). Results from the study indicated high levels of engagement (Thierry et al., 2016). The results also showed that by the end of the first year, the students demonstrated increases in teacher-reported attention (Thierry et al., 2016). At the end of the second year, the students had increased vocabulary and reading scores (Thierry et al., 2016). The study concluded that the mindfulness program had a positive impact on the children's executive functioning skills including the domains of working memory and organization (Thierry et al., 2016). The mindfulness-based practices also showed to be effective for getting students to recall instructions and developing activities in a more organized and goal-directed way (Thierry et al., 2016).

A single-case design of eleven 5th-grade students looked at the impact of the MindUP program through direct behavioral observation. The study took place in the students' classroom environment (Hai, Cole, Panisch, Yan, & Jones, 2021). The findings showed that MindUP pledges an improvement on passive on-task and non-disruptive off-task behaviors. It also showed that it has the potential to decrease active on-task behaviors. Interestingly, there was no noteworthy differences in disruptive off-task behaviors and that treatment effects were more favourable after the program was accomplished (Hai, Cole, Panisch, Yan, & Jones, 2021).

There are many positive key components to the program that are favorable to the school environment. These components include universal participation, strategies for creating an atmosphere of a positive classroom, assists in creating a cognizance of oneself and others, acceptance of differences, as well as creating opportunities for the extension of the skills and concepts taught in the program to other areas of the curriculum (Hai, Cole, Panisch, Yan, &

Jones, 2021). However, the program showed an unanticipated effect on active on-task behaviors and not any effect on disruptive off-task behaviors (Hai, Cole, Panisch, Yan, & Jones, 2021).

The Incredible 5-Point Scale

The Incredible 5-Point Scale is a behaviour support created by Kari Dunn Buron and Mitzi Curtis (The Autism Shelf, 2012). This straightforward scale may be used to instruct social understanding, and supports a visual representation of emotions, social behaviours, and abstract ideas (The Autism Shelf, 2012). *The Incredible 5-Point Scale* shows abstract concepts and feelings to be created concrete, visual, personal, and static. Once a behaviour is identified, a task analysis is completed whereby the behaviour is broken into concrete parts that are then assigned a colour and/or number. Then, in collaboration with the student these parts are assigned a label. *The Incredible 5-Point Scale* promotes self-management of behaviour and emotional self-regulation. *The Incredible 5-Point Scale* may help children discover how to manage and identify their specific emotions and behaviours. At each level, the child identifies what each rating might look like and feel like and develops feasible solutions to manage them. A graphic 5-point numerical scale is generally used. This can assist in putting abstract information into a visible, concrete and measurable format that can be referenced to by either the child or adult (The Autism Shelf, 2012).

Five-point scales can be developed to help individuals understand and learn when emotions, voices, or whatever else you are attempting to moderate, are getting out of control. While the *Incredible 5- Point Scale* is not an identified directly as an evidence-based practice, it does incorporate numerous evidence-based practices in its application (McBride, 2019). It can be developed by a teacher and student, a parent and child or youth, or as collaboration between the teacher, parent and child or youth. For example, for a student who has difficulty managing anger,

the 1 on the scale may mean everything is fine and the 5 may indicate they were hitting, screaming, and crying. The goal is to help the student recognize when they are approaching a 2 or a 3 and need to learn to bring the anger level down before it reaches a 4 or 5. To bring the anger level down they could take a break, do some deep breathing, or practice other strategies that were rehearsed when they were calm (The Autism Shelf, 2012).

Simon Baron-Cohen's empathizing-systemizing theory (Baron-Cohen, 2008) suggests and supports the idea of using scales to teach emotional and social concepts. The theory proposes that those with Autism Spectrum Disorder analyze information to determine a cause (Baron-Cohen, 2008). To take advantage of this learning strength, the scales constitute a useful system to teach difficult information (Baron-Cohen, 2008). Results showed that individuals on the autism spectrum require direct teaching of information that may be known as common knowledge to others (Baron-Cohen, 2008).

In an experimental study, the effectiveness of the *Incredible 5-Point Scale* as an intervention tool was researched. This study looked at the effectiveness of the scale in modifying a target behavior of one child and indicating whether the scale was beneficial. After the application of the intervention to the child, the baseline and intervention phases of the target behavior (inappropriate play with others) across all three activities was revealed to be reduced (McBride, 2019).

For the scale to be successful some key elements are for there to be the identification of what the specific behavior feels like, what the behavior looks like, and strategies a person can try to complete for the respective level of the behavior. The scale was developed with flexibility in mind dependent on the stage, phase and interests of the person using the scale. The scales may

include very few words and use photos instead. Characters from a movie can be utilized to signify the various levels on the scale to increase engagement (McBride, 2019).

Regarding the implementation of interventions in schools there has been an increased interest especially over the last twenty years in the use of evidence-based practices. Currently, *The Incredible 5-Point Scale* is deemed to have insufficient evidence as an evidence-based practices (McBride, 2019).

Kimochis

Kimochis translates to "mind, heart, spirit or feeling coming to him or her at the moment" from Japanese. Kimochis (Rowan, 2018) is a program made up of toy-like tools that provide children the skills, knowledge, and attitudes they require to manage and identify their emotions, create positive relationships, make accountable decisions and show caring and concern for others. It assists students to develop emotional competence (Rowan, 2018).

Kimochis can be taught as a stand-alone program, used with small groups, or employed with entire classrooms. The Kimochis curriculum provides the opportunity to be taught in a multi-tiered system of support. The curriculum can be used as a Tier 1 classroom-based program by teaching all students the information that they need to identify their emotions, empathy, creating positive relationships, and decision making. The lessons can also be used as a Tier 2 level of support by using the lessons in a small group setting allowing time to focus on specific skills. Finally, it may be used as a focused intervention program in a Tier 3 setting allowing for a more intensive intervention program (Rowan, 2018). It teaches students to be respectful, responsible, resilient, compassionate, and kind. They learn to use respectful voices, faces, words, and actions. Students learn to work through their emotions alone or with help and how to bounce back from difficult moments. This program is tactile and visual rather than verbal. It assists

children to manage hard to accept feelings and challenging behaviours (Rowan, 2018). For example, the Kimochis curriculum helps students become more aware of their own feelings. It teaches them how to communicate with facial expressions and body language and not just with verbal words. Kimochis helps children learn empathy and assists them in identifying the feelings others have as well (Rowan, 2018).

The Kimochis lessons were developed using theoretical models and conceptual paradigms to ensure the lessons included approaches and concepts that were proven (Rowan, 2018). These paradigms include emotional intelligence, social-information processing model, social cognitive theory, and cognitive behavioural therapy (Rowan, 2018). Research shows that social emotional programs focus on positive outcomes for students (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

According to a study completed by Durlak and Mahoney (2019), teaching social and emotional programs in school is beneficial academically and otherwise. Adding social and emotional programming to the school curriculum can lead to several real-life benefits for students. It was shown that 27% more students improved their academic performance at the end of the program while 57% gained in their skill levels. Furthermore, 24% showed more improved social behaviors and lowered levels of distress, 23% had improved attitudes, and 22% showed fewer conduct problems. The findings also show long term gains with benefits in these areas lasting up to 18 years. The data shows positive results have been obtained from adding social and emotional programs at school. It shows how important it is for schools to make a commitment to social emotional programming (Durlak & Mahoney, 2019).

A pilot research study in early elementary classrooms was conducted using Kimochis. The study wanted to discover which outcomes in student behavior would be brought forth when

using the curriculum. The pilot also wanted responses from educators about the age appropriateness, precision, and relevance of the lessons (Mitroff & Boddum, 2013). Responses from the educators were open-ended remarks about the practices and lessons taught in the curriculum. Eighteen classroom teacher participants who represented a demographically diverse sampling participated. The participants were all volunteers who had experience in the field of early childhood education. They also all have obtained professional degrees. Teachers were supplied with a Kimochis Educator's Tool Kit and completed a pre and a post-implementation survey. Students were rated individually on 21 behaviors which are claimed to be directly taught in the lessons. The results indicated progress in the five areas of social awareness, self-awareness, self-management, relationship skills, and responsible decision making. This showed that Kimochis has a positive effect on students in the classroom setting (Mitroff & Boddum, 2013). The responses from the teachers were positive as well. It was mentioned that most lessons were easy to teach and the amount of time required for the lessons were reasonable. Also, that they found high importance and relevance to the activities and lessons (Mitroff & Boddum, 2013).

Zones of Regulation

The Zones of Regulation is a curriculum and framework for teaching students' strategies for emotional and sensory self-regulation (Kuypers & Winner, 2019). The approach uses four colours to support students in identifying exactly how they are feeling. It guides them to approaches to assist them in regulation. Through understanding how to observe their bodies' signals, read social contexts, detect triggers, and consider how their behavior impacts those around them; students discover increased self-awareness, sensory regulation, emotional control, and problem-solving abilities (Kuypers & Winner, 2019).

This program uses a cognitive behavioral approach. The curriculum's lessons are constructed to support students to identify when they are in different states. The four zones are represented by a different color. The Red Zone is used to refer to intense emotions and extremely heightened states of alertness. Some examples in the Red Zone are elation, anger, rage, and explosive behavior. The Yellow Zone is also used to describe elevated emotions, but when the student has more self-control. In the Yellow Zone, a student may be experiencing feelings such as frustration, excitement, stress, anxiety, or silliness. The Green Zone is used to describe a state of calmness. This is the zone where optimal learning occurs. A student in the Green Zone may be described as focused, happy, or content. The Blue Zone is used when an individual is in a low state. A student in the Blue Zone may be feeling bored, tired, sick, or sad. Students learn that all the four zones are natural to experience. The framework structure aims on teaching students how to manage and identify their zone centered on the pressures of their environment and the individuals who are around them (Kuypers & Winner, 2019).

Concepts are integrated throughout the curriculum to support students in developing awareness of just how their behaviors impact the feelings and thoughts of others around them. The lessons grow more significant to the students' personal lives as they achieve a richer appreciation of the impact their behavior has on their interactions with others. *The Zones of Regulation* curriculum teaches students how to use cognitive strategies, sensory supports and calming techniques. The lessons also tap into how to read others' facial expressions and identify emotions in themselves and others, considering others' perspectives and the impact their behaviors have on others. It builds more insight into how and when to use self-regulation tools and builds problem solving skills (Kuypers & Winner, 2019).

An important element that is key for effectively promoting *The Zones of Regulation* is the language that the assisting adult uses. Walz (2011) suggests the following phrases as helpful to a child:

“Let’s use a tool to take care of our Zones.”

“I wonder if a tool might help us manage our Zones right now?”

“I need a tool to regulate my Zone, how about you?”

“What Zone are you in? Is there a tool that might help?”

“What is your goal right now? Would a tool help you meet it?”

“Let’s find a ____ (color Zone learner identifies in) tool to help you ... (get back to the fun, follow the schedule, finish your work . . .) (p.2)

The reason to use phrases such as these are that they highlight the need for the student to self-regulate while at the same time carries attention to their current state of emotion. While the Green Zone is the optimal state for learning there should not be a denial of the need for all emotions. This assists the student to meet the demands of the environment around them while at the same time assists in supporting their well-being (Walz, 2011).

According to Scherz (2016), *The Zones of Regulation* curriculum helped students to increase self-regulation skills. In this study, Scherz attempted to use *The Zones of Regulation* curriculum to help maximize the impact and benefit of emotion regulation interventions for third-grade students. The action research project was a collaborative approach which took place using a two-cycle approach. The lessons were delivered to three third-grade classrooms with 77 participants for Cycle 1. Cycle 2 involved individual counseling with ten participants. Data was collected using teacher evaluations with both open-ended questions and rating scales, teacher assigned emotional regulation scores, a student self-survey, and student self-scores. This study

showed that *The Zones of Regulation* increased the Grade 3 students' emotional awareness and control along with their coping skills (Scherz, 2016).

Calming Space

A calming space is a relaxed place for children to quiet down their bodies, take some time and manage their emotions. It is a non-punitive substitute to time-out that provides structure, supports children in developing emotional regulation, and leaves them feeling secure (Eanes, 2018). Utilizing a calm down corner instead of using traditional “discipline” or punishments like time-outs or removing privileges has many benefits (Eanes, 2018).

A calming space within a classroom provides teachable moments allowing the adults to assist a child in developing self-regulation skills and assists them to build their emotional intelligence. Emotional intelligence is the capacity to recognize one's own feelings, and the feelings of others (empathy), and the ability to apply that knowledge to how one thinks and behaves. A calming space should contain tools to help the child learn and practice how to calm down. Some examples of items in a calm down space could include a timer, thinking putty, glitter bottle, and visual prompts (Victoria, 2020).

Some emotions are unpleasant to experience but they are normal. For example, everyone feels sad, mad and envious at different times. However, children should in no way feel like they're being punished for feeling a certain way or feel humiliated of their feelings. Instead, these feelings can be utilized as a learning experience. A calming space can assist a child to learn that their emotions are legitimate but some reactions to those emotions are not. That learning will occur through mutual emotional regulation opportunities as well as regular practice (Eanes, 2018).

Calming spaces teach children that everyone makes mistakes. Children learn that it is acceptable to make errors, but we should learn from those errors. An individual feels bad for a little while, but it does not suggest that the child is bad. This understanding assists children in accepting unpleasant feelings better (Eanes, 2018).

Some schools have spaces known as multi-sensory environments or rooms which contain a variety of equipment (Stephenson & Carter, 2011). The space along with the equipment is designed to help children by encouraging feelings of awareness and well-being (Bell, 2020). It is designed to be a low stress and calming environment. Sensory rooms have been used by occupational therapists for many years (Bell, 2020). According to Stephenson and Carter (2011), there is limited research on the use of sensory rooms and the effects on children. Their research suggests that there is little evidence that changes in behaviour observed in multi-sensory environments transfer to other environments (Stephenson & Carter, 2011). According to Bell (2020), sensory room environments have been shown to better prepare students for learning by becoming more focused, learning to stay calm, there are gains in motor skill development, increased cognitive development, and increased sensory development.

Murdock, Hale, and Weber (2001) found that students who characterized their classroom environments as caring reported that teachers and students were respectful to one another. They demonstrated increased class engagement and an increased likelihood to finish homework. Research in social-emotional learning indicates that establishing safe and caring classroom environments increases students' development of both emotional and social skills. In supportive environments, students are more comfortable interacting and approaching their teachers, contributing to classroom discussions, and creating meaningful relationships with their peers.

This was especially true when those skills were reinforced continuously (Payton, Weissberg, Durlak, Dymnicki, Taylor, Schellinger, & Pachan, 2008).

Using Social Narratives and Social Prompts

Individuals depend on cues from their environment to help regulate behavior. This can be from creating to-do lists to reading roadway signs. Cues also assist students in managing their emotions and behavior, and assists with internalizing classroom rules (Shanker, 2010). Cues can be either verbal (e.g., songs or spoken words) or non-verbal (e.g., visuals or physical gestures).

When using cues, it is important to educate the meanings of the cues and provide regular reminders for their use. Make the cues positive by concentrating on the expected behaviors you expect your students to show rather than only the unexpected behaviors you wish to diminish. It is important to give recognition to students when they utilize a cue to aid their behavior (Shanker, 2010).

Verbal cues may consist of using call-and-response phrases or rhymes that can make cues simple to learn and are more engaging. A fantastic way to communicate to students that a transition is approaching, or to prompt them of a rule without having to completely describe the rule each time is to choose a specific song. A teacher may call out “Macaroni and Cheese!” and students react by saying “Everybody Freeze!” as an indication that they have stopped and are prepared to listen (Shanker, 2010).

Visual representations of activities or rules provide reminders of how to achieve everyday activities, such as joining in group lessons, using learning materials or washing hands properly. It is important to include visuals that assist with emotional self-regulation. Examples include steps or strategies for calming down, charts for problem-solving during moments of frustration and emotion charts (Shanker, 2010).

Another positive behavior intervention is using a simple and brief story also known as a Social Story that delivers instruction on appropriate social behaviors (Gray & Garand, 1993). The stories should be precisely individually created to be within the comprehension level of the target child. To be an effective Social Story, it is important for the writer to think about the perspective of the student. To help determine the perspective of the focus of the social story there should be a focus on what a student may see, hear, and feel in the targeted circumstance (Gray & Garand, 1993). Considerable anecdotal evidence encourages the efficiency of Social Stories. In one particular case study it was shown that after the introduction of Social Stories there was a reduction in the problem behaviors of all three of the participants (Swaggart, Gagnon, Bock, Earles, Quinn, Myles, & Simpson, 1995). However, the study did not use a formal experimental design to manage their study. Furthermore, the study paired the use of Social Stories with a behavioral social-skills training program. This pairing made it hard to establish which intervention yielded the preferred behavior change. In future studies, researchers could explore Social Stories in combination with verbal prompts in addition to the role of written, gestural, or other prompts.

According to Stuart Shanker (2017), research in neuroscience and physiology reveals that both children's physical and mental health are indistinguishably entangled (Shanker, 2017). When students can better recognize the sources of their stress, it allows a more effective approach to easing their feelings (Shanker, 2017). Therefore, using visuals for emotional self-regulation may help bring a student back to a calm and focused state. This approach is also rooted in basic preventative health (Shanker, 2017).

Thrival Kits

Thrival Kits were developed in 2017-2018 to promote classroom mental health for children ages nine through eleven. They were created by a collaborative partnership between, the Canadian Mental Health Association, Manitoba teachers and the Manitoba Advocate for Children and Youth (Canadian Mental Health Organization, 2018).

Thrival Kits are classroom and individual boxes that include an assortment of activities and supplies designed to promote mental health strategies. According to the Canadian Mental Health Organization (2018), the kits embody mental health activities designed to promote interpersonal skills development, reflection, stress reduction and coping strategies, and mindfulness meditation (Canadian Mental Health Organization, 2018).

Throughout the school year, students are taught six themes through a variety of mental health exercises. The exercises are intended to consolidate skills designed to increase their empathy, self-esteem, and sense of identity (Canadian Mental Health Organization, 2018). According to the Canadian Mental Health Organization (2018), the activities are organized into six themes. The first theme is about understanding the importance of mental health promotion. Students are taught everyday strategies that can help reduce mental health problems. This leads to the second theme of celebrating one's gifts, talents, and strengths. This assists students in learning about themselves and their natural coping strategies using a strength-based lens. The third theme is about empowering knowledge of human rights. Fourth, is feeling thankful for the present and establishing hopes for the future. This theme assists students to recognise their short- and long-term goals. Fifth is about respecting yourself and others. Bullying prevention is the focus, while students practice ways to address conflict. Finally, the last theme is about living mindfully. Activities are practiced daily to assist students in learning mindfulness practices.

Students generate their own kits and utilize them in the classroom. Each student may take his or her kit home at the end of the school year. The kits include all the materials and activity directions that a facilitator needs to teach and implement the activities (Canadian Mental Health Organization, 2018).

The Manitoba Advocate for Children and Youth collaborated with the Canadian Mental Health Association to create the Thrival Kit. The goal of Thrival Kits is to assist children grow up to be more resilient adults by offering them skills they can depend on when life gets difficult. Resilience has been shown to prevent and minimize mental health issues (Pauls, 2019). The office of Manitoba's Advocate for Child and Youth (MACY) created the Thrival Kit curriculum using a multi-year study looking at the occurrence of teen suicide. MACY observed the lives of 50 young people who died by suicide. The results were then compared to a control group consisting of 100 peers. A link was found between suicide risk and childhood trauma. In 2018, there was also an internal study completed by the Winnipeg School Division looking at levels of anxiety. The study found that 31% of its secondary school students had moderate to high levels of anxiety compared to the Canadian norm for these grades at 26% (Pauls, 2019). A link between suicide risk and childhood trauma was found. The risk factors included damaged self-concept, unresolved loss, experiences with early trauma, and children in care who experienced placement instability. Thrival Kits incorporate evidence-based practices such as taking a deep breath to decrease stress, improve resilience, and learn positive coping strategies (Pauls, 2019).

Roots of Empathy

Roots of Empathy is a program applied in the classroom setting and was developed by Mary Gordon (Carney, 2015). The program involves asking a volunteer parent from the surrounding school community to visit a classroom with their infant once a month during the

school year. The program involves a K-8 classroom, a trained instructor, parent, teacher, and infant to help children develop a greater understanding of empathy as well as more about their own personal emotions. The students can observe and discuss what they think the infant is feeling and what emotions the infant is expressing. The students are taught pre and post themed lessons with the instructor as well. Students are encouraged by their classroom teacher to apply and integrate the social and emotional skills they learned throughout the school year.

Roots of Empathy recently created a new virtual version of their program. This was developed to help children make sense of what was happening in their lives with respect to COVID-19 and help the program continue throughout the pandemic (Gordon, 2021). Teachers described progress in their students' emotional well-being. Students expressed how they were feeling through many mediums such as through art, writing letters and having discussions. Students had the opportunity to write letters to the Roots of Empathy baby explaining what life was like in the first year of their lives. The Recovery Program has a human-rights and social justice focus with the hope to assist in the development of emotional literacy skills. Many topics are discussed in the new Recovery Program, such as looking at differences as well as bullying. The hope is that it will help students build more emotional regulation as the pandemic has revealed many hardships for people. The traditional program is still able to be delivered in classrooms that are least affected by COVID-19 (Gordon, 2021).

Research conducted by Santoas, Chartier, Whalen, Chatueau, and Boyd (2011) suggests that it is a great model program for positive mental health promotion. They looked at eight school divisions where 445 students received Roots of Empathy and a wait-list group consisting of 315 students. These groups were compared on indirect aggression, physical aggression, and pro-social behaviour evaluated by teachers and self-rated by students. Data was collected

annually for 3 years for the first group and 2 years for the wait-list group. The results showed that there were beneficial effects on all teacher-rated outcomes (Santoas et al., 2011). The program has great integrity and consistency in how it is delivered, involving a community partnership with the classroom teacher and the roots family (Santoas et al., 2011). The program has reached more than 600, 000 students in grades K-8 while expanding across 3 continents (Carney, 2015).

Speak Up

Speak Up is a school-based mental health literacy program aimed at improving mental well-being for all students (Canadian Mental Health Organization, 2018). It incorporates and works toward three goals. The goals consist of: (a) growing students' knowledge about mental health and mental illness, (b) eliminating stigma towards people living with mental health problems and illnesses, and (c) growing students' capacity to seek help (Canadian Mental Health Organization, 2018). *Speak Up* was evaluated in the province of Manitoba with positive results. The results showed an increase in student knowledge, social acceptance and decreased stigma related to mental illness (Canadian Mental Health Organization, 2018).

Speak Up is designed to be delivered to classrooms for one class per day for five days. According to the Canadian Mental Health Organization (2018), the program breaks down, as follows, over five days.

Day 1 – Students develop an understanding of mental health and stigma.

Day 2 – Students learn about different mental health problems and illnesses.

Day 3 – Person first language and empathy building activities.

Day 4 – Trained speakers with lived experience of a mental health problem or illness tell their personal story of recovery from a mental health problem that impacted them in their youth.

Day 5 – Resource Day – the final session helps identify their own resources as well as providing resources available to them in their school, community, as well as provincial, and national crisis lines.

With the current COVID-19 situation, some new information has been added and changed on the program website. There are a few elements to the program that made delivery difficult for facilitators. First, was the fact that facilitator training was previously in person. There have been adaptations made so that the facilitator training is now in a virtual format and that the current content is specifically made to address the current realities of mental health. Second, Day 4 of the program included a guest speaker who would attend the school or classroom to share their lived experience. Due to COVID-19 restrictions video recorded versions of the guests were made available to replace the live lived experience (Canadian Mental Health Organization, 2018).

According to the Canadian Mental Health Organization (2018), Dr. Heather Stuart of Queen's University conducted an evaluation of *Speak Up* in 2014-15 which was not peer reviewed. Her evaluation was completed in Manitoba and showed that *Speak Up* increased student knowledge about mental illness and increased their empathy towards people who suffer from mental illness. The program also decreased the stigma associated with mental illness for the students (Canadian Mental Health Organization, 2018). This evaluation acknowledged positive results. *Speak Up* uses many learning outcomes that are recommended in Manitoba's Physical Education/Health Education curriculum along with curricular connections to English Language

Arts (Canadian Mental Health Organization, 2018). The specific outcomes are acknowledged in *Speak Up* training materials.

Trends and Fads in Education

Research evidence has shown that a focus on mental well-being in schools provides a basis upon which effective learning and success can be constructed, without negatively affecting academic achievement (Greenberg & Rhoades, 2008). Education has a history of quick fixes for longstanding educational problems (Elder & Paul, 2007). Schools often see short-lived fad ideas that come and go quickly. They also see many 7-10-year trends that occur with certain educational movements. Teachers may feel overwhelmed or pulled in a variety of directions by educational fads or trends. At times substantive education may become impacted as some teachers become passionate supporters of fads (A critical thinker's guide to educational fads, 2007). Some of the programs and practices used in schools and discussed in this paper have more evidence-based research available than others. Where there was limited research related to the programs and practices, research speaking to its efficacy was discussed.

Elements for Promoting Well-Being in School

To help promote positive well-being there are elements that are key for effectively promoting this in classrooms. Best practices for selecting and implementing individual, classroom-based and schoolwide programs are discussed. These comprise of being evidence based while engaging all learners, include many of the five cognitive, affective, and behavioral competencies as well as comprising of supporting elements. These are discussed in the following paragraphs.

Programs that are founded in principles and research of child and adolescent development, and scientifically evaluated are shown to create encouraging student outcomes.

The objectives of the program are more likely to be accomplished when evidence-based approaches are utilized to engage all students. According to the Collaborative for Academic, Social, and Emotional Learning (CASEL, N.D.) they may often include four elements denoted by the acronym SAFE:

Sequenced: Connected and coordinated activities to foster skills development

Active: Employing active forms of learning to help students strengthen new skills

Focused: Dedicated time and attention to developing personal and social skills

Explicit: Targeting specific social and emotional skills

There are five interrelated sets of affective, cognitive, and behavioral competencies. These competencies include social awareness, self-management, self-awareness, relationship skills, and responsible decision-making (Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnik, & Elias, 2003). These all assist in providing children a strong foundation for creating positive social relationships and increasing academic achievement. These may be demonstrated by children displaying more positive social behaviors, less behaviour issues at school, less emotional anguish, and improved academics (Greenberg et al., 2003).

Finally, it is important for the approaches and programs to be supportive to students. To be supportive this often includes comprising of three components: integration of social emotional learning into academic instruction, creating a supportive classroom atmosphere, as well as explicit instruction of social emotional learning (CASEL, N.D). Schools, classrooms and teachers should incorporate partner and group lessons that promote positive relationships, effective teamwork, and build communication skills. The weaving and integrating of these types of opportunities with academics for students allows time to rehearse and reflect on their personal social and emotional competencies (CASEL, N.D). Creating a classroom environment that

allows students the feeling that they can take risks creates a strong learning foundation. Characteristics of this type of environment include student-centered discipline, increased feelings of belonging, emotional security as well as being part of a community. This is all part of a supportive classroom climate (CASEL, N.D). Approaches and programs should be explicitly instructed, provide opportunities in a developmentally appropriate way, and remain culturally responsive to the needs of the students (CASEL, N.D).

In summary, these are all important elements that are key for effectively promoting student well-being. As many of these elements as possible should be incorporated into the approaches and programs that educators are completing in their schools and classrooms.

Considerations for Approaches in School

There has been an increase in challenging behaviors exhibited by very young children in early childhood education settings (Zeng, Corr, O'Grady, & Guan, 2019). There are many considerations educators should make when deciding what programs and approaches to use for their students' well-being. These factors include gender differences, social and cultural backgrounds of students as well as individual differences. These are discussed in the following paragraphs.

Emotional expression is a significant feature of healthy child development. However, it has been found to show gender differences. Males and females manifest emotionally competent behaviours in different ways. Males often express more dysregulated responses and negative emotions during play (Chaplin & Aldao, 2013). These developmentally standard gender differences are worth considering when educators are deciding what approach to use.

The cultural and social backgrounds of children are important to consider. It has been found that children living in poverty or under impoverished circumstances may demonstrate

compromised emotional competence (Garner & Waajid, 2012) There are also frequently differences in the way individuals from different backgrounds and cultures understand, express, and socialise their emotions. Studies have shown that children from different cultures may understand facial expressions and express emotions differently. Some children receive less dialogue about emotions and more condemnation for the expression of emotions in their home environment (Wang, 2003). Thus, these observed factors warrant recognition to ensure sensitivity to these differences at school.

Last, children all have individual differences including individual temperaments. When a child is emotionally dysregulated, they may regulate their emotions in behaviours that impact their capability to positively adapt to classrooms. This should be accounted for as this may affect the progress of their emotional competence (Herndon, Bailey, Shewark, Denham, & Bassett, 2013). Educators should begin to know and learn about a child's developmental challenges and temperamental sensitivities. This will allow for more successful facilitation of teaching emotional competence.

These are all important considerations that are key for effectively promoting student well-being. The considerations of gender differences, social and cultural backgrounds as well as individual differences should be incorporated into the approaches and programs that educators are completing in their schools and classrooms.

Summary

Schools are an ideal place to act as health-promoting settings as they have access to almost all children and youth and have access to resources (Greenberg, Domitrovich, & Bumbarger, 2001). Teachers and staff are at the heart of promoting mental health initiatives, using a non-medical approach. The direct teaching of programs that can be integrated into daily

classroom activities is likely to have the largest impact on students' well-being (Adi, Killoran, Janmohamed, & Stewart-Brown, 2007).

Schools have a role in providing contexts and tools to promote the healthy social and emotional development of children. In addition, there is a need for early intervention while children's personalities are still developing and before behavior difficulties become much more engrained and serious (Domitrovich, Cortes, & Greenbeg, 2007). Therefore, schools are ideal settings for inclusive provisions that promote mental health. With the importance of student well-being in mind along with the province of Manitoba's inclusive education policy there are key elements and considerations when deciding what approaches and programs to use. COVID-19 has also had many impacts on both children and the programs used. In this study, I examined Grade 3-6 educators' perceptions and experiences of practices and programs intended to promote their students' mental well-being, including those who lack self-regulation or present exceptional social and emotional needs. The limited research evidence for some of these programs and practices provides a further rationale for this study in that it is important to obtain educators' perspectives about their efficacy. I hoped to better understand how educators feel about the mental health and mental well-being initiatives in their schools and classrooms.

Chapter 3: Methods

The purpose of my study was to examine grade 3-6 educators' perceptions and experiences of promoting well-being practices and programs for including all students with additional/exceptional self-regulation and social and emotional needs. The educators in this study included classroom teachers, administrators, and student services teachers. The findings shed light on educators' utilization and conceptualization of student well-being along with their knowledge, practice, and training with respect to student well-being. This field of research has progressively vital significance in inclusive education. Furthermore, this research has increasing implications for future programmatic methods and practices in the discipline of student well-being.

Qualitative research concentrates on meaning and understanding centered on observations and verbal narratives (McMillan, 2004). The researcher typically acts as an observer such as the interviewer. In this manner, the researcher has a deeper understanding of the data collected (McMillan, 2004). The goal of a qualitative study is to select a few themes for in-depth study in order to produce in-depth descriptions and understanding (McMillan, 2004). According to Creswell, & Creswell (2018), a phenomenological study communicates several individuals lived experiences of a phenomenon. I am interested as a researcher in hearing others' stories and seeing commonalities among individuals. I elected to use a phenomenological qualitative study. Through this phenomenological qualitative study, I examined the perceptions, beliefs, knowledge, and practices educators hold, as they pertain to promoting well-being and inclusive practices for students in grade's 3-6 to gain a greater insight into this important area. In this study, I examined grade 3-6 educators' perceptions and experiences of programs and

practices intended to promote well-being for all students, including students with additional/exceptional self-regulation and social and emotional needs in classrooms.

Identifying and Recruiting the Participants

Prior to finding potential participants, and after my proposal had been accepted, I received ethics approval from UM Fort Garry Research Ethics Board 2 (REB 2) to carry out my study. I contacted two school division superintendents in Manitoba by letter (see Appendix A) regarding the recruitment of educators from their school divisions. Upon the superintendents' approvals (see Appendix B), I asked them to distribute recruitment letters to principals of the grade 3-6 schools in his or her division (see Appendix C). Principals were asked to pass out the letters of invitation to potential educator participants in grade 3-6 schools. Potential participants were given a letter detailing the essence of the study. Participation in the study was optional and they were asked to contact me if interested (see Appendix D).

After the participants consented to take part in this study, we mutually agreed upon a date and time for the interview to take place. Participants were provided with a \$10 gift card sent either by mail or digitally. Participants were also given interview questions approximately one week prior to the interview. All interviews were subsequently conducted using Teams.

Inclusion and Exclusion Criteria

The inclusion criteria for participants were that they were currently employed as an educator in the public-school system supporting students in grades 3-6. The participants also needed to have personal experience with the implementation of one or more SEL programs such as Roots of Empathy or Zones of Regulation (or similar) intended to promote student well-being in their classroom or school. The criteria for someone to be an ineligible participant in the study included not being currently employed as an educator in the public-school system. Participants

who were not willing to speak about their cumulative experiences as an educator involving one or more classrooms of students in the range of grades 3-6. Participants were also ineligible if they did not have personal experience with the implementation of one or more programs such as Roots of Empathy, Zones of Regulation, or a similar program intended to promote student well-being in their classroom or school. Lastly, I did not include participants who were unwilling to engage in a follow-up member check where participants were asked to review their transcripts of their interviews.

Participants

The participants included in this study included six educators: classrooms teachers, student services teachers, and administrators. Participants were invited to speak about their cumulative experience as an educator supporting students in the range of grades 3-6. I was willing to accept the first five to a maximum of ten individuals who agreed to take part in this study. All six participants who responded were included and selected as they met the inclusion and exclusion criteria.

Interviews

Individual, semi-structured interviews were conducted with each participant. The interviews were 60 to 90 minutes in length. The interviews were digitally recorded and transcribed by the principal investigator. All identifiers were removed from the transcripts. Finally, I engaged in a follow-up member check with the participants where they were asked to view the transcripts of their interviews. The transcriptions were sent to each participant to check for accuracy.

Potential participants who contacted me were sent a consent letter (see Appendix E). The essence of the study was outlined in the letter. All participants were informed that their

participation was voluntary. Participants could withdraw from the research study by contacting me by either telephone or email. If a participant chose to withdraw from the research study, his/her data would be destroyed. All hard copies would be shredded. All digital files would be scrubbed and deleted. Participants' names and/or any closely identifying information were not included at any point in the documents generated from this study. Albeit the study participants were identified to the researcher and advisor, they were assigned pseudonyms. Interviews were transcribed by the researcher. After transcription, all digital recordings were de-identified and deleted immediately. To protect participants any identifying locations, names and other identifying information were masked or excluded.

All identifying roles were excluded to avoid indirect identification. The contact information of participants and the consent forms was stored separately from anonymized data. Any paper copies of these forms were stored in a locked filing cabinet in the researcher's office.

The principal investigator and the research advisor had access to view the data. All interview data was stored on the university provided Teams or University provided SharePoint to store and share the data to reduce risk. The informed consent form which contained the participants' names was not retained with the interview data. It was stored in a locked filing cabinet in my home office. My faculty advisor, Dr. Rick Freeze, and I are the only individuals who have access to the data. Participants can request a copy of the summary of the study's results, and this is included in the consent letter. The data will be destroyed confidentially by deleting all digital files and by shredding all hard copies. Data destruction will occur after June 2026.

Data Collection

Qualitative methods were used in this research study to collect data on the perspectives of grade 3-6 teachers' perceptions of programs and practices intended to promote well-being for all students, including students with self-regulation and social and emotional needs in classrooms. Data for this research study was collected through individual online semi-structured interviews with participants who had responded to the call for participants. I interviewed six educators individually for approximately 60-90 minutes each. All participants had experience with Zones of Regulation program that was discussed in chapter 2. I conducted interviews on a University of Manitoba approved digital platform. The interview questions are listed in Appendix F. I carried out a member checking process. I asked each participant to choose their desired method of delivery for their transcribed interviews with delivery options of either mail or email. One week after the interview, I also asked that each participant review the transcribed interview for accuracy. If the participants did not respond to the follow-up email after ten days, I assumed that they were satisfied and found no discrepancies with the transcripts. I allowed for the removal of data, or a portion of data, if in review the participant felt there were discrepancies. Data collected was used to look for commonalities amongst individuals regarding participants' experiences with student well-being in their work as educators. I also provided participants with the research questions one week prior to our agreed upon digital interview time and date. The interview data was then analyzed for recurring and key themes.

Data Analysis

The goal of data analysis in qualitative research is to discover themes, ideas, patterns, and explanations (McMillan, 2004). Data analysis requires three steps which include organizing the data, summarizing the data, and then finally interpreting the data (McMillan, 2004). In the first

step of data analysis, McMillan (2004) recommends reading through the data to look for words, phrases, or events that seem to connect and then creating codes for these. The created codes are then used to develop themes and subthemes to organize the data. The researcher finally then interprets the findings, synthesizes the information, and draws inferences (McMillan, 2004).

In this research study, I interviewed six participants. I listened to each interviewee, listened to the recordings, and reviewed the transcripts. The interviews were transcribed, coded, and summarized. Throughout this process, I looked for emerging themes. After the data was coded and themes were identified, I drew patterns between codes, and looked for generalizations. Subsequently, the processes of member checking, triangulation, and researcher positioning are strategies that were used to establish credibility in this study. Finally, my role as the researcher is presented in the promotion of transparency.

The establishment of transferability, credibility, confirmability, dependability, and role of the researcher are important areas of qualitative research (Bryman, 2012). In this study, I used a variety of approaches to establish trustworthiness. Transferability was enhanced using interviews while seeking thick and rich descriptions. Interpretations of reality were accessed directly through interviews and observations as people are the main instrument of data collection in qualitative research (Bryman, 2012). Thick and rich descriptions coupled with multifaceted forms of information were drawn from. Triangulation was used to establish and earn credibility in this study by referencing multiple sources including interviews, references to documents and data relevant to the phenomenon of well-being. Through member checking, participants will be able to identify their experiences in the transcription. They can give suggestions to adjust and fine-tune to help capture their perspectives. The aforementioned strategies support the transferability and credibility of this study.

Role of the Researcher

It is essential to outline my beliefs, perspectives, and values as a researcher. Thus, I will outline both the professional and personal experiences that have guided me to this study. I first began my career as an educator gaining teaching experience across all ages and grade levels as a substitute teacher. My first position as a classroom teacher was teaching grade 3/4 students in an urban school. The following year, I gained my current and on-going role as a school guidance counsellor.

I first became interested with the concept of inclusive education after being a substitute teacher in many different school divisions. I was able to see the many different practices from school to school as well as school division to school division. I saw children in low enrollment classrooms where all the kids with additional needs were placed. In my opinion, they lacked good role models to learn from and seemed like they were being kept away from more typical children. My belief is that there must be more productive and innovative methods that educators can use to include all students in the regular classroom. This is one of the many reasons for me taking graduate level studies in inclusive education. During the interview process I did not communicate any personal views to avoid bias of my own perspective. I followed the interview guide, listened to the participants as they responded to the questions, and gave each person a chance to explain without interrupting.

There is also no doubt in my mind that well-being has become a vital concern in our schools and communities. I chose to look at grades 3-6 because it looks at both early and middle years well-being without there being too broad of an age range. I believe that positive well-being is fundamental to life skills, student achievement, and general good health. Well-being should be

integrated, taught, supported, and embraced each school day. Well-being encompasses all students and supports the goal of inclusion. My thesis is therefore centered on this search.

Summary

Throughout this chapter, I have discussed in detail the methodology used for this qualitative research study. I have discussed the criteria for identifying and recruiting participants along with the criteria for inclusion in the study. I have described how the data was collected as well as described the methods used for data analysis. Lastly, my role as the researcher is also discussed. In the following chapters, the findings and discussion are presented in Chapter Four, and the summary of findings, implications, limitations, recommendations, and concluding remarks are presented in Chapter Five.

Chapter 4: Findings and Discussion

In this chapter, I present and discuss the findings of my study into grade 3-6 teachers' perceptions of programs and practices intended to promote well-being for all students, including students with self-regulation and social and emotional needs in classrooms. The participants in this study held various positions within their school division, including two classroom teachers, two administrators (vice-principals), and two student services teachers. The participants focused on grades 3-6. Five of the six participants all had previous educational experiences at a variety of different grade levels and held a variety of different positions, including those of classroom teacher, administration, resource teacher, instructional coach, and co-teacher. Participants ranged in experience from two years to over twenty years in education experience. The participants in this study presented a glimpse of current practices, approaches, and experiences currently active in Manitoba schools K-12.

After extensive data analysis four themes emerged. The themes were: (1) Responsibility for Implementation, (2) Lack of Teacher Preparation, (3) Implementation of Evidence-Based Approaches and (4) Lack of Outcome Based Measurement of Impact.

As a result of the interview responses to the specific interview questions, the data collected was coded into themes and sub themes that emerged during the analysis of the data. In this chapter each theme will be presented. Direct quotations from the participants have been included to clearly represent the participants thoughts, feelings, and experiences.

Responsibility for Implementation

Participants spoke about a lack of role clarity regarding who is responsible for teaching well-being programs. There are so many players involved (e.g., administrators, counsellors, teachers, support teachers, outside agencies) which demands greater clarity and a focus on

collaboration. Table 1 reports on the themes and sub themes that developed from participants responses.

Table 1

Responsibility for Implementation

Broad Themes	Sub Themes
Responsibility	
Collaboration	Outside Agencies

Responsibility

The first theme that emerged from responses was ambiguity regarding who was responsible for the implementation of well-being programs and practices within classrooms. The student service teachers and administrators saw counsellors as solely responsible for the implementation. As participant Rho stated,

Counsellors are the highly educated ones in these programs. Support from the school and division is interesting as is they attempted and initiate but it is the individual counsellors to take it on and implement it. It is an individual basis. Is it valued by leadership it sure is and is highly acknowledged.

As participant Alpha stated,

It is all off loaded on the counsellor. Only discussion has been from the counsellor. Or the principals have asked the counsellor to simply do it. There is very little support and is just an expectation without much direction for the classroom teachers.

Collaboration

The classroom educators mentioned more about collaboration and scheduling times for the counsellor to come into the classroom and implement the curriculums and programs.

Teachers did not see the responsibility as residing solely with the counsellor, but rather thought it was a collaborative process between the teacher and the counsellor. They would work together in the implementation. As one participant explained,

My classroom was struggling with self-regulation and anxiety. I collaborated and discussed with the guidance counsellor on how we could support my anxious classroom. The counsellor came into my classroom and facilitated the Mind-Up curriculum with all the students in my classroom.

As another participant Zeta stated,

I am being coached to become an instructor of sources of strength in my classroom through the school counsellor. It is a youth suicide prevention curriculum. It helps teach healthy coping strategies and teaches students to become more aware of their strengths. Counsellor is trying to make it school wide. It uses a strength wheel.

The second broad theme that emerged was the theme of collaboration with others to support students. Participant Alpha stated,

I work with an OT (occupational therapy), SLP (speech, language, pathology), physiotherapist, school psychology, school counsellor, and administrators. Sometimes I go into the classrooms and co-teach with teachers as well. The school counsellor and I work most closely together to support exceptional students.

Participant Zeta echoed,

I work with the resource teacher, with the counselor and I have clinicians come in especially constantly for one of my students.

Outside Agencies

A sub theme that emerged was collaboration with many outside professionals and agencies to help support students in inclusion, academics, and well-being. Participant Alpha stated,

Monthly meetings with the community outreach program were helpful in supporting a student with severe behavioural concerns in their home. They also had school environment behaviour issues as well. We met with this outside support to help plan for the student's success. I have also talked to student's doctors and outside agencies to better support students and their families at school.

Participant Beta revealed how they had an agency who was involved with a student,

I had many support meetings with them. They came to their classroom to teach the other students about Autism and inclusion. They spoke about what Autism is, how everyone has their strengths and differences. They did some activities with the students and the students watched a video.

Participant Gamma stated,

Another model is the WRAP process which is a Tier 3 model. I have seen where this was used for a student who had a lot of needs. The school came together with community supports and parents to provide support. The student was able to choose their team. A plan was created together with the student. It used the strengths of everyone to address the student's needs.

The themes of responsibility and collaboration developed from participants responses. Participants expressed a need for more role clarity concerning the responsibility for teaching well-being programs

Teacher Preparation

Participants spoke about their feelings of being underprepared to teach well-being programs. There is limited professional development provided by school divisions. Educators are responsible for pursuing their own professional learning. There may not be dedicated support to implement the programs and practices which may make teachers feel overwhelmed. Table 2 lists the themes that developed.

Table 2

Lack of Teacher Preparation

Broad Themes	Sub Themes
Challenges	Time
	Barriers
Opportunities	Programs
	Inclusive Education
	Well-being

Challenges

An important note from all the participants and the first broad theme that emerged was the challenges of implementing programs and approaches. It may be difficult to keep up with the constantly changing models, programs and new acronyms. Participant Alpha stated,

These programs and models all require maintenance. And people who agree with it.

There is also so much thrown at teachers and these models keep changing. For example, the Daily 5 used to be huge, PAX the good behaviour game and CAFE. Now nobody uses or talks about those approaches. Right now, Zones of Regulation is the big program being used in many schools but who knows what the next, latest and greatest model will be. It seems like every 5 years there is a huge difference and shift in how we teach kids. There were two sub themes that emerged as challenges to teacher preparation. The sub themes include both time and the barriers that educators cope with.

Time

The first sub theme that emerged as a challenge was time. All participants mentioned time as a barrier to success. They noted things such as the need of time for proper planning to take place and for bringing people alongside with buy in. As participant Alpha stated,

The challenges are you need to continue with the programs not just initially teach it and hope that it will work. You need to have people on board and consistently refer to it.

These programs and models all require maintenance which take time.

As Epsilon stated,

Time is also the challenge. I just have to make time and plan for it.

As Beta echoed,

It is impossible to fit it all in! I just do what I can. Some of these programs take so much time for myself to learn, then teach it and then implement.

As Rho explained,

We see them for 6 hours but they need it 24/7. Not all families practice it or use it 24/7 at home or simple even have the means to do it.

Barriers

The second sub theme that emerged was that there seemed to be a lot of barriers in place that present challenges. Barriers such as lack of training and education, teacher and student buy in and a safe environment. Participant Epsilon mentioned,

Challenges are we don't always have the full training. I always seem to be taught second hand. I do my best and students push back but all the students are following it.

Participant Zeta explained,

Sometimes the challenges that comes around it's that buy in. Right, you can sit there and you could talk about it. You can model it but until the child really accepts those strategies and are attempting and willing to use them then that is when that is the biggest challenge and to use them when they need to use them.

As Rho stated,

Well, they need time to practice in an environment that is safe. They need a safe space.

The classroom can be an overwhelming place for students.

Opportunities

The second broad theme that emerged was the opportunities that the participants were given or sought out themselves in professional development. All educators interviewed cited the different opportunities they had for professional development. There were three sub themes that emerged under the broad theme of opportunities including opportunities for learning about programs, inclusive education as well as well-being. There were clear differences between those sub themes and the opportunities given. There were three sub themes that emerged as opportunities to teacher preparation. The sub themes include programs and approaches, inclusive education and well-being.

Programs and Approaches

The first sub theme was about the professional development opportunities for various programs and approaches. There seems to be few opportunities for professional development around specific programs and approaches. Participant Alpha stated their experience with professional development regarding programs and approaches,

I had Zones of Regulation PD through my occupational therapist (OT). But I just read the book myself. Most of the professional development is self-directed. Anything I have done or learned has been self-directed.

Participant Beta stated,

Not at the school level. Only through my own professional learning of completing my Masters and Post-Bac. Most is self-interest and self-directed. I have read the Zones of Regulation book and Mind-Up book on my own.

Inclusive Education

The second sub theme was professional development opportunities offered in inclusive education. Participants had numerous opportunities and exposure to professional development in inclusive education. However, most of the opportunities were not school based opportunities.

They were opportunities sought out externally through their own education pursuit. Participant Alpha stated,

Yes. I have my post-baccalaureate in inclusive education and currently taking my Master's degree. So I have taken lots of professional development in inclusive education. I have attended PD by Shelley Moore and Leyton Schnellert. Shelley Moore is so engaging! On my own time I enjoy watching her 5 Moore Minutes videos. Her bowling and inclusion idea is brilliant. I have directly worked with Jennifer Katz. It was cool. I

spent days creating multilevel universal design models with her. I took a class with her in my post-baccalaureate as well. I worked with her doing one of her projects. Another teacher from my school did the planning with Jennifer as well. Researchers actually came and took data. It was very extensive. We even built a brain with her. I learned that diversity and differences within the classroom should be recognized and celebrated. It is so important that each and every student has a strong sense of belonging.

Participant Zeta echoed,

I am getting my Master's degree right now in inclusive education and so every course I learn something new, and every course I've applied something from my university experience.

Well-Being

The third sub theme was professional development opportunities on well-being. Only three out the six participants had professional development in student well-being. Those who had experienced opportunities were more self-directed, self-initiated and limited in number of opportunities. Participant Rho stated,

No. Not directly. I have seen and read about Stuart Shanker. That is from personal interest but haven't seen him. I also saw Jodi Carrington but I felt that was more teacher well-being not student.

Participant Alpha mentioned,

I took a couple counselling courses in my post-baccalaureate. I have learned to focus on listening, focus on co-regulation, and giving them a quiet comfortable space to feel safe in.

Participants spoke about the challenges and opportunities available to them along with their feelings of being underprepared to teach well-being programs. There is limited professional development provided by school divisions creating the responsibility for pursuing their own professional learning on educators.

Implementation of Evidence-Based Approaches

Participants spoke about a lot of programs being implemented in schools, many of which are not evidence-based (e.g., Zones of Regulation). The programs appear a bit like a fad. There seems to be a focus on self-regulation, but there are so many different approaches that may lack evidence. Table 3 lists the themes that developed.

Table 3

Implementation of Evidence-Based Approaches

Broad Themes	Sub Themes
Programs/Approaches	
Self-Regulation	
Leadership	

Programs/Approaches

The first theme that emerged from responses was the vast number of programs and approaches that were reflected upon. All the participants interviewed understood the basics of many examples of programs and approaches available to them. Table 4 reports the many programs and approaches mentioned along with their utilization.

Table 4*Promotion and Programs*

Approach/Program	When	Utilization
Breakfast Program	Utilized daily	Universal access, school wide
Peace Keepers	Utilized daily	Recess time
Sensory Room	Utilized daily	Tier 2-targeted
Sources of Strength	Supposed to be used daily however only used in bits and pieces	Classroom based, Tier 1
Respect Education	Monthly lessons	Classroom, Tier 1
MindUP	Daily	Classroom, Tier 1
Roots of Empathy	3x per month	Classroom, Tier 2-targeted classroom
Kelso's Choice	Taught as a unit	Classroom, Tier 1
Zones of Regulation	Taught as a unit	Classroom, school wide and individual Tier 1
Thrival Kits	Taught as a unit	Classroom based, Tier 2- targeted classroom

Optimal Learning Model	Daily	Classroom, Tier 1
Universal Design	Daily	Classroom, school wide philosophy, Tier 1
Preventive Groups	On a as needed basis	Tier 2
Social Detective	On a as needed basis	Tier 2 and 3
Outside Agencies	On a as needed basis	Tier 3
Greeting and Meetings	Daily	Tier 1

Participants were able to recall a large number of programs and approaches available to them. However, very few of the approaches and programs are formally evidenced-based. The approaches and programs appear fad like and/or make claims that lack formal evidence. The following provides references to claims as well as the few approaches which have data driven behind some of the approaches and programs.

Greetings and Meetings

A study comprising of 203 students in 10 classrooms validated that greeting students sets a positive tone to the school day. It also has the potential to increase educational engagement and reduce disruptive behavior in the school setting. The study showed that it is important for teachers to spend a few moments welcoming students helps to promotes a sense of belonging (Cook, Fiat, Larson, Daikos, Slemrod, Holland, Thayer, & Renshaw, 2018).

Breakfast Programs

According to Breakfast Club of Canada (2019), one in four Canadian children attend school without eating breakfast. It is important to note that hunger is not always the reason children do not have breakfast to eat in the morning. There are several factors such as long bus

rides, an absence of hunger when getting up in the morning and participating in extracurricular activities before school begins. School breakfast programs improve student's social/emotional wellness as well as increase positive mental health. This promotes a child's ability to focus better in class and leads to more academic success.

MindUP

As mentioned in the literature review, paying attention to your breathing supports strong functioning in the higher brain. By focusing on your breathing, you gain the ability to calm your body down by slowing your heart rate, lowering blood pressure, and sharpening your focus (Gregory & Rutledge, 2016).

Zones of Regulation

As mentioned in the literature review, for teaching emotional and sensory self-regulation strategies *The Zones of Regulation* program may be used (Kuypers & Winner, 2019). The program claims to help students recognise and distinguish how they are feeling using the four colours; red, green, blue and yellow. It assists and prompts students to learn different strategies to support regulation (Kuypers & Winner, 2019).

Kelso's Choice

Kelso's choice uses a frog character as a tool for teaching children conflict management skills. It uses a choice wheel to teach children appropriately how to deal with conflict. The various lessons teach children the difference between what little problems compromise of versus big problems where you need to get an adult for assistance (Mariani, & Silvestro, 2020). Kelso's choice lacks formally conducted studies supporting its effectiveness with students so is considered research-informed (not an evidence-based program). However, an action research project showed that preceding the program delivery, participating students were not able to

recognize any conflict-resolution strategies. However, after the program was delivered students were able to remember 91% of the strategies (Mariani, & Silvestro, 2020).

Social Detective

You are a Social Detective (2020) is a program that engages students in activities to learn the power of observation, reading context, and interpreting clues in the context of different settings, situations, and the people in them (Winner, Crooke, & Ebbeler, 2020). Students learn to figure out the hidden rules and expected behaviours in society. The program claims that students learn to understand how different people think and feel about what other people say and how to act in different circumstances (Winner, Crooke, & Ebbeler, 2020).

Thrival Kits

As mentioned in the literature review, *Thrival Kits* are little boxes that include materials that students use with their teacher which are designed to teach and promote positive mental health. The boxes claim to support activities designed to promote reflection, interpersonal skills development, mindfulness meditation, stress reduction and coping strategies (Canadian Mental Health Organization, 2018).

Self-Regulation

A second theme that emerged in the implementation of evidence-based approaches was in the execution of the programs most utilized in schools. Throughout the interviews participants spoke about similar or the same programs and approaches being utilized in their school buildings. All participants spoke about Zones of Regulation as a program they are familiar with. They spoke about self-regulation as a way to foster well-being. As participant Epsilon stated,

I find Zones is universal at most schools, very student friendly language, easy to understand, easy to connect with a color when they feel an emotion.

Participant Alpha stated,

Zones of regulation is used all throughout the school with posters on the walls of almost every classroom. Guidance counsellor and OT have gone into the classrooms to teach all students. The school uses a check-in and check-out in the sensory room. Mostly use the 4 colours to help students describe how they are feeling. I wear a lanyard with the zones of regulation.

Leadership

A third theme that emerged in the implementation of evidence-based approaches was leadership of the school. Participants talked about leadership being a condition to the implementation of well-being in schools. As participant Gamma stated,

How we build well-being needs to be student centred, not a bad thing, it is a good thing. However, lots of discrepancy what well-being looks like, biggest difference is who is involved, some school's students are involved in regulation and mindfulness, and some are more adult driven.

Participant Alpha mentioned,

The biggest differences are in administration, whoever is in the leadership capacity. There needs to be cohesion in the team with a shared philosophy that programming is discussed. It needs to be seen as an important issue and it is planned for and that it is executed. If there is not a shared a philosophy that is important and a priority, then when things fall apart it affects students and staff. When there is no shared philosophy of inclusion and social emotional needs.

Participants spoke about many nonevidence-based programs along with the importance of having strong leadership. Many of the programs appear a bit like a fad with a focus on self-regulation.

Lack of Outcome Based Measurement of Impact

Participants spoke about the benefits to focussing on well-being in the classroom. The participants spoke about the programs as benefiting all students regardless of learning profile, however the comments were observational and did not involve formal outcome measures. The resulting themes and sub themes are reported in Table 5.

Table 5*Lack of Outcome Based Measurement of Impact*

Broad Themes	Sub Themes
Impacts	Self-awareness of emotions
	Increasing sense of purpose
	COVID-19
Strengths	Benefits everyone
	Increased awareness
	Compassion

Impacts

The first broad theme under the lack of outcome-based measurements was the positive impacts that the participants spoke of about these programs, models, and approaches.

Participants also spoke about why they found them effective. One participant summed it up for everyone regarding the positive benefits,

Limitless: because I believe emotional well-being is the foundation to a lot of other successes, including regulation, academics and overall level of joy. I find it effective because I believe it improves cognitive function.

Participant Rho mentioned,

It helps students feel normal and regular stream. We always do a strength-based approach and built into what they know and need to know so we don't find as many kids losing their self-esteem and dignity from lacking skills.

Self-Awareness

An increased sense of self-awareness of emotions is a sub theme that came out of educators' responses in regard to positive impacts. One educator made the comment stating that "Kids are able to also manage their strong emotions, notice their bodies, increased feelings awareness and self-regulation. It helps build a better understanding of others."

Another participant commented how learning about their feelings "helps them identify exactly how they are feeling and enhances their recognizing skills so they can help themselves." Participant Zeta stated,

When a child is able to look at their actions and almost say "I should have done this" or "this is a strategy that I should have used?" Or when a child uses a strategy and you can see them ready, they're ready to. Their regulation is starting to get a little dysregulated, like they're really getting going to be dysregulated, and they're really going to start acting out or using their hands. Suddenly, you see them doing a strategy where they're breathing in or they're breathing out, or asking "can I, I need to go for a walk and I'll come back and talk to you", or even using "I'm in the red zone" or "I'm in the yellow zone language". "Can you just leave me alone so I can be in the green zone and then we will talk?" Those are the successes.

Sense of Purpose

A second sub theme that participants spoke about was how their students' sense of purpose is positively influenced when student well-being is considered. They were actively promoting and creating a healthy caring classroom. Participant Alpha mentioned,

When a student is not interested, is sad, is stressed, or worried schoolwork is much more difficult. For example, with the optimal learning mode (OLM) students are more engaged

and there is an increase in independent strategies. When the schoolwork is more meaningful to the students with choice built in, it therefore becomes more pleasurable because you are using what interests them. The work becomes almost easier for them so its more effective.

Participant Rho stated,

It helps students feel normal and regular stream. We always do a strength-based approach and built into what they know and need to know so we don't find as many kids losing their self-esteem and dignity from lacking skills.

COVID-19

COVID-19 was a third sub theme that emerged during the analysis of the data Given the recency of the pandemic participants discussed COVID-19 and its effect in the classroom and school on student well-being. Issues stemmed from programs and services being disbanded at a time when they were needed most along with the fact that they are often difficult to implement during times of remote leaning. Participant Zeta explained,

We had a Peace Keepers program (Picard, 1990). Last year before COVID. Due to COVID restrictions the Peace Keepers program wasn't running because cohorts can't mix. The grade 5 students would monitor the playground and the younger students would be able to go to them to help them solve their small recess problems. Many programs were removed due to COVID. Such as small quiet spaces, group activities, and the natural and organic flow of students throughout all areas of the school. However, the staff here are exceptional and invested in the kids.

Participant Zeta explained,

Unfortunately, with COVID, things have gone to the side and so I know that the division.

uses programs and says that every school should be using programs such as Zones of Regulation (Kuypers & Winner, 2019) and MindUP (Maloney, Lawlor, Schonert-Reichl, & Whitehead, 2016), but I haven't seen MindUP in awhile.

Strengths

The second broad theme that emerged was the strengths of inclusive education along with the programs and approaches associated with the philosophy. All educators saw themselves in having an important role in supporting students with exceptional needs and had basic strategies employed in their schools and classrooms that promoted inclusion. Participant Epsilon spoke extensively about the strategies used in their classroom to recognize, develop and cultivate well-being,

I use consistent language like the Zones of Regulation. It is important to have a warm welcoming, student-centred environment. Students are always welcome in the classroom. I also build good relationships with my students. Making sure there are places in the classroom to work quietly that have a smaller number of distractions. A place where there wasn't too many things or distractions on the walls and neutral colors. Also, places that invite students to come together collaboratively such as a large group table.

The relationships between students are important. I also have good communication with parents. I try to include many culturally relevant themes into my instructional practices and my classroom activities. I ask students about their family traditions and celebrations I have classroom expectations, I differentiated instruction. Targeting the whole class, not isolating whole class learning at the same time, UDL, identifying where the student is at not where they need to be at. Not forcing them to do something they are not able to do. Enabling students to self-monitor themselves in their schoolwork and as well as their

emotions. I have a bump up wall and bulletins boards that are posted in the classroom and students use those to compare and self-assess their work.

Benefits Everyone

The first sub theme that developed from the strengths of inclusive education and well-being was how participants felt that there was a benefit to all students. The benefits were not only seen in the targeted children. As participant Alpha stated,

The whole class benefits. Especially the students I was targeting because it created a sense of community and set the tone for connectedness. I saw an increase in executive functioning skills of students, increase in their problem-solving skills, and more self-regulation. I noticed a decrease in student-to-student conflicts, and an increase in self-regulation. Their needs were met more and they asked for break. There was a common feeling in the classroom.

Participant Beta stated,

The students who benefited was everyone and the students I target.

Participant Epsilon mentioned,

I think it benefited all especially the ones who I was targeting. For kids who have random bad days this is an easy way to express yourself and now you have another way to express yourself through a problem. Not just the targeted students. The students who benefitted from the programs used were nearly the entire class and school. How do I know? Well kids just seemed to have more strategies and coping skills.

Increased Awareness

The second sub theme that emerged was an increased awareness to both themselves and of others. It allows students and the adults to notice things about themselves and each other.

Participant Zeta commented,

It really does build a community for all the students to see that they're not different.

Everyone has a rough time and everyone needs these kinds of programs to help them become better and to help them know what they need and how to express what they need.

Participant Beta stated,

I find that EAs benefit from vicarious learning/modelling, team teachers also learned by hearing of the program and how it went. Increased kindness, compassion, empathy, and an increased ability for perspective-taking. There was also increased socialization, increased ability to verbalize feelings/self-advocate. I noticed an overall increase in the awareness of the students about both themselves as well as the others around them.

Compassion

The third sub theme that developed in lack of outcome-based measurement was showing more compassion for others. Educator Epsilon stated,

Including others is a form of showing compassion. Sometimes I'll spend five minutes and complete activities where students learn new vocabulary and apply that to themselves and others. For example, students need to think about a time when they were left out, how that felt and what they can do next time they see someone being excluded. Other vocabulary included teaching about the word compassion and how that is kindness and a willingness to help others. When can you show compassion? Courage is the strength and ability to do something that scares you. Where can you show courage? It's important to

Speak up when you or someone else is being treated unfairly. Having good friends- what makes a good friend? what makes your friends good?

Participant Beta stated,

They were better able to adjust their daily interactions with each other to be more expected. They gained more ability to resolve their own conflicts. There was also a lot more compassion toward each other.

Participants spoke about the many impacts and strengths to focussing on well-being in the classroom. The observational comments were seen as benefiting all students regardless of learning profile.

Summary

The participants suggested the importance promoting mental well-being and its relation to inclusion. It is evident that having a solid commitment to mental well-being and making it a part of the daily classroom and school routine is beneficial and important. Children need a full network of support. It is imperative to have the right mindset or buy in from the school and that classroom teachers set the tone. In the final chapter, I will present the summary of findings, implications, limitations, recommendations, and concluding remarks of my research.

CHAPTER 5: Conclusions

The purpose of this study was to capture educators' knowledge and practice for promoting mental well-being of students in grades 3-6 including those with self-regulation and social and emotional needs. In this study, I concentrated on gathering perceptions and practices to develop a clearer awareness of the significant work taking place in the education setting. The six educators who were interviewed included a large array of experience and school demographics. Throughout this chapter, I will summarize the key findings of this study, explore implications, and limitations of my research and provide concluding remarks.

Summary of Findings

Appropriate Educational Programming for students has been mandated in Manitoba. This strengthens Manitoba's philosophy of inclusion (Manitoba Education and Early Childhood Learning, 2022). Educators must provide an inclusive school setting for all students. All students want to feel the sense that they are both valued and belong (Manitoba Education and Early Childhood Learning, 2022). Inclusion is applauded as means to increasing the well-being of every individual (Manitoba Education and Early Childhood Learning, 2022). The conclusions of my research study, drawn from the emergent themes, suggest the following as they related to the interview questions a) a need for more evidenced based resources and support b) a need for a school wide framework, c) more resources and support d), and e) more focused measuring of outcomes. The following summary describes the key findings from this research and provides support from the literature which supports these findings.

More Evidenced Based Resources and Support

As the need for psychological, emotional, and social well-being support in schools increases, the roles of educators will continue to need to change. As the demands of society and

school children have shifted, so does the position of educators. A considerable amount of the accounts communicated throughout the interviews reiterated the statements discovered in the research. This included the detail that educators do have a role to play in supporting the well-being of students. However, all participants mentioned Zones of Regulation as the program of choice. There are a lot of programs being implemented, many of which are not evidence-based (e.g., Zones of regulation) which appears a bit like a fad. As presented in Chapter 2, Elder and Paul (2007) indicated how education has a history of quick fixes for longstanding educational problems. Schools often see short-lived fad ideas that come and go quickly. Currently, there seems to be a focus on self-regulation, but there are so many different approaches that lack evidence.

There are programs that are developed to bring schools and health care together to address poor well-being concerns and promote positive well-being to help protect students from a range of health-compromising behaviors and conditions in each of the domains of well-being. Educators are striving for initiatives for change. For example, creating mentally healthy classrooms that help all students feel welcome, programs to reduce stigma, preventing mental health problems and identifying students in need of support. It is the early intervention and promotion of mental health that is the most effective. Universal programs and strategies that classrooms and schools use to promote mental health have the largest impact on reducing mental health problems. There needs to be a more strategic focus on the implementation of evidence-based practices that also align with the school-wide framework. Research by Collaborative for Academic, Social, and Emotional Learning (CASEL, N.D.) supports the idea that programs that utilize the principles of child and adolescent development, are grounded in research, and are scientifically evaluated have demonstrated to yield more positive student outcomes. Success of

programs and approaches used are more probable when evidence-based approaches are employed to engage all students.

School Framework

The participants' expressed a lack of understanding of roles and responsibilities between administration, school counsellors and classroom teachers when it comes to well-being in schools. While in the interviews it was stated that many professionals, including school social workers, occupational therapists, teachers, school psychologists as well as outside agencies are involved in offering well-being support to students; the primary and most accessible service provider were the school counsellors. As highlighted in Chapter 2, WHO (2014) indicated the statistics on child and adolescent mental health in Canada which explains how approximately 20% of youth experience mental illness and how they may need to access mental health services. The experiences of these educators align with the current research and data (WHO, 2014). Anxiety and depression disorders (mental well-being) is an imperative matter for educators for their students. The participants elaborated on the reality that a great deal of the well-being support falls on the position of the school counsellor. An interesting difference was found between classroom teachers and administrators. Classroom teachers believed that there is great collaboration between classroom teachers and school counsellors while administrators felt it was the role of the counsellor. However, it is necessary to encourage a clearly articulated school-wide and school board framework to assist with the lack of role clarity and help with collaboration.

Resources and Support

Several challenges and barriers to teacher preparation were identified by most participants. The participants referenced issues such as time, buy in, practice and the environment. This finding is consistent with the research of Zeng, Corr, O'Grady, & Guan,

(2019) that mentioned how there are many considerations in which educators must make when determining what programs and approaches are best to use for their students'. When educators' have time for professional development it ensures they can learn the skills needed to adapt to the changing needs of students as well as advance their understanding of how to deliver current programs and approaches.

It was echoed throughout the interviews that overall well-being is one of the most important things, especially within the classroom and that schools really need to just start taking the time to focus on it. Participants spoke about the importance and need for school divisions to support teachers with the programs. The whole idea that if a child isn't well mentally, they're not going to learn as well. There should be a well-being first mentality. Students must be able to regulate themselves, their brain must be calm to learn at its best. This is consistent with research by Stuart Shanker (2017) who believes that self-regulation is essential to student success. When children can recognize their sources of stress, it permits an effective approach to easing their feelings.

Another significant factor that participants described was not only students' well-being but the importance of teacher and staff well-being. Participants mentioned many things on teachers' plates including the shortage of substitute teachers. Teacher burn-out and stress was also mentioned. One participant spoke about COVID-19 and how it has really caused a lot of added stress and anxiety for everyone. It had a lot of negative impacts on the adults and the students. This is consistent with research that tells us that learning is significantly improved when educators recognize their own emotional factors of the teaching-learning exchange and use this tenaciously (Carney, 2015). Teachers must develop their own social and emotional skills. Research shows that teacher well-being promotes student well-being (Roffey, 2012).

Focus on Measuring Outcomes

The idea of schools as collaborators in well-being promotion has a clear and significant relationship among recent research. As previously discussed, schools are well positioned to detect and prevent mental health disorders amongst young people (Greenberg, Domitrovich, & Bumbarger, 2001). All the educators interviewed acknowledged the significant potential effect the education system can have in cultivating positive well-being in students. A substantial part of this stems from the large number of hours and days students spend during their formative developmental years in the education setting which provides accessibility to reach students (Greenberg, Domitrovich, & Bumbarger, 2001).

Educators and the education system may be seen as leaders in promoting mental health and mental well-being. Schools are serving not only in the front lines of mental well-being support for children; but for countless students the education system may be the only mental health or mental well-being support that they are able to easily access (Stephan, Weist, Kataoka, Adelsheim, & Mills, 2007). It was evident from the interviews that there are programs and resources available. While educators expressed a belief that there were many strengths and benefits, they relied on personal and anecdotal experiences to justify their beliefs. A robust and long-term system of keeping relevant data on the efficiency of interventions designed to promote well-being is needed. There needs to be more of a focus on measuring outcomes so that teachers know that the well-being programs are making a difference. There should be pre-post measures to ensure the programs/practices are having the desired effect.

There is a clear and significant connection among existing research and the idea of schools as collaborators in promoting well-being and that much of the well-being support lens itself on the position of the school counsellor. Educator well-being helps to promote student

well-being. Finally, as the need for psychological, emotional and social well-being support in schools increases, the roles of educators will continue to need to shift.

Implications

The recommendations from this study based on the findings in this study are the following:

- 1) 5 of the 6 participants had courses and professional development related to inclusive education mainly through their own pursuit of furthering their university education. The other participant only had training during their Bachelor Education pre-service teacher schooling. The first recommendation is to continue to have the introductory class for pre- service educators but also to offer on-going professional development training and education for educators.
- 2) There is a need for a more strategic focus on the implementation of evidence-based practices. With the appropriate knowledge and skills, teachers will have more positive attitudes towards inclusion as they will be more equipped to include all students in their classrooms.
- 3) The participants mentioned how much leadership was an important influence in the successful implementation, acquisition of resources and support of well-being programs and approaches. In support of this, the role of leadership in administration and the school board is a critical guide to success to encourage, invite and direct the approaches and programs offered in schools. Appropriate infrastructure and supports built in place such as school/division wide priority, school-based supported team meetings built in to schedules as well as organic supports such as training is required.

Strong leadership along with a clearly articulated school-wide framework (with the support from the school board) is essential.

- 4) Seeing that children require ongoing and open conversations about mental well-being, it would be beneficial to continue to have school-wide strategies in place such as providing mental health and well-being tips in the morning announcements or having assemblies in assisting to have more productive conversations.
- 5) There needs to be more of a focus on measuring outcomes. How do teachers and administrators know that the well-being programs are making a difference? There should be pre-post measures to ensure the programs/practices are having the desired effect. There should be school wide measurements.

The recommendations for future research from this study based on the findings in this study are the following:

- 1) The need for continual research around mental well-being and inclusive education should be fortified. There ought to be a focus on bigger sample sizes with diverse professional and gender representation.
- 2) Future research should include an examination of the approaches and practices taken by other Manitoba school divisions approaches and practices regarding the promotion of mental well-being for including all students. Do any of these school divisions have mental well-being as a priority? How might the approaches and programs compare to the findings from this study?
- 3) Continual research in the constructing of knowledge and building more confidence in all educators. Producing a growth mindset that mental well-being in schools for including all children is necessary and possible.

- 4) Finally, further research that targets more specifically classroom teachers. It is important to gain their further perspective. It is necessary to gain a deeper perspective from them to have a more balanced view of current practice.

Limitations

After some consideration, there were a few limitations to this study. First, there were only six individual educators who were interviewed. This cannot feasibly embody the collective voice of all educators in grades 3-6. Although I was able to provide thick and rich descriptions this is just a glimpse of the potential diversity of the perceptions and expertise that is presently occurring in Manitoba's grades 3-6 schools. There were limitations in the scope of the design. My recruitment process went directly through the school division. I asked two school divisions but only received permission from one division. This created limitations to access to schools, educators, and divisional practices. Perhaps, including schools from across the province and looking at what happens in different school divisions and policies. Furthermore, diversity in gender might have contributed to the study as there was an over representation of female participants. Six out of the six participants were female. Therefore, gender perspective may be a deliberation as well.

Concluding Remarks

Educators hold a vital and valuable position in the promotion of the well-being of students. This study sought out to collect the perceptions and practices of educators who are operating the forefront of well-being in the education system. These conversations were guided by the following question: What are grade 3-6 educators' perceptions and experiences of programs and practices intended to promote well-being for all students, including students with additional/exceptional self-regulation and social and emotional needs in classrooms?

The key findings in this research support the literature that depicts schools as an ideal location to promote student mental well-being. One would hope that Manitoba schools will continue to consider the significance of offering mental well-being support services in the school system to students. Justifiably, in the educational setting considerable emphasis is put on the academics. However, the research has shown how there is a strong and evident relationship among that of academic success alongside positive emotional well-being. The social, emotional and well-being interventions and support provided by schools has the potential to change a whole school community.

Following the comprehensive analysis of the data, four key themes developed from the participant interviews. These major themes describe the perceptions, promotion, experiences, and hardships faced by these professionals. These collected experiences, views, challenges, and approaches commence to recognize the significant narrative of the education system as it is emerging and becoming the frontlines and partners in health promotion and support. Most notably, integrating a larger focus on mental well-being promotion in schools will promote greater achievement, more resilience, inclusion and proficiency in students and their families.

References

- Adi, Y., Killoran, A., Janmohamed, K., & Stewart-Brown, S. (2007). *Systematic Review of the Effectiveness of Interventions to Promote Mental Well-Being in Primary Schools: Universal Approaches*. London, UK: National Institute for Clinical Excellence.
- Anglicare Victoria. (2020, June 18). Classroom strategies for students with self-regulation & sensory integration difficulties. Retrieved from https://www.education.vic.gov.au/Documents/school/teachers/health/146_TEACHaR_Resource9_v4.pdf
- Arim. (2020). *The impact of the COVID-19 pandemic on Canadian families of children with disabilities*. Statistics Canada = Statistique Canada.
- Bell, B. (2020, November 25). Benefits of Sensory Rooms & Spaces for Special Needs. Retrieved from <https://enablingdevices.com/blog/benefits-sensory-rooms-special-needs/>
- Breakfast Club of Canada (2019). Breakfast Club of Canada set to assess its social impact. Cision Canada. Retrieved April 2, 2022, from <https://www.newswire.ca/news-releases/breakfast-club-of-canada-set-to-assess-its-social-impact-880196603.html#:~:text=School%20breakfast%20programs%20reduce%20the,in%20class%20and%20succeed%20academically.>
- Bryman, A. (2012). *Social Research Methods 4e*. Oxford, UK: Oxford University Press.
- Campos, J., Frankel, C., & Camras, L. (2004). On the Nature of Emotion Regulation. *Child Development, 75*(2), 377–394. <https://doi.org/10.1111/j.1467-8624.2004.00681.x>
- Canadian Mental Health Organization (2020). Fast facts about mental illness. Retrieved June 1, 2020, from http://www.cmha.ca/media/fast-facts-about-mental-illness/#.VrFmNMele_t

- Canadian Mental Health Organization (2018, October 05). School based mental health promotion. Retrieved June 22, 2020, from <https://mbwpg.cmha.ca/programs-services/school-based-youth-mental-health-promotion/>
- Canadian Mental Health Organization (2021a). Understanding mental illness. Retrieved March 11, 2021, from <https://mbwpg.cmha.ca/document-category/understanding-mental-illness/>
- Canadian Mental Health Organization (2021b). Your mental health. Retrieved March 11, 2021, from <https://mbwpg.cmha.ca/document-category/your-mental-health/>
- CASEL. (N.D.). *Advancing social and emotional learning*, Retrieved July 11, 2022, from <https://casel.org/>
- Carney, P. (2015). *Well aware: Developing resilient, active, and flourishing students*. Don Mills, ON: Pearson Canada.
- Center for Disease Control and Prevention. (2013). Mental Health Surveillance Among Children- United States 2005-2011. *Morbidity and Mortality Weekly Report Supplements*, 62(2), 1-35
- Chaplin, & Aldao, A. (2013). Gender Differences in Emotion Expression in Children: A Meta-Analytic Review. *Psychological Bulletin*, 139(4), 735–765.
<https://doi.org/10.1037/a0030737>
- Conn, P. (2008). Neuroscience in Medicine. In *Neuroscience in Medicine* (3. Aufl.). Humana Press.
- Cook, Fiat, A., Larson, M., Daikos, C., Slemrod, T., Holland, E. A., Thayer, A. J., & Renshaw, T. (2018). Positive Greetings at the Door: Evaluation of a Low-Cost, High-Yield Proactive Classroom Management Strategy. *Journal of Positive Behavior Interventions*, 20(3), 149–159. <https://doi.org/10.1177/1098300717753831>

Creswell, J., & Creswell, J. (2018). *Research design : qualitative, quantitative, and mixed methods approaches* (Fifth edition.). SAGE Publications, Inc.

Diener, E. (1999). Introduction to the special section on the structure of emotion. *Journal of Personality and Social Psychology*, 76 (5), 803-804. doi:10.1037/0022-3514.76.5.803

Diener, E. (2000) Subjective wellbeing: The science of happiness and a proposal for a national index. *American Psychologist*, 55, 34-43.

Diener, E., Sandvik, E., & Pavot, W. (2009). Happiness is the Frequency, Not the Intensity, of Positive Versus Negative Affect. *Assessing Well-Being Social Indicators Research Series*, 213-231. doi:10.1007/978-90-481-2354-4_10

Dirk van Dierendonck, Dario Díaz, Raquel Rodríguez-Carvajal, Amalio Blanco, & Bernardo Moreno-Jiménez. (2008). Ryff's Six-Factor Model of Psychological Well-Being, A Spanish Exploration. *Social Indicators Research*, 87(3), 473–479.
<https://doi.org/10.1007/s11205-007-9174-7>

Department of Education and Early Childhood Development. (2012). Strength-based approach: A guide to writing transition learning and development statements. Retrieved July 6, 2022, from <https://education.vic.gov.au/Documents/childhood/professionals /learning/strengthba ppr.docx>

Domitrovich, C., Cortes, R., & Greenberg, M., (2007). Improving young children's social and emotional competence: a randomized trial of the Preschool PATHS program. *Journal of Primary Prevention*, 28 (2), 67-91.

Durlak, J., & Mahoney, J. (2019, December). The Practical Benefits of an SEL Program. Retrieved October 06, 2020, from <https://casel.org/wp-content/uploads/2019/12/Practical-Benefits-of-SEL-Program.pdf>

Durlak, J., Weissberg, R., Dymnicki, A., Taylor, R., & Schellinger, K. (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>

Eanes, R. (2018, November 1). How to Create the Perfect Calm-Down Corner. Retrieved from <https://afineparent.com/positive-parenting-faq/calm-down-corner.html>.

Education. (n.d.). Retrieved March 10, 2021, from

<https://www.edu.gov.mb.ca/k12/schools/schooldiv.html>

Ekman, P., & Friesen, W. V. (1969). The Repertoire of Nonverbal Behavior: Categories, Origins, Usage, and Coding. *Nonverbal Communication, Interaction, and Gesture*.

doi:10.1515/9783110880021.57

Elder, L., & Paul, R. (2007). A critical thinker's guide to educational fads. Retrieved from

https://atom.curtin.edu.au/SAM_Ed_Fadsopt.pdf

Flock, L. (2019). *Four ways schools can support the whole child*. Retrieved from

https://greatergood.berkeley.edu/article/item/four_ways_schools_can_support_the_whole_child

Framework for student well-being (2015). Retrieved from

<https://www.ocdsb.ca/common/pages/DisplayFile.aspx?itemId=2594677>

Fredrickson, B. (2001). The role of positive emotions in positive psychology. The broaden-and-build theory of positive emotions. *The American Psychologist*, 56(3), 218–226.

<https://doi.org/10.1037//0003-066X.56.3.218>

Fredrickson, B., & Joiner T. (2002). Positive Emotions Trigger Upward Spirals toward Emotional Well-Being. *Psychological Science*, *13*(2), 172–175.

<https://doi.org/10.1111/1467-9280.00431>

Garner, & Waajid, B. (2012). Emotion Knowledge and Self-Regulation as Predictors of Preschoolers' Cognitive Ability, Classroom Behavior, and Social Competence. *Journal of Psychoeducational Assessment*, *30*(4), 330–343.

<https://doi.org/10.1177/0734282912449441>

Gay, J. (2018). Trauma and sensory interventions: a view from the occupational therapist's mat. Retrieved from <http://childhoodtrauma.org.au/2015/february/trauma-and-sensory-interventions>

Gordon, M. (2021). *How roots of empathy is supporting children in 2021-22*. Roots of Empathy. Retrieved July 11, 2022, from <https://rootsofempathy.org/how-roots-of-empathy-is-supporting-children-in-2021-22/>

Government of Manitoba. (n.d.). Student services - program and student services: Manitoba education. Retrieved from <https://www.edu.gov.mb.ca/k12/specedu/dhh/index.html>

Gray, & Garand, J. D. (1993). Social Stories: Improving Responses of Students with Autism with Accurate Social Information. *Focus on Autistic Behavior*, *8*(1), 1–10.

<https://doi.org/10.1177/108835769300800101>

Gregory, E. M., & Rutledge, P. B. (2016). Exploring positive psychology: the science of happiness and well-being. Retrieved from <http://ebookcentral.proquest.com>

Greenberg M., Domitrovich, C., & Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: current state of the field. *Prevention and Treatment*, *4*(1), 1-59.

- Greenberg, M. & Rhoades, B. (2008). *State-of-Science Review: Self Regulation and Executive Function- What Can Teachers and Schools Do?* London
- Greenberg, Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing School-Based Prevention and Youth Development Through Coordinated Social, Emotional, and Academic Learning. *The American Psychologist*, 58(6-7), 466–474. <https://doi.org/10.1037/0003-066X.58.6-7.466>
- Gross, J. (2014). *Handbook of emotion regulation* (Second Edition.). New York: The Guilford Press
- Gross, J., & Muñoz, R. (1995). Emotion Regulation and Mental Health. *Clinical Psychology (New York, N.Y.)*, 2(2), 151–164. <https://doi.org/10.1111/j.1468-2850.1995.tb00036.x>
- Hai, Franklin, C., Cole, A. H., Panisch, L. S., Yan, Y., & Jones, K. (2021). Impact of MindUP on elementary school students' classroom behaviors: A single-case design pilot study. *Children and Youth Services Review*, 125, 105981–. <https://doi.org/10.1016/j.childyouth.2021.105981>
- Hards, Loades, M. E., Higson-Sweeney, N., Shafran, R., Serafimova, T., Brigden, A., Reynolds, S., Crawley, E., Chatburn, E., Linney, C., McManus, M., & Borwick, C. (2022). Loneliness and mental health in children and adolescents with pre-existing mental health problems: A rapid systematic review. *British Journal of Clinical Psychology*, 61(2), 313–334. <https://doi.org/10.1111/bjc.12331>
- Herndon, Bailey, C. S., Shewark, E. A., Denham, S. A., & Bassett, H. H. (2013). Preschoolers' Emotion Expression and Regulation: Relations with School Adjustment. *The Journal of Genetic Psychology*, 174(6), 642–663. <https://doi.org/10.1080/00221325.2012.759525>

Inclusive Education and its Benefits. (n.d.). Retrieved March 14, 2021, from

<https://nbacl.nb.ca/module-pages/inclusive-education-and-its-benefits/>

Iqbal, & Tayyab, N. (2021). COVID-19 and children: The mental and physical reverberations of the pandemic. *Child : Care, Health & Development*, 47(1), 136–139.

<https://doi.org/10.1111/cch.12822>

Keyes, C. (1998). Social Well-Being. *Social Psychology Quarterly*, 61(2), 121-140. Retrieved June 10, 2020, from www.jstor.org/stable/2787065

Kontak, McIsaac, J.-L. D., Penney, T. L., Kuhle, S., & Kirk, S. F. L. (2017). The picture of health: examining school-based health environments through photographs. *Health Promotion International*, 32(2), 322–330. <https://doi.org/10.1093/heapro/daw027>

Kuypers, L. M., & Winner, M. G. (2019). *The zones of regulation: a curriculum designed to foster self-regulation and emotional control*. Santa Clara, CA: Think Social Publishing, Inc.

Maloney, Lawlor, M. S., Schonert-Reichl, K. A., & Whitehead, J. (2016). A Mindfulness-Based Social and Emotional Learning Curriculum for School-Aged Children: The MindUP Program. In *Handbook of Mindfulness in Education* (pp. 313–334). Springer New York. https://doi.org/10.1007/978-1-4939-3506-2_20

Manitoba Education. (2011). *Towards inclusion : supporting positive behaviour in Manitoba classrooms*.

Manitoba Education (2010). *Student-specific planning: A handbook for developing and implementing individual education plans (IEPs)*. Winnipeg, MB. Retrieved June 18, 2020 from, http://www.edu.gov.mb.ca/k12/spcedu/iep/pdf/planning/student_specific_planning.pdf.

- Manitoba Education and Early Childhood Learning (2022). *Standards for Appropriate Educational Programming in Manitoba*. Winnipeg, Manitoba. Retrieved August 21, 2022 from,
https://www.edu.gov.mb.ca/k12/specedu/aep/pdf/standards_for_student_services.pdf
- Manitoba Education, Citizenship and Youth (2006). *Appropriate Education Programming in Manitoba: Standards for Student Services*. Winnipeg, Manitoba.
- Manion, I., Short, K., & Ferguson, B. (2013). A Snapshot of School-Based Mental Health and Substance Abuse in Canada: Where We Are and Where It Leads Us. *Canadian Journal of School Psychology*, 28(1), 119–135. <https://doi.org/10.1177/0829573512468847>
- Mariani, & Silvestro, K. (2020). Making Choices to Resolve Conflict: An Evaluation of the Kelso’s Choice Program for Elementary Students. *Professional School Counseling*, 23(1), 2156759–. <https://doi.org/10.1177/2156759X20940665>
- McBride Pinheiro, B. (2019). Exploring the incredible 5-point scale: impact on target behaviors in preschool. <https://doi.org/10.23860/diss-mcbride-pinheiro-beth-2019>
- McMillan, J. H. (2004). *Educational research: Fundamentals for the consumer* (4th ed.). Boston, MA: Pearson Education, Inc.
- Meldrum, L., Venn, D., & Kutcher, S. (2008). Mental health in schools: how teachers have the power to make a difference. Sun-Life Financial, 3-5.
- Mitroff, D., & Boddum, M. (2013). *A Case Study Looking at Social Emotional Gains in the Early Years*. Kimochis. Retrieved from <https://kimochis-media-marketing.s3.us-east-2.amazonaws.com/FreeResources/Various/SEL-Case-Study-Early-Years.pdf>

- Murdock, H. (2001). Predictors of Cheating among Early Adolescents: Academic and Social Motivations. *Contemporary Educational Psychology, 26*(1), 96–115.
<https://doi.org/10.1006/ceps.2000.1046>
- National Healthy School Standard (2004) Promoting Children and Young People’s Participation through the National Healthy School Standard. London: Health Development Agency.
- Pauls, K. (2019, June 13). Suicide prevention curriculum gives students tools to thrive, not just survive | CBC News. Retrieved from <https://www.cbc.ca/news/canada/manitoba/suicide-prevention-manitoba-pilot-project-1.5167411>
- Payton, J., Weissberg, R., Durlak, A., Dymnicki, A., Taylor, R., Schellinger, K., & Pachan, M. (2008, December). The Positive Impact of Social and Emotional Learning for Kindergarten to Eighth-Grade Students. Retrieved from <https://www.casel.org/wp-content/uploads/2016/08/PDF-4-the-positive-impact-of-social-and-emotional-learning-for-kindergarten-to-eighth-grade-students-executive-summary.pdf>
- Phan, H., Ngu, B., Lin, R., Wang, H., Shih, J., & Shi, S. (2019). Predicting and enhancing students’ positive emotions: An empirical study from a Taiwanese sociocultural context. *Heliyon, 5*(10), e02550–. <https://doi.org/10.1016/j.heliyon.2019.e02550>
- Picard, C. (1990). Peer mediation training manual. Toronto, ON: Picard & Associates
- Robinson, M. & Eid, M. (2017). *The Happy Mind: Cognitive Contributions to Well-Being* (1st ed. 2017). Springer.
- Roffey, S. (2012). Pupil well-being-Teacher well-being: Two sides of the same coin? *Educational child psychology, 29*(4), 8-17.
- Rowan, N. (2018). *Kimochis: toys with feelings inside*.

- Ryff, C. D. & Singer, (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9, 13-39.
- Santos, R., Chartier, M., Whalen, J., Chateau, D., & Boyd, L. (2011). Effectiveness of school-based violence prevention for children and youth: a research report. *Healthcare Quarterly (Toronto, Ont.)*, 14 Spec No 2, 80–91.
- Scherz, R. (2016). In the zone: Emotion regulation in the classroom. Retrieved from <https://www.socialpublishersfoundation.org/knowledge-base/in-thezone-emotion-regulation-in-the-classroom/>
- School Mental Health Ontario (2021). About student mental health. Retrieved March 11, 2021, from <https://smho-smso.ca/about-student-mental-health/>
- School Mental Health Ontario (2022). Mentally healthy schools and classrooms. Retrieved May 21, 2022, from <https://smho-smso.ca/educators/learn-more/explore-by-topic/mentally-healthy-classrooms/>
- Seifert, T. A. (2005). The Ryff scales of psychological well-being. Assessment Notes
- Shanker, S. (2021). Self-Regulation: 5 Domains of Self-Reg. Retrieved from https://self-reg.ca/wp-content/uploads/2021/05/infosheet_5-Domains-of-Self-Reg.pdf
- Shanker, S. (2017). Self-Regulation: Science Backgrounder. Retrieved from https://self-reg.ca/wp-content/uploads/2020/06/Infosheet_Science_Backgrounder.pdf
- Shanker, S. (2010). Self-Regulation: Calm, Alert, and Learning. *Education Canada*, 50(3).
- Shek, D., Yu, L., Wu, F., Zhu, X., & Chan, K. (2017). A 4-year Longitudinal Study of Well-being of Chinese University Students in Hong Kong. *Applied Research in Quality of Life*, 12(4), 867–884. <https://doi.org/10.1007/s11482-016-9493-4>
- Simon Baron-Cohen. (2008). Autism and Asperger Syndrome. OUP Oxford.

- Staff, F. E. (2020, June 23). Mental Health: Keeping Your Emotional Health. Retrieved from <https://familydoctor.org/mental-health-keeping-your-emotional-health/>
- Stephan, Weist, M., Kataoka, S., Adelsheim, S., & Mills, C. (2007). Transformation of Children's Mental Health Services: The Role of School Mental Health. *Psychiatric Services (Washington, D.C.)*, 58(10), 1330–1338. <https://doi.org/10.1176/ps.2007.58.10.1330>
- Stephenson, & Carter. (2011). Use of Multisensory Environments in Schools for Students with Severe Disabilities: Perceptions from Schools. *Education and Training in Autism and Developmental Disabilities*, 46(2), 276–290.
- Stewart, D., Sun, J., Patterson, C., Lemerle, K., & Hardie, M. (2004). Promoting and Building Resilience in Primary School Communities: Evidence from a Comprehensive “Health Promoting School” Approach. *International Journal of Mental Health Promotion*, 6(3), 26–33. <https://doi.org/10.1080/14623730.2004.9721936>
- Stewart, R. M., Benner, G. J., Martella, R. C., & Marchand-Martella, N. E. (2007). Three-Tier Models of Reading and Behavior: A Research Review. *Journal of Positive Behavior Interventions*, 9(4), 239–253. <https://doi.org/10.1177/10983007070090040601>
- Storey, Montemurro, Schwartz, Farmer, & Veugelers. (2015). Preparing School Health Facilitators: Building Competence and Confidence for a New Role. *PHENex Journal*, 7(2).
- Swaggart, Gagnon, E., Bock, S. J., Earles, T. L., Quinn, C., Myles, B. S., & Simpson, R. L. (1995). Using Social Stories to Teach Social and Behavioral Skills to Children with Autism. *Focus on Autistic Behavior*, 10(1), 1–16. <https://doi.org/10.1177/108835769501000101>

- The Autism Shelf. (The Incredible 5-Point Scale: The Significantly Improved and Expanded Second Edition)(Brief article)(Book review). (2012, October 1). *Internet Bookwatch*.<http://search.proquest.com/docview/1221255697/>
- Thierry, K. L., Bryant, H. L., Nobles, S. S., & Norris, K. S. (2016). Two-year impact of a mindfulness-based program on preschoolers' self-regulation and academic performance. *Early Education and Development, 27*(6), 805-821.
- Vaillancourt, T., McDougall, P., Comeau, J., & Finn, C. (2021). COVID-19 school closures and social isolation in children and youth: prioritizing relationships in education. *FACETS, 6*(1), 1795-1813. <https://doi.org/10.1139/facets-2021-0080>
- van Roekel, E., Heininga, V., Vrijen, C., Snippe, E., & Oldehinkel, A. (2019). Reciprocal associations between positive emotions and motivation in daily life: Network analyses in anhedonic individuals and healthy controls. *Emotion, 19*(2), 292–300. <https://doi.org/10.1037/emo0000424>
- Walz, E. (2011). *Do we really need to “get back to the green zone”?* we think not. The zones of regulation. Retrieved July 6, 2022, from https://www.zonesofregulation.com/uploads/3/4/1/7/34178767/do_we_really_need_to_get_back_to_the_green_zone_article.pdf
- Wang. (2003). Emotion situation knowledge in American and Chinese preschool children and adults. *Cognition and Emotion, 17*(5), 725–746. <https://doi.org/10.1080/02699930302285>
- Watson, D., Clark, L., & Tellegen, A. (1988). Development and Validation of Brief Measures of Positive and Negative Affect: The PANAS Scales. *Journal of Personality and Social Psychology, 54*(6), 1063–1070. <https://doi.org/10.1037/0022-3514.54.6.1063>

- Wehmeyer, M. L. (2019). *Strength-based Approaches to Educating All Learners with Disabilities : Beyond Special Education*. Teachers College Press.
- WHO (2014). *Health for the World's Adolescents*. Geneva: World Health Organization.
- Winner, M. G., Crooke, P., & Ebbeler, J. (2020). *You are a social detective!: Explaining social thinking to kids*. Think Social Publishing.
- World Health Organization (WHO). (1997). Promoting health through schools. Report of a WHO expert committee on comprehensive school health education and promotion. *World Health Organization Technical Report Services*, 870(i-vi), 1-93.
- Zeng, Corr, C. P., O'Grady, C., & Guan, Y. (2019). Adverse childhood experiences and preschool suspension expulsion: A population study. *Child Abuse & Neglect*, 97, 104149–104149. <https://doi.org/10.1016/j.chiabu.2019.104149>

Appendix A: Letter to Superintendent of School Division**University
of Manitoba****Faculty of Education**

Educational Administration, Foundations &
Psychology
224 Dysart Rd
Winnipeg, Manitoba
Canada R3T 2N2
T: 204 474 9004
F: 204 474 7551
education@umanitoba.ca

Letter to Assistant Superintendent of School Division A

Name withheld

Superintendent of School

School Division

Winnipeg, MB

March 16, 2021

Dear:

I am a graduate student at the University of Manitoba in the Faculty of Education (Inclusive Education). For my thesis research, I am interested in using qualitative research methods to explore grades 3-6 educators' (i.e. teachers, occupational therapists, principals, social workers, clinicians etc.) perceptions of promoting well-being practices and programs for including all students with self-regulation and social and emotional needs.

There is a substantial percentage in the school age range who suffer from some form of mental health disorder. A troubling finding is that only twenty percent of individuals who suffer from a mental health disorder actually receive adequate support. The role of schools has been regarded as an important environment for promoting the well-being of children. Ultimately, I hope that my research can someday be used to improve teaching and learning in classrooms.

I am writing to you at this time to request your help in my study. With your permission, I would like you to ask the Principals of your grade 3-6 schools to invite educators to participate in my small study (please see enclosed letter). Educators who are interested in participating will contact me directly to make the arrangements.

Potential participants for the study (i.e., Grade 3-6 educators) will be invited by the principal to participate in the study. They will be given a letter outlining the nature of the study, and will contact the researcher if interested.

All participation is voluntary, and participants may opt out at any time. Everyone volunteering in the study has the right to withdraw at any time without consequence. If educators wish to withdraw from the study, they can inform me by my email (umpomerb@myumanitoba.ca), or phone ([REDACTED]), or in person.

Interviews with the educators will be arranged at a convenient time for them and they will be free to disregard any questions or withdraw from the interview at any time. I have attached the

interview questions. Although the identities of the participants will be known to me at the time of the interviews, this information will be kept strictly confidential. The interviews will be recorded, and detailed written notes will be kept to record their ideas and responses. Only my academic advisor and myself will have access to these documents. The written documents will be stored in a locked office at all times to ensure confidentiality of the information. All recordings and notes will be destroyed (shredded) at the conclusion of the study. Any written notes will not include the participants' names or identifying information about the school. Participants will receive a \$10 gift Starbucks gift card.

If you would like more information or clarification of any of these points please contact me, Breanne Pomeroy, at (██████████) (home), or umpomerb@myumanitoba.ca, or my thesis advisor, Dr. Rick Freeze, at (204) 474-6904 or Rick.Freeze@umanitoba.ca.

All participants in this study can receive a summary of its findings from the researcher, if they would like, by emailing me at umpomerb@myumanitoba.ca, or phoning me at ██████████.

This research has been approved by UM Fort Garry Research Ethics Board 2 (REB 2). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics at 204-474-7122.

Please find attached a proposal letter and consent letter, which I will require your signature to proceed. Please don't hesitate to let me know if you have any questions.

Sincerely,

Breanne Pomeroy,
University of Manitoba Masters Student

Appendix B: Consent Letter for Superintendent



University
of Manitoba

Faculty of Education

Educational Administration, Foundations &
Psychology
224 Dysart Rd
Winnipeg, Manitoba
Canada R3T 2N2
T: 204 474 9004
F: 204 474 7551
education@umanitoba.ca

Research Project Title: Promoting Mental Well-Being: Educators' Perceptions of Mental Well-Being Practices and Programs for Including all Students.

Researcher: Mrs. Breanne Pomeroy (Graduate Student: umpomerb@myumanitoba.ca)

Advisor: Dr. Rick Freeze (Rick.Freeze@umanitoba.ca)

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 a 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.

I am a graduate student at the University of Manitoba in the Faculty of Education (Inclusive Education). I am very interested in using qualitative research methods to explore grades 3-6 educator's (i.e. teachers, occupational therapists, principals, social workers, clinicians etc.) perceptions of promoting well-being programs and practices for including all students with self-regulation and social and emotional needs.

The study has been approved by UM Fort Garry Research Ethics Board 2 (REB 2).

I agree to allow educators to participate in the study, Promoting Mental Well-Being: Educators' Perceptions of Mental Well-Being Practices and Programs for Including all Students.

I understand that participation will involve:

- 1 semi-structured interview for approximately 60-90 minutes.
 - A copy of the transcribed interview will be provided one week after the interview to the participant to read and edit. I anticipate that this will take about 15-30 minutes. If after ten days from sending the transcript, I do not hear back from participants, I will assume that they are satisfied and have no discrepancies with the transcripts.
- I understand that all identifiers will be removed. Names will not be identified in any report or presentation that may arise from the study.
 - I understand that I am not in a position of power or authority and that no inducement will be given for participation.

- I understand that the findings of this study may be presented to academic audiences (including workshops and conference presentations, reports, M. Ed thesis, to inform my Ph.D., referred/non-referred journal articles).
- I understand that there are no repercussions for (non-) participation.
- Participants will receive a \$10 gift Starbucks gift card.
- In the event of allegations of abuse of children or persons in care is discovered the allegations will be reported to the appropriate legal authorities.
- I understand that the University of Manitoba may look at the research records to see that the research is being done in a safe and proper way.
- I understand that interview transcripts will be available only to the researcher, advisor (Dr. Rick Freeze) and participant to edit. Pseudonyms will be used for participants in all written records generated by the research, and consent forms will be housed in a separate location from the data, from which all identifiers will be removed as soon as the interview is transcribed. Data will be stored in an office on a password-protected computer, and relevant project forms will be stored in a locked safety box accessible only to the researcher. All data from the project will be destroyed within 5 years of study completion (June, 2026).
- I understand that a summary of the findings of the study will be sent to me via email or mail within two months of the conclusion of the project. The University of Manitoba may look at my research records to ensure that this study was conducted in a safe and proper way.

Your signature on this form indicates that you have understood to your satisfaction the information regarding educators' participation in the research project.

Superintendents Signature: _____

Researcher Signature: _____

Date: _____

If you have any concerns or complaints about this project you may contact Mrs. Breanne Pomeroy at umpomerb@myumanitoba.ca , Dr. Rick Freeze at Rick.Freeze@umanitoba.ca or the Human Ethics Coordinator at humanethics@umanitoba.ca .

Sincerely,

Breanne Pomeroy umpomerb@myumanitoba.ca

Appendix C: Letter to Administrator**University
of Manitoba****Faculty of Education**

Educational Administration, Foundations &
Psychology
224 Dysart Rd
Winnipeg, Manitoba
Canada R3T 2N2
T: 204 474 9004
F: 204 474 7551
education@umanitoba.ca

Date

Dear (Principal);

I am a graduate student at the University of Manitoba in the Faculty of Education (Inclusive Education). I am very interested in exploring using qualitative research methods grades 3-6 educator's (i.e. teachers, occupational therapists, principals, social workers, clinicians etc.) perceptions of promoting well-being programs and practices for including all students with self-regulation and social and emotional needs.

There is a substantial percentage in the school age range who suffer from some form of mental health disorder. A troubling finding is that only twenty percent of individuals who suffer from a mental health disorder actually receive adequate support. The role of schools has been regarded as an important environment for promoting the well-being of children. Ultimately, I hope that my research can someday be used to improve teaching and learning in classrooms.

I am writing to you at this time to request your help in my study. With your permission, I will be asking you to invite grade 3-6 educators to participate in my small study. They will be given a letter outlining the nature of the study and will contact the researcher directly if interested. Participation in the study is optional, and this will be made clear to all personnel. Educators that contact the researcher will be required to give written consent prior to the commencement of the study.

All participation is voluntary, and participants may opt out at any time. Everyone volunteering in the study has the right to withdraw at any time without consequence. If educators wish to withdraw from the study, they can inform me by my email (umpomberb@myumanitoba.ca), or phone ([REDACTED]), or in person. Data may not be removed once data collection is completed and data analysis has begun after December, 2021.

Interviews with the educators will be arranged at a convenient time and they will be free to disregard any questions or withdraw from the interview at any time. The interview questions are attached. Although the identities of the participants will be known to me at the time of the interviews, this information will be kept strictly confidential. The interviews will be recorded, and detailed written notes will be kept to record their ideas and responses. Only my academic advisor and myself will have access to these documents. The written documents will be stored in a locked office at all times to ensure confidentiality of the information. All recordings and notes will be destroyed (shredded) at the conclusion of the study. Any written notes will not include

the participants' names or identifying information about the school. Participants will receive a \$10 gift Starbucks gift card.

If you would like more information or clarification of any of these points please contact me, Breanne Pomeroy, at [REDACTED] (home), or umpomerb@myumanitoba.ca, or my thesis advisor, Dr. Rick Freeze, at (204) 474-6904 or Rick.Freeze@umanitoba.ca.

All participants in this study can receive a summary of its findings from the researcher, if they would like, by emailing me at umpomerb@myumanitoba.ca, or phoning me at [REDACTED].

This research has been approved by UM Fort Garry Research Ethics Board 2 (REB 2). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics at 204-474-7122.

Please find attached a participant proposal letter and consent letter, which I will ask you to distribute.

Thank you for your consideration of this request.

Sincerely,

Breanne Pomeroy
University of Manitoba Masters Student

Appendix D: Recruitment Scripts for Potential Participants



University
of Manitoba

Faculty of Education

Educational Administration, Foundations &
Psychology
224 Dysart Rd
Winnipeg, Manitoba
Canada R3T 2N2
T: 204 474 9004
F: 204 474 7551
education@umanitoba.ca

To Whom It May Concern

My name is Breanne Pomeroy (Graduate Student) and I am conducting a research project for my Master's Thesis in Inclusive Education. My study will examine grade 3-6 educators' (i.e. teachers, occupational therapists, principals, social workers, clinicians etc.) perceptions of promoting well-being programs and practices for including all students with self-regulation and social and emotional needs.

There is a substantial percentage in the school age range who suffer from some form of mental health disorder. A troubling finding is that only twenty percent of individuals who suffer from a mental health disorder actually receive adequate support. The role of schools has been regarded as an important environment for promoting the well-being of children. Ultimately, I hope that my research can someday be used to improve teaching and learning in classrooms. I hope this project will help shed light on this emerging area in education in Manitoba.

This research project will consist of a semi-structured interview with grade 3-6 educators who use well-being programs and practices. Experience as an educator with grades 3 – 6 along with having personal experience with the implementation of programs such as Roots of Empathy or Zones of Regulation or similar intended to promote student well-being is required. It will take approximately 60 minutes to 90 minutes in length and will be conducted over a digital platform. The interview will focus on well-being programs and practices and the educators' perceptions surrounding the use, benefits, and shortfalls of well-being programs and practices. You will have an opportunity to review their transcript of their interview. At that time, you can make changes, edit, and provide explanations to a thought/topic within the transcript.

All participation is voluntary and everyone volunteering in the study has the right to withdraw. If you wish to withdraw from the study, you can inform me by my email (umpomerb@myumanitoba.ca), or phone ([REDACTED]), or in person. Data may not be removed once data collection is completed and data analysis has begun after December 2021.

Interviews will be arranged at a convenient time and you will be free to disregard any questions or withdraw from the interview at any time. You will receive a \$10 gift Starbucks gift card.

This project will help shed light on this vital area in Manitoba education. The study has been approved by UM Fort Garry Research Ethics Board 2 (REB 2). If you are interested, please

email or call me at the address/phone number below. Please find attached a consent letter, which I will require your signature to proceed.

Please don't hesitate to let me know if you have any questions. If you are interested, please email umpomer@myumanitoba.ca or call me at [REDACTED].

Sincerely,

Breanne Pomeroy
umpomerb@myumanitoba.ca

If you have any concerns or complaints about this project you may contact Mrs. Breanne Pomeroy at umpomerb@myumanitoba.ca , Dr. Rick Freeze (advisor) at Rick.Freeze@umanitoba.ca or the Human Ethics Coordinator at humanethics@umanitoba.ca

Appendix E: Consent for Participants



University
of Manitoba

Faculty of Education

Educational Administration, Foundations &
Psychology
224 Dysart Rd
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Canada R3T 2N2
T: 204 474 9004
F: 204 474 7551
education@umanitoba.ca

Research Project Title: Promoting Mental Well-Being: Educators' Perceptions of Mental Well-Being Practices and Programs for Including all Students.

Researcher: Mrs. Breanne Pomeroy (Graduate Student: [REDACTED])

Advisor: Dr. Rick Freeze (Rick.Freeze@umanitoba.ca)

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.

The principal researcher, Breanne Pomeroy is a graduate student at the University of Manitoba in the Faculty of Education (Inclusive Education). Breanne is very interested in using qualitative research methods to explore grades 3-6 educator's (i.e. teachers, occupational therapists, principals, social workers, clinicians etc.) perceptions of promoting well-being programs and practices for including all students with self-regulation and social and emotional needs.

The study has been approved by the Fort Garry Research Ethics Board 2

I agree to take part in the study, Promoting Mental Well-Being: Educators' Perceptions of Mental Well-Being Practices and Programs for Including all Students.

I understand that participation will involve:

- 1 semi-structured interview for approximately 60-90 minutes.
 - A copy of the transcribed interview will be provided to you one week after the interview for you to read and edit. It is anticipated that this will take about 15-30 minutes. If after ten days from sending the transcript, the principal researcher does not hear back from you, it will be assumed that you are satisfied and have no discrepancies with the transcript.
- I understand that all identifiers will be removed. Names will not be identified in any report or presentation that may arise from the study.

- I understand that the principal researcher is not in a position of power or authority and that no inducement will be given for participation.
- I understand that the findings of this study may be presented to academic audiences (including workshops and conference presentations, reports, M. Ed thesis, to inform my Ph.D., referred/non-referred journal articles).
- I understand that there are no repercussions for (non-) participation.
- All participation is voluntary and everyone volunteering in the study has the right to withdraw. If educators wish to withdraw from the study, they can inform the principal investigator, Breanne Pomeroy by my email (umpomerb@myumanitoba.ca), or phone (██████████), or in person. Data may not be removed once data collection is completed and data analysis has begun after December 2021.
- Interviews with educators will be arranged at a convenient time and you will be free to disregard any questions or withdraw from the interview at any time.
- Direct quotations may be used in the dissemination of the research
- Participants will receive a \$10 gift Starbucks gift card.
- In the event of allegations of abuse of children or persons in care is discovered the allegations will be reported to the appropriate legal authorities.
- I understand that the University of Manitoba may look at the research records to see that the research is being done in a safe and proper way.
 - I understand that interview transcripts will be available only to the researcher, advisor (Dr. Rick Freeze) and the participant to edit. Principals and Superintendents will not have knowledge about who chooses to participate. Pseudonyms will be used for participants in all written records generated by the research, and consent forms will be housed in a separate location from the data, from which all identifiers will be removed as soon as the interview is transcribed. Data will be stored on Microsoft Teams or SharePoint and relevant project forms will be stored in a locked safety box accessible only to the researcher. All data from the project will be destroyed within 5 years of study completion (June, 2026).
 - I understand that a summary of the findings of the study will be sent to you via email or in-person within two months of the data collection phase of the project. The University of Manitoba may look at my research records to ensure that this study was conducted in a safe and proper way.

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 Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Officer at 204-474-7122 or HumanEthics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____

Researcher Signature: _____ Date: _____

Sincerely Breanne Pomeroy umpomerb@myumanitoba.ca

Appendix F: Interview Questions



University
of Manitoba

Faculty of Education

Educational Administration, Foundations &
Psychology
224 Dysart Rd
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Canada R3T 2N2
T: 204 474 9004
F: 204 474 7551
education@umanitoba.ca

1. Please describe your work history as an educator and your current role. (How many years teaching experience, male or female, highest degree attained, what kind of schools have you worked in, how big is your school, do you teach in early years/middle years, English as an additional language population, Indigenous population...)
2. How would you describe your role in supporting students with special needs? (Who do you work with, who are you collaborating with, are you on your own, co-teaching, resource, counsellor, clinicians...)
3. Please describe how you have seen the promotion of student well-being in schools? (Informal/formal, walking school bus, breakfast program, mentoring, conflict managers, friendship groups, tier 1,2,3 initiatives.) Who promotes, oversees, and/or teaches these?
4. Please describe the programs you have used to promote student well-being that you feel work to meet the diverse learning needs of students? (Do you use programs such as Zones of Regulation, Roots of Empathy, Mind-Up, Thrival kits, Speak up...) (Can you tell me about them, describe in detail how you use those programs, when do you use those programs...)
5. Please describe for me the similarities you have seen amongst various school programs/models that are used to support students with diverse well-being and learning needs.
6. Please describe for me the differences you have seen amongst various school programs/models that are used to support students with diverse well-being and learning needs.

7. Can you describe the behavioral indicators of the students who you believed would benefit from well-being programs? What behaviours were you observing, how many students, how often,?
8. Who benefitted from the programs you used (was it the students who you were targeting)? How did students benefit from the programs you used? How do you know they benefited?
9. What role does inclusion play in student well-being? (Are students in the same class but isolated, do they have friends, purpose, value)
10. What inclusive strategies are employed in your classroom in regards to student wellbeing programs?
11. Have you taken any courses, had professional development or training to implement programs/practices such as Zones of Regulation or similar?
12. What resources and support have you received from your school and school division to assist with the implementation? Can you talk about the support from the school/division leadership in the implementation of the programs? Is it valued by the leadership?
13. Have you taken any courses or professional development in inclusive education? What did you learn that you have applied into your practice?
14. Have you taken any courses or professional development in student well-being? If so, What did you learn that you have applied into your practice?
15. What models/approaches are you familiar with in regards to how schools support students with diverse learning needs?
16. What are the positive impacts of these programs, models, and approaches with students who also have social, emotional and/or regulatory challenges? Why do you find it effective?

17. What are the challenges of these programs, models, and approaches with students who also have social, emotional and/or regulatory challenges? How do you find the time to fit

it in?

18. Is there anything else that you would like to add?

Appendix G: Interview Question Guide and Prompts



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Remind participants: You have the right to refuse to answer any question that I ask, to take a pause if you need it and end the interview at any time. Please refrain from talking about third parties in any way that could make them directly or indirectly identifiable. For example, please do not discuss specific students as an example to your answers.

1. Please describe your work history as an educator and your current role. (How many years teaching experience, male or female, highest degree attained, what kind of schools have you worked in, how big is your school, do you teach in early years/middle years, English as an additional language population, Indigenous population...)
2. How would you describe your role in supporting students with special needs? (Who do you work with, who are you collaborating with, are you on your own, co-teaching, resource, counsellor, clinicians...)
3. Please describe how you have seen the promotion of student well-being in schools? (Informal/formal, walking school bus, breakfast program, mentoring, conflict managers, friendship groups, tier 1,2,3 initiatives.) Who promotes, oversees, and/or teaches these? (If they ask what tier 1,2,3 initiatives are explain: tier 1 is the promotion of well-being for all students. Universal strategies are used to promote positive well-being for all students, including students with and without mental health challenges. At tier 2, targeted interventions are taught to students at-risk of developing mental health problems.

Generally, tier 2 uses a small group set-up that teaches specific skills for more significant or diagnosed conditions. Mental health professionals such as school social workers, psychologists, and psychological associates may partner with schools to deliver preventive interventions. At tier 3, more intensive individual intervention and support is involved. Teachers and other school staff assist in identifying students who require additional supports that go above what is achieved through tier 1 and tier 2. Tier 3 support helps students and their families access additional help. Supports may be offered within a community or healthcare setting. Teachers, along with other staff, work together with supports that are offered within the community and/or healthcare setting.)

What kind of whole school approaches have you seen where instruction can be woven into daily school routines?

What kind of social emotional approaches where it helps students figure out the different emotions they feel?

Strength base approaches where you lead with the positive and support differences?

4. Please describe the programs you have used to promote student well-being that you feel work to meet the diverse learning needs of students? (Do you use programs such as Zones of Regulation, Roots of Empathy, Mind-Up, Thrival kits, Speak up...) (Can you tell me about them, describe in detail how you use those programs, when do you use those programs...)

5. Please describe for me the similarities you have seen amongst various school programs/models that are used to support students with diverse well-being and learning needs.

6. Please describe for me the differences you have seen amongst various school programs/models that are used to support students with diverse well-being and learning needs.
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9. What role does inclusion play in student well-being? (Are students in the same class but isolated, do they have friends, purpose, value)
10. What inclusive strategies are employed in your classroom in regards to student well-being programs?
11. Have you taken any courses, had professional development or training to implement programs/practices such as Zones of Regulation or similar?
12. What resources and support have you received from your school and school division to assist with the implementation? Can you talk about the support from the school/division leadership in the implementation of the programs? Is it valued by the leadership?
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14. Have you taken any courses or professional development in student well-being? If so, What did you learn that you have applied into your practice?

15. What models/approaches are you familiar with in regards to how schools support students with diverse learning needs?
16. What are the positive impacts of these programs, models, and approaches with students who also have social, emotional and/or regulatory challenges? Why do you find it effective?
17. What are the challenges of these programs, models, and approaches with students who also have social, emotional and/or regulatory challenges? How do you find the time to fit it in?
18. Is there anything else that you would like to add

Appendix H: Approval



University of Manitoba | Research Ethics and Compliance

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PROTOCOL APPROVAL

Effective: December 7, 2021

Expiry: December 6, 2022

Principal Investigator: Breanne Pomeroy
Advisor: Rick Freeze
Protocol Number: HE2021-0079
Protocol Title: *PROMOTING MENTAL WELL-BEING: EDUCATORS' PERCEPTIONS OF MENTAL WELL-BEING PRACTICES AND PROGRAMS FOR INCLUDING ALL STUDENTS*

Julia Witt, Acting Chair, REB2

Research Ethics Board 2 has reviewed and approved the above research. The Human Ethics Office (HEO) 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 the protocol only.
- ii. Any changes to the protocol or research materials must be approved by the HEO before implementation.
- iii. Any deviations to the research or adverse events must be reported to the HEO immediately through an REB Event.
- iv. This approval is valid for one year only. A Renewal Request must be submitted and approved prior to the above expiry date.
- v. A Protocol Closure must be submitted to the HEO when the research is complete or if the research is terminated.
- vi. The University of Manitoba may request to audit your research documentation to confirm compliance with this approved protocol, and with the UM *Ethics of Research Involving Humans*[Ethics of Research Involving Humans](#) policies and procedures.