University of Windsor
Scholarship at UWindsor

Electronic Theses and Dissertations | Theses, Dissertations, and Major Papers

10-30-2020

Mental Health Literacy and Self-Efficacy of Pre-Service Teachers in Ontario

Mackenzie Tourigny-Conroy
University of Windsor

Follow this and additional works at: https://scholar.uwindsor.ca/etd

Recommended Citation

Tourigny-Conroy, Mackenzie, "Mental Health Literacy and Self-Efficacy of Pre-Service Teachers in Ontario" (2020). *Electronic Theses and Dissertations*. 8484.
https://scholar.uwindsor.ca/etd/8484

This online database contains the full-text of PhD dissertations and Masters' theses of University of Windsor students from 1954 forward. These documents are made available for personal study and research purposes only, in accordance with the Canadian Copyright Act and the Creative Commons license—CC BY-NC-ND (Attribution, Non-Commercial, No Derivative Works). Under this license, works must always be attributed to the copyright holder (original author), cannot be used for any commercial purposes, and may not be altered. Any other use would require the permission of the copyright holder. Students may inquire about withdrawing their dissertation and/or thesis from this database. For additional inquiries, please contact the repository administrator via email (scholarship@uwindsor.ca) or by telephone at 519-253-3000ext. 3208.

Mental Health Literacy and Self-Efficacy of Pre-Service Teachers in Ontario

By

Mackenzie Tourigny-Conroy

A Thesis

Submitted to the Faculty of Graduate Studies

through the Faculty of Education

in Partial Fulfillment of the Requirements for

the Degree of Master of Education

at the University of Windsor

Windsor, Ontario, Canada

2020

© 2020 Mackenzie Tourigny-Conroy

Mental Health Literacy and Self-Efficacy of Pre-Service Teachers in Ontario

by

Mackenzie Tourigny-Conroy

APPROVED BY:

_____

S. Towson

Department of Psychology

_____

C. Smith

Faculty of Education

_____

G. Salinitri, Advisor

Faculty of Education

August 27, 2020

DECLARATION OF ORIGINALITY

I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication.

I certify that, to the best of my knowledge, my thesis does not infringe upon anyone's copyright nor violate any proprietary rights and that any ideas, techniques, quotations, or any other material from the work of other people included in my thesis, published or otherwise, are fully acknowledged in accordance with the standard referencing practices. Furthermore, to the extent that I have included copyrighted material that surpasses the bounds of fair dealing within the meaning of the Canada Copyright Act, I certify that I have obtained a written permission from the copyright owner(s) to include such material(s) in my thesis and have added copies of such copyright clearances to my appendix.

I declare that this is a true copy of my thesis, including any final revisions, as approved by my thesis committee and the Graduate Studies office and that this thesis has not been submitted for a higher degree to any other University or Institution.

ABSTRACT

According to the Canadian Mental Health Association ([CMHA], 2014), approximately 10 - 20% of all students have a mental illness, while only one in five of these students will receive proper support and services. To examine the mental health literacy and self-efficacy of pre-service teachers, I posed the following research questions: (1) How literate are pre-service teachers in the field of mental health? (2) How confident are pre-service teachers in their abilities to support and manage mental health in the classroom? An explanatory mixed methods sequential design was used with the Mental Health Literacy and Capacity Survey for Educators as well as individual interviews. It was found that pre-service teachers have varying levels of knowledge regarding mental illness as it encompasses such a wide range of disorders. Also, teachers' overall confidence in their abilities to support a student with mental health issues was relatively low. Going forward, it was evident that there is both a need and want for increased support for pre-service teachers in the form of direct training.

Keywords: Teacher Education, Mental Health Literacy, Pre-service Teachers, Efficacy

To my mother,

without your love and support, none of this would be possible.

ACKNOWLEDGEMENTS

To Dr. Geri Salinitri, my advisor, supervisor, and mentor, I thank you for your many years of support. You have always encouraged me to push myself academically and guided me through my academic career.

To my graduate committee members, thank you for your time dedicated to helping me complete my thesis. Dr. Clayton Smith, thank you for helping me build the foundation of my thesis and for providing me with feedback and ideas. Thank you to Dr. Shelagh Towson for agreeing to commit time to read my thesis and serve on my committee.

To my study participants, thank you for kindly taking the time to participate. Your participation can help future pre-service teachers in the same place you are.

To my mom and Larry, thank you for all your love and support throughout this process. You have always pushed me to step outside my comfort zone and pursue great things. Without the two of you, none of this would be possible, so I thank you for believing in me and helping my dreams become a reality.

To my sister, Megan, thank you for always showing me that anything is possible. You have always been an inspiration and taught me that I could do anything if I work hard enough.

To Matthew, thank you for all your love and encouragement through the completion of my thesis. This has been a long process, and you have been so understanding of the work and time commitment required to succeed.

To my friends and family, thank you for all the kindness and support you have shown me throughout this process.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF APPENDICES

Chapter 1: Introduction

Background

According to the Canadian Mental Health Association ([CMHAd], 2014), 10-20 percent of students have some level of mental illness or disorder. Furthermore, the CMHA states that suicide accounts for 24 percent of deaths in adolescents to the middle age. After looking at these statistics, it is evident that there is a need for mental health awareness and intervention. However, the CMHA states that even though receiving help for mental illness can significantly increase a person's daily life expectancy?, only one in five children will receive needed services. There is still a stigma surrounding the term mental illness, which is preventing adolescents from seeking the help they need to ensure they can be successful.

As the prevalence of mental illness rises but not necessarily intervention, it is essential to look at what is being done within the classroom to help. Meldrum et al. (2009) stress the importance of students' emotional well-being and barriers that poor mental health can produce on their education. Teacher education programs need to begin looking at whether or not they are sufficiently educating pre-service teachers in the area of social and emotional well-being as the incidence of mental health problems is increasing in the classroom. This research set out to find what level of knowledge pre-service teachers have after one year of experience and where this knowledge is being acquired. Furthermore, it looks at how confident pre-service teachers feel about their capabilities in supporting mental health.

The social aspects of school have been looked at previously; however, the focus has been on bullying and school climate. There is a wealth of research looking at the effectiveness of programs and whole-school approaches to minimizing bullying within the school, as this is much easier to define and recognize. Scott et al. (2014) looked at interventions that focus on reducing

bullying as a means of preventing mental illness and other negative impacts. They note that while the prevalence and effects of bullying have been widely researched, there are discrepancies in how researchers defined and analyzed the results making it difficult to understand the topic on a larger scale. Furthermore, as social media and technologies increase, they also pose a problem in studying the impact of bullying as cyberbullying is much more difficult to define, identify, and ultimately intervene. (Beltran-Catalan et al., 2018; Connolly et al., 2014)

Thus far, the purpose of focusing on bullying was to stop it before it escalated to the point of mental illness as it is a risk factor. Recent studies have found that despite anti-bullying initiatives?, mental illness is still just as prevalent; therefore, we are past the point of intervention, and it is now time for recovery (Gandhi et al., 2016). Bullying may play a role in developing mental illness, but it is not the only precursor, so it should not be looked at alone as a solution for preventing mental illness. Scott et al. (2014) state that "a complex array of biopsychosocial factors confer varying degrees of risk of mental illness." (p.1) It is also unrealistic to believe that bullying will ever be gone entirely, so regardless of the findings, it is important to look at the long-term effects and providing support here.

The role that teachers play in students' lives has increased vastly as it no longer consists of simply educating the student in the fields of Math, English, and Science. Graham et al. (2011) found that teachers are struggling with a growing list of responsibilities. Even though they may feel as though they are well-equipped to enter a classroom and cope with students' mental health issues, teachers will often resort to outside help as they do not see themselves as having a significant role in this department. How teachers perceive mental health is noticed by students and affects the student's responses in problematic situations. It is important for teachers to feel entirely comfortable in the field and recognize the significant role that they play.

Significance

As Faculties of Education in Ontario have recently transitioned the Bachelor of Education program into a two-year degree, any previous research needs to be repeated to determine whether the results are the same. Crooks et al. (2017) looked at the moral disengagement of pre-service teachers and how a course was able to affect these levels. It was found that an increase in knowledge is often associated with an increase in positive attitude and engagement. The study also went on to find that self-efficacy is affected by a person's mental health. This information does help build a foundation for understanding correlations and outlining potential contributing factors; however, the study was quantitative, and therefore I was unable to offer any additional explanations and supporting information.

To look at mental health self-efficacy in a pre-service program, mixed-methods design was chosen to fully establish an understanding of the topic. Quantitative and qualitative methods each have their distinctive purpose in research; qualitative allows for greater depth of understanding while quantitative is more generalizable (Caruth, 2013). Using mixed-methods allows for the strengths of each to be maintained while minimizing their weaknesses. Caruth (2013) says that using mixed methods can "produce richer insights into the phenomenon being studied than what might be missed by utilizing only one research design" (p. 121). The use of mixed-methods makes it possible to gain a more in-depth insight into the mental health knowledge and self-efficacy of pre-service teachers.

Purpose

As the Faculty of Education at the University of Windsor and similar institutions begin implementing mental health education courses, it is important to find early on what would benefit pre-service teachers the most. Having a base understanding of what and how knowledge

is being acquired pre-course will help guide the Faculties of Education in the development of pre-service programs regarding the level of education required in the area of mental health. The research findings will help administrators of school boards understand what areas of mental health knowledge may be lacking and require intervention. These results may lead to workshops or support members to aid in learning. Lastly, this provides current teachers with a study on what areas may be lacking in mental health knowledge so that self-reflection can encourage professional development.

Personal Journey

As a new teacher to a school board in Ontario, I can understand from a teacher's perspective how outside factors affect a student's education; however, I am still a recent graduate and have an understanding from a student's view of the implications. As a high school student, I struggled with anxiety, and it affected my life both socially and academically. The topic of mental illness was not yet talked about, and the stigma surrounding it made seeking help and support nearly impossible for me. The lack of support led to shortcomings academically that teachers attributed to laziness or challenges with the subject content. This caused a negative feedback effect in which these academic results only increased the anxiety, which, in return, increased the hindrance to education and, therefore, academic achievements.

Once I entered my university career, mental illness became a growing topic and was treated more as any other illness would be. Supports offered to students to ensure success, like increased time and private rooms for exams and therapy services, became easier to access as it became more acceptable on a personal level. Through the use of these services, I was able to see a drastic improvement not only in my success academically but also socially. While these may not have been delivered by the teachers directly, they were supports provided to help bring me to

the same starting ground as my peers, so I was finally able to achieve success. Without having these in place I would not have been able to reach the level that I have today.

Now, as a teacher in a secondary school, I see the struggle caused by mental illness from the other side. While many steps have been taken towards helping students with mental illness, accommodations are not provided for those suffering (Chisholm et al., 2016). This means that students are unable to receive support or services in special situations like exams or standardized tests. If teachers are not supporting the student's mental health then they are creating barriers that keep them from completing their job. Education and behaviour plans are set in place for some students; however, these are mainly behavioural, communication, physical and intellectual. While behavioural does encompass "excessive fears and anxieties," this is a minor portion of this category, and I have only seen a handful of students who have support due to these learning disabilities. (Government of Ontario, 2017)

It is an unfortunate consequence for the students that their illnesses are not considered as a learning disability and therefore given set supports and resources to aid. As a teacher who also suffers from anxiety, I sympathize with the students who struggle; however, I still do not feel able to provide support and help them daily. I see students slip by as a result of mental illness, whether it be poor performance on assessments, lack of focus or poor attendance, and it can be frustrating not being able to aid these students.

My research interests led me to look at pre-service teachers who will be starting their careers soon and looking at how prepared they feel to go into the field. As a new teacher, I can see the need and want by fellow teachers to have explicit training to support their students and help them achieve. While province-wide changes may not be realistic on a short-term scale,

individual faculties can begin educating and training their pre-service teachers in the area so that they can help students later.

Research Questions

To examine the mental health literacy and self-efficacy of pre-service teachers, I posed the following research questions: (1) How literate are pre-service teachers in the field of mental health? (2) How confident are pre-service teachers in their abilities to support and manage mental health in the classroom?

Theoretical Framework

This study is built on the idea that mental health affects student learning. Issues of mental health can negatively affect students' learning through disconnection, absence, disinterest, and in several other ways. Teachers can promote a positive school climate and support students with mental health issues. Mihalas et al. (2009) state that "there is an incongruence between instructional practices used with students with EBD [mental health issues] and their needs" (p. 2). Educating teachers on methods pedagogy can improve their understanding. This research looks at the acquisition of knowledge as well as self-efficacy of pre-service teachers. Two theories by Bandura, the social learning theory, and the social cognitive theory, can be looked at to create a foundation of understanding how learning can take place.

The Social Learning Theory

Bandura's (1991) social learning theory puts forth the idea that people can learn from direct instruction, modelling, imitation as well as observation. Through learning by modelling, several responses can be elicited. An observer can gain new knowledge by simply imitating the model or alter previous experience by observing positive or negative reinforcement. An

important role in the process of imitation is the reaction to the model, which can help secure the acquisition of responses.

When looking at the context of pre-service teachers and mental health issues, there needs to be some level of direct instruction into appropriate and safe ways of dealing with situations. Bandura (1977) mentions in his book that "environments are loaded with potentially lethal consequences that befall those who are unfortunate enough to perform dangerous errors. For this reason, it would be ill-advised to rely on differential reinforcement of trial-and-error performances" (p. 5). This suggests that merely experiential learning and discovery are not possible here because of potential consequences both to the teacher and the student.

The Social Cognitive Theory

Bandura (1999) extended his social learning theory to propose the social cognitive theory in which humans do not solely learn as autonomous beings or purely by imitation, but instead through "emergent interactive agency" (p. 22). Human behaviours and knowledge can be built upon and changed through observations but are dependent on determinants specific to the person. Many indirect factors influence the perception and, therefore, elicitation of behaviours, including economic climate and family structure, which then impact the self-efficacy and self-regulatory factors of humans.

Self-efficacy is described as the "foundation of human agency" as it plays an important role in affecting behaviours and knowledge acquisition as outlined by the social cognitive theory. Humans face many barriers when making choices, and looking at the effort, contribution and approach. The decision ultimately comes down to motivation and what are expected outcomes, as outlined by the expectancy-value theory. Personal belief and perception of capabilities will

help determine what input and output will result from an investment, with higher self-efficacy leading to increased effort and resiliency when it comes to decision making.

Chapter 2: Literature Review

Mental Health in Adolescents

Mental Health is a term that is leading a large amount of conversation. Oxford's English Dictionary (1992) defines mental illness as "A condition which causes serious disorder in a person's behaviour or thinking." Mental illness can sometimes be controlled with medication or therapy, but support is still required for people suffering. Considering the concept that mental illness affects behaviour and thinking, it is clear that learning would be affected. To ensure that students with mental illness are receiving the most from their education, teachers need to be trained on how to support them best.

Studies conducted by the Canadian Mental Health Association ([CMHA], 2014d), show that nearly 3.2 million students in Canada, aged 12-19 years of age are suffering from depression, which is just one of several prevalent mental illnesses. Depression is an illness that affects feelings and can change the way a person feels or acts – usually resulting in people feeling angry or numb. Another major area of mental illness is anxiety disorders, which in general can affect social, physical, and mental wellbeing. The CMHA also identifies many other mental illnesses, including Eating Disorders, Bipolar Disorder, Obsessive-Compulsive Disorder, and others. According to the Mental Health Commission of Canada (2015), "anxiety and mood disorders are among the most common mental health conditions in children and youth and can negatively affect social and academic functioning" (p. 16). This research will focus primarily on anxiety and depression but not excluding any others.

As mental illness becomes more accepted socially as a medical illness, the number of diagnosed cases is increasing. It has been shown that the number of hospitalizations for adolescents aged 10-24 years old has increased since 2004 by 53.7% (Gandhi et al., 2016). This

increase in numbers may be due to reduced stigma around the idea of mental illness, better identification methods, or increased numbers of stressors present. The increase in adolescent aged students with mental illnesses calls for a need to identify whether or not they are receiving adequate and proper support in the classroom.

Disorders

Depression. Depression is a mental health disorder that falls under the category of mood disorders. According to the American Psychiatric Association (2013), depression is defined as five or more of the following symptoms that are present within a two-week period: persistent depressed mood, diminished interest or pleasure, decrease in appetite or weight loss, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness, inability to concentrate and suicidal ideation. As many mental illnesses are, depression is more of a sliding scale than a discrete and defined illness. The range of symptoms and the way they affect an individual, and their life will vary from person to person. According to the Canadian Mental Health Association (2014a), some of the most common signs and symptoms that a person suffering from depression can feel are worthless, anxious, sad, guilty, and hopeless. These can also lead to feelings of anger, loss of interest, trouble concentrating, decision making, and poor eating and sleeping habits.

The age of onset for depression can range from 15 to 30; however, this is not a discrete range. It was also found that each year 6.5% of people aged 15-24 will have major depressive episodes. (CMHA, 2014a) Furthermore, there are a larger number of females aged 12-19 that reported having suffered from major depressive episodes than males (12% and 5% respectively). Depressive symptoms in adolescents can have significant impacts on development. It was found that adolescents who experience depressive symptoms often felt they had low social and personal

resources (Herman-Stahl & Petersen, 1996). Positive relationships, optimism, and coping skills can reduce the prevalence of symptoms and limit the negative effect on development.

The onset of a mental illness like depression cannot be easily predicted. Different factors can increase the probability of major depressive episodes, like family and social stress. Depressive symptoms were also found to be higher in children who felt rejected and had fewer coping mechanisms (Herman-Stahl & Petersen, 1996). The probability of a specific adolescent developing depressive symptoms is difficult to say for certain due to the "multifactorial, complex nature of depressive disorders in adolescence" (Rushton et al., 2002, p. 204).

Anxiety. Anxiety is a broad term that is used to explain someone who experiences irrational fear or worry for prolonged periods. Several different anxiety disorders can present at different ages, for example, generalized anxiety disorder, panic disorder, social anxiety disorder, obsessive-compulsive disorder, and many others (CMHA, 2014b). The signs and symptoms may vary depending on the severity or type that a person suffers from, but they all usually experience the intense fear that is out of proportion. What separates anxiety disorders from stress is if the symptoms are experienced for a prolonged period, the CMHA says longer than six months.

Anxiety in youth is increasing in prevalence, and in 2009, the Mental Health Commission of Canada found that 4% of youth aged 12-19 had been diagnosed with an anxiety disorder (reference?, 2015). However, this number is deceiving as the Canadian Mental Health Association also states that only 1 in 6 under the age of 19 is adequately diagnosed with mental illness (CMHA, 2014b). Anxiety disorders can affect the way the development of youth as it can interfere with school attendance, socialization, proper sleep, and eating habits and cause other physical health problems (Butler & Pang, 2014).

The onset of anxiety has not been linked to any genetic or specific environmental factors and cannot be predicted in a child. Studies show that the complex interplay of many different environmental factors in a child's life can increase the trajectory of anxiety seen in youth (Cote et al., 2009). Furthermore, it was found that "anxiety is relatively stable from late childhood to late adolescence" (Letcher et al., 2012, p. 430), and therefore diagnosis and intervention should begin earlier on. There is also a range of personal factors like social skills, temperament, and parenting that need to be acknowledged when considering intervention as they are associated with heightened symptoms (Letcher et al., 2012).

Other. While anxiety and depression are the most prevalent in youth, many other mental illnesses affect this age group. Some of the noted illnesses and disorders experienced by youth are attention-deficit/hyperactivity disorder, eating disorders, intentional self-harm, and suicide. Attention-deficit/hyperactivity disorder (ADHD) is defined as "a persistent pattern of inattention and hyperactivity-impulsivity that interferes with functioning or development" (American Psychiatric Association [APA], 2013). This is a disorder that affects approximately 5% of Canadian youth. A child with ADHD can have symptoms that affect learning, including, but not limited to, difficulty concentrating, learning processes, and attention span (Butler & Pang, 2014).

Eating disorders are a range of mental illnesses that are characterized by the obsession with food and body weight, like anorexia nervosa and bulimia nervosa. According to Statistics Canada (2014), in 2012, females aged 15 to 24 years of age had the highest number of diagnosed cases compared to any other age group with 1.1%. When looking at all females aged 15 and older, the number is significantly lower at 0.6%, and for both males and females aged 15 and older it is only 0.4%. These disorders, if not treated properly, can have serious health effects, including diabetes, kidney failure, and sometimes fatality (Butler & Pang, 2014). While eating

disorders can affect anyone, people who have pre-existing self-esteem issues, poor stress management, or other mental illnesses can be at a higher risk of suffering (CMHA, 2014c).

Intentional self-harm, other than suicide, is often a result of inadequate coping mechanisms. These become a way to deal with overwhelming emotions by injuring the body utilizing cutting, pulling one's hair out, burning skin, or others (Butler & Pang, 2014). It has been found that people who engage in self-harm are at a higher risk of committing suicide. The Mental Health Commission of Canada reported that the rate of suicide in 2011 in those aged 15 to 19 years was 9 in 100,000. While the number of less than 0.01% may sound small, it is an essential issue as it is the second leading cause of death in this age group (Mental Health Commission of Canada [MHCC], 2015).

Stigma

In society, there are a set of underlying normative values and behaviours. These are the driving factors for many different things, including stigma towards mental illness. As some view people with mental illnesses as varying from the defined normal, they behave differently around them. Ilic et al. (2013) say that these "behaviours can be understood as an attempt to reduce the tension that is evoked in this situation and serve to stabilize the existing social order" (p. 31). Stigma is not a defined set of behaviours but instead can range between overt and covert as well as varying depending on the persons involved.

Stigma has been separated into many different subcategories throughout research; however, some main ones include social isolation, belittling, and demeaning mental illnesses, and direct discrimination. While direct discrimination may be viewed by bystanders the most, people with mental illness report that subtle discrimination is most common (Ilic et al., 2013). As a result of subtle discrimination, people often develop self-stigma, which has adverse effects on

mental and physical wellbeing. To prevent social rejection, people will maintain secrecy and attempt to ignore any diagnosis (Wahl, 2012). Reports have also shown that stigma and discrimination have not varied dramatically over the years and present themselves in many of the same ways (Lyons et al., 2009).

There are adverse effects that can be long-lasting on those who suffer from mental illnesses. The way they are stigmatized may vary depending on the illness; for example, those with depressive disorders often experience more passive discrimination, while others with schizophrenia may experience direct discrimination (Ilic et al., 2013). One common factor is that people often associate violence with mental illness, which affects the way they interact with those who suffer. Wahl (2012) found that many people had a hesitation towards working with somebody who has been diagnosed with a mental illness.

The presence of stigma can also affect how a person deals with the symptoms of their mental illness. Watson et al. (2005) stated that younger people look at those with mental illnesses as different from everyone else and are hesitant to access care. In an additional study, less than 50% of participants aged 14-16 years of age said they would attend mental health services even with a referral (Paul et al., 2008). There is also a variation between boys and girls, where boys are less likely to seek help and have more negative attitudes towards mental illness. In general, the number of students who think mental illness is embarrassing is alarmingly high (Chandra & Minkovitz, 2005).

The primary way that researchers have found is best when it comes to destigmatizing mental illness is through education and discussion. People who have relatives or someone close to them who have been diagnosed with mental illness often have less negative views than those who does not. Using this angle of increasing familiarity with the subject can help to decrease the

stigma. Furthermore, Watson et al. (2005) state that stigma towards mental illness starts as young as five years of age and becomes worse and more negative with age. Focusing on reducing stigma in younger people could help prevent any discrimination or negative repercussions later in life.

Mental Health in the Classroom

Students spend, on average, six hours in the classroom each day, resulting in over a thousand hours each year. This is a significant amount of time spent with peers and teachers and can be used positively to support and maximize the student's education. An argument is made by Allen et al. (2017) that students who have a mental illness are at an academic disadvantage when compared to mentally healthy peers. An academic obstacle is highlighted in students' achievement, which may be deceivingly low and not represent the students' abilities accurately. This leads to a question of whether or not academic ratings on tests such as EQAO and OSSLT are accurately representing the student population's knowledge level.

Barriers

The National Center for Mental Health ([NCMH], nd.) notes that students with mental illness suffer many additional barriers in the context of the classroom. These barriers are not limited to purely academics, but also social integration and self-concept. The reasons these all are considered barriers in the classroom is that they are all interconnected and have an effect on one another. Allen et al. (2017) found that "adolescents who experience mental health concerns during secondary school are at an educational disadvantage across a range of measures, including achievement" (p. 34). Furthermore, it has been found that poor mental health having a negative effect on academic success is not a one-directional interaction. Instead, it can work the other way as well (DeSocio & Hootman, 2004).

Students who have a mental illness will, in general, suffer academically throughout their school career. The National Center for Mental Health (n.d.) found 83% of students who had mental illness scored below average when it came to reading, writing, and math compared to a control group. The low success can be attributed to multiple factors including, but not limited to, "poor concentration, distractibility, insomnia, and daytime sleepiness, irritability, and low self-esteem" (DeSocio & Hootman, 2004, p. 192).

One of the areas that researchers have noted is that attendance is affected, and students with identified mental illness can have up to three times the absentee rate of a non-identified student (NCMH, n.d.). If a student lacks in attendance, then engagement is decreased, Leonard et al. (2016) state that "average levels of school engagement over time predicted higher achievement in reading" (p. 395). This factor is also essential as it can help identify students at risk or who have not been identified as having mental illnesses. Attendance may be one of the greatest hindrances on students with mental illness, as, without presence, they are unable to put forward their best effort leading to a certain lowered level of learning and achievement.

While attendance causes a significant decrease in the perceived competence of a student with mental illness, concentration while in the classroom also contributes. The NCMH (n.d.) also identifies that homework completion and concentration in class decreases with mental illnesses like depression. Meldrum et al. (2009) agree that mental illness will affect a student's ability to learn and meet academic standards, which is why teachers need to be well equipped to help meet the student's needs. When students with mental illness enter a classroom, they are faced with multiple obstacles trying to affect their education negatively, so looking at how to support and overcome these barriers is necessary for achieving success (Maddox & Prinz, 2003).

Students who have a mental illness also have a lower perception of self-worth. Suldo and Shaffer (2008) state that "vulnerable youth have diminished academic self-concept, view school as less important for long-term goals and have reduced motivation to self-regulate behaviours necessary for learning relative to youth with complete mental health" (p. 64). Furthermore, this affects their motivation and drive to perform when it comes to classwork and homework. The issue with this is that it is difficult to determine whether incomplete work is a result of this low self-concept or behaviour.

Academic barriers are a problem that is present and needs to be addressed in classrooms today. However, this goes much further in life once students leave school. Joe et al. (2009) found that "Children who suffer from poor health early in their lives are placed in a precarious position of having descending academic trajectories and socioeconomic success that continue into adulthood" (p. 283). This means that the academic struggles that students are experiencing in their classrooms will have an effect and follow them for the rest of their lives. It was also found that students who have severe mental illness have a lower rate of continuing to post-secondary education, at only 32% compared to their mentally healthy counterparts (NCMH, n.d.). What is even more alarming is students who suffer from two or more co-morbid disorders are at a significantly increased risk of leaving school before also reaching graduation.

Another factor contributing to poor academic success in those who have a mental illness is the social aspect that comes with school. These students have difficulty in terms of social integration and school adjustment (DeSocio & Hootman, 2004). This poses issues as social isolation in school can result in school avoidance and a lack of motivation. Students may be less likely to participate in group work or even miss school to avoid such work. This furthers the academic barrier that these students will suffer from and, in turn, their self-concept.

The barriers that students experience in schools need to be broken down at every level. These are a never-ending positive feedback system that furthers the gap between the success that a student with mental illness can achieve compared to their mentally healthy classmates. Allen et al. (2017) say that "the extent to which a school prioritizes academic motivation, mental health promotion, and school belonging may have more of an impact for some students versus others" (p. 42). While this may be true, we arrive at the well-known concept in education that what is necessary for some is beneficial for all. Implementing strategies to help break down these barriers will not negatively affect students but instead, help promote the education of all students.

Role of Teacher and School

School Climate

Students spend, on average, 30 hours each week at school, which makes this one of their most frequented places (Wei et al., 2011). School climate focuses on the character and quality of life at school, considering the amount of time spent here, ensuring that students have a safe and positive learning environment. This is important not only for them academically but also for their wellbeing. Anwar-McHenry et al. (2016) said that with "a sense of belonging to the school, young people are more likely to be productive, report a greater sense of psychological wellbeing, feel happier, and demonstrate a greater coping repertoire" (p. 563). Creating this safe and positive environment for students relies on many different aspects and can be executed in several ways.

One thing that mental health promotion or school connectedness initiatives have in common is the positive effect they have on students. Ensuring that students receive early intervention can significantly improve the mental health outcomes and help develop a more positive attitude towards the subject (Maelan et al., 2018; Wyn et al., 2000). While a person's

mental health is a complex matter, Murnaghan et al. (2014) found "strong relationships among school connectedness, affect, pro-social/antisocial behaviour and mental fitness" (p. 448). This suggests that school-wide approaches not only provide support for students with mental illness but also enhance the lives of all students.

Creating this mentally-healthy school environment also has a positive effect on students when looking at the long term. Atkins et al. (2010) found that ensuring this environment is present during the development of a student in school "can be critical to the pursuit of academic learning" (p. 42). Early on, creating a proper learning foundation in students is important and can affect the student later in life. Furthermore, Anwar-McHenry et al. (2016) said that the positive promotion could "prevent mental health problems, enhance the quality of life, and contribute to the social and economic development of individuals, communities, and nations" (p. 561), as well as "increase levels of resilience, social inclusion and greater positive wellbeing among students" (p. 562). These are all factors that can only lead to enhancing a student's life all around.

School climate is based on experiences of not only students but parents, teachers, and the community. It outlines the relationships, norms, and learning structures present in the school, which is why this is dependent on all involved. Wyn et al. (2000) said that having "a collaboration between teachers, parents, students, and the wider school community is a key process in developing a health-promoting school" (p. 595). Teachers are also a key aspect of promoting a positive and inclusive environment that is important when implementing a mentally-healthy framework. Teachers spend the most time with students, so they are at the front lines of ensuring this environment, Reinke et al. (2011) said that "teachers, the professionals who are most likely to be able to impact behaviour and mental health needs in children daily" (p. 2). For the framework to work appropriately, teachers need to be well versed in how to support students

and create these mentally-healthy learning environments (Iachini &Wolfer, 2015; Milin et al., 2016).

Intervention

Teachers are in an advantageous position to support students with mental illness, but many claim they are unsure of how to do so. The interactions between a teacher and student alone have a significant impact. Schwartz et al. (2017) state "Positive adult-child relationships have consistently been shown to promote wellbeing in children with multiple risk factors" (p. 27). Considering the role that school and education play in an adolescent's life, the topic of mental health should be well-researched to ensure that teachers are adequately prepared for when they encounter mental health issues in the classroom.

Teachers can play a significant role in helping students succeed academically while suffering from mental illness, but also can assist socially. Meldrum et al. (2009) suggest that teachers can help reduce social stigma, identify and increase knowledge surrounding mental illness. Stigma has been found to have a strong influence on how a person with mental illness behaves, recovers, and can cope with symptoms and barriers (Bernstein-Yamashiro & Noam, 2013; LaRusso et al., 2008; Markowitz, 1998; Wahl, 2012; Whitley, 2010). The benefits of this are two-fold, by helping students socially, they aid in emotional wellbeing and may also help ease some of the stressors caused within the classroom that is affecting learning (Ilic et al., 2013; Johnson et al., 2011).

Another area where teachers can support students is in the diagnosis. Lynagh et al. (2010) argue that teachers may be better suited than general practitioners for identifying early signs of mental illness. Many mental illnesses will have onset during adolescence, so teachers act as a measure of normalcy and can help determine if a student begins developing signs of illness.

Teachers are at a suitable position to ensure the wellbeing and progress of students with mental illness (Ekornes, 2017; Meldrum et al., 2009;).

Teacher Preparedness

Considering that teachers have an advantageous position and willingness, they often feel poorly equipped to help with mental health even though they have positive attitudes towards the subject (Reinke et al., 2011; Walter et al., 2006). One subject gave a testimony saying, "I am unsure how to deal with it. I become concerned that I am under-acting, over-acting, or not supporting the issues correctly. I have sought to improve my skills, but training is expensive and nearly non-existent!" (Graham et al., 2011, p. 490). Teachers are aware that many students have mental illness and require their support; however, they lack the confidence necessary to provide this support.

Mental health literacy in pre-service teachers and in-service teachers was seen in a few small populations, and it was observed that knowledge was relatively low and nearly non-existent in the case of some illnesses (Dods, 2016; Whitley & Gooderham, 2016; Whitley, Smith & Vaillancourt, 2013). Teacher candidates did have a higher level of knowledge when it came to internalized disorders than externalized, which has been explained as these being mistaken for bad behaviour. Johnson et al. (2011) stated that "with the number of upheavals that occur in adolescence, it is challenging to differentiate between a student who is simply dispirited and one who is demoralized" (p. 12). Teachers must have an increased level of knowledge and awareness so that they are better able to identify and sequentially support these students.

Teacher candidates can be an ideal target for mental health education as it allows these professionals to have knowledge, awareness, confidence, and self-efficacy before entering the classroom full-time. Dods (2016) found that "concerning students with emotional and

behavioural disorders, female teacher candidates are initially more accepting than males; however, by the end of their program, both males and females were shown to be less supportive of inclusion for this group of students" (p. 44). As teachers gain experience in a classroom, they eventually increase acceptance of the 'realities of the classroom.' This is when their drive to support students with mental illness decreases (Dods, 2016; Ekornes, 2017; Whitley, 2010). This goes to show that early intervention is essential to prevent the lack of motivation when it comes to supporting students.

Teachers have become aware of mental illness in the classroom and are ready for explicit and structured guidance on how to educate students with mental illness (Armstrong et al., 2015; Frauenholtz et al., 2017, Kratt, 2019). Graham et al. (2011) state that there is a "significant tension between a recognition of the need for mental health or psychosocial interventions in schools, and the reality of accommodating competing sets of interests and priorities given limited experience, training, and professional development opportunities" (p. 493) Many factors are contributing to the fact that teachers previously have not received proper and sufficient training in this matter. While many teachers are prepared to take on this role, there are still teachers who feel that there are time constraints that may result in stress (Dods, 2016; Kidger et al., 2009).

There have been a few ideas about what method of training would best increase teacher candidates' mental health literacy. While some researchers believe that explicit and direct methods would be the most effective, some believe hands-on learning to be better. Armstrong et al. (2015) found the "overriding need for explicit and structured guidance for pre-service educators to respond to children or young people who present with possible mental health problems" (p. 391). Kutcher et al. (2013) also supported this learning model as it promotes confidence in teachers. In contradiction to this, Dods (2016) stated that "action is known to be

mediated by self-efficacy, and hands-on experience may create knowledge that is easier to translate and use in practice than the acquisition of knowledge through training and education" (p. 56). There have been other models, but no one training method has come out as the leader and, therefore, the preferred way of education on this topic.

Positive school climate is an area related to mental health that has been widely researched in terms of teacher education programs. The use of a pre-service teacher course has shown positive effects on teacher knowledge and confidence (Lynagh et al., 2010). While courses have proven to be effective for pre-service teachers, the emphasis has been placed on school climate and bullying rather than mental illness support (Crooks et al., 2017). This may be a useful model of education as it has proven positive for other situational teaching methods.

When looking at teacher preparedness, it is also important to understand that a multitude of factors and measures can be examined. The main factors that contribute to how prepared a teacher feels, or their self-efficacy when it comes to supporting students with mental illness, is knowledge, awareness, comfort, and confidence. While the interaction between each of these variables and their influence on each other has not been established, it is evident that they all play a role in the overall self-efficacy of a teacher.

Mental Health Policies and Resources in Ontario

As mental health is an emerging topic, the Government of Canada has created programs that focus on emotional wellbeing and supporting those who have a mental illness. There is one program that focuses on the mental health of children and youth. Furthermore, this document highlights the importance of school in supporting the needs of students. Most other programs are either not directed by a reliable source or do not focus on people of school age, so for this research, only the following two will be discussed.

Open Minds, Healthy Minds and Supporting Minds

One of the initiatives put forth by the Government of Ontario in 2011 is "Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy." This is a plan whose purpose is to implement change that would transform the mental health system in the long-term through focusing on promotion, prevention, support and treatment, and early intervention. The document outlines four main goals of the program: improving the overall wellbeing and mental health of those in Ontario; creating inclusive, healthy and resilient communities; early identification and intervention of mental health and addiction problems; and providing high-quality services that are directed towards those who need them (Government of Ontario, 2011).

Each of the four main goals outlined in the document has multiple strategies that highlight direct actions that can be implemented to achieve the overall goal. For example, to achieve goal 2, an inclusive, healthy, and resilient community, the strategies will aim to reduce stigma and discrimination, improve housing and employment supports through enhancing policies, and create community hubs for services and activities. Each of these different strategies also has actions that will be taken by the government to improve the lives of Ontarians. The entire program is built upon core principles that include respect and understanding; healthy development; hope and recovery; person-directed services; diversity; equity and social justice, excellence and innovation, and accountability (Government of Ontario, 2011).

Open Minds, Healthy Minds is outlined to be executed in phases that are rolled out over several years, the first starting with a three-year plan targeted at improving the lives of youth and adolescents. The Government of Ontario (2011) acknowledges that "70 percent of adults living with mental health problems, their symptoms developed during childhood or adolescence" (p.

20). Mental health and addiction problems often onset during school age and can manifest in many ways like changes in behaviour or inability to focus. This knowledge is used as the foundation for this phase to ensure early identification and intervention.

To reform the system aimed towards children and youth, the Government of Ontario (2011) focuses on providing high-quality services with fast access, identifying and intervening when it comes to youth mental health issues, and closing the service gaps for youth in remote communities. With these strategies in mind, the government commits to hire more youth workers in schools, increase services to youth with targeted funding, incorporate mental health directly into the curriculum and provide mental health literacy training. There have been programs already implemented in a community in Ontario that highlight the benefits of a significant decrease in youth stress levels (Government of Ontario, 2011).

The Government of Ontario (2011) highlights that community effort is required for this program to work. Each goal and phase involves commitment and effort from students, teachers, youth, and communities to make these systemic changes possible. Creating an inclusive and resilient environment is key because "open minds are the first step to healthy minds" (Government of Ontario, 2011, p. 26).

In 2013, the Ontario Ministry of Education released a document called "Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being." This was created as an additional piece of literature to support *Open Minds, Healthy Minds*. The purpose of this was to support educators in implementing the youth-directed phases in which the mental health of students was being promoted. The Ontario Ministry of Education (2013) stated that "because educators play an important role in the lives of most children and youth, they need to

be aware of mental health issues that may affect students and understand how to contribute to a multifaceted response" (p. 5).

Supporting Minds follows the same guiding principles as *Open Minds, Healthy Minds*, to help guide educators on how to identify and support students with needs. The three core priorities of Ontario education are: reduce gaps in student achievement; promote? high levels of student achievement; and increase confidence in publicly funded education from the public. This document provides information for teachers to be able to focus effectively on these priorities and enhance the education of all students. Different mental illnesses are outlined, and teachers can identify whether or not a student may suffer – the document clearly states that teachers cannot and should not be diagnosing mental illnesses. Together the two government documents allow for improved support, identification, and intervention of students with mental health problems (Ontario Ministry of Education, 2013).

Chapter 3: Methodology

Research Questions and Hypotheses

To examine the mental health literacy and self-efficacy of pre-service teachers, we posed the following research questions:

Research Question 1: How literate are pre-service teachers in mental health?

Hypothesis 1: Pre-service teachers will have little to no knowledge when it comes to mental health.

Research Question 2: How confident are pre-service teachers in their abilities to support and manage mental health in the classroom?

Hypothesis 2: Pre-service teachers will have low self-efficacy when it comes to supporting and managing mental health in the classroom.

Research Approach

The study applies an explanatory mixed-method sequential design (Creswell, 2008) to explore how literate and confident in their abilities pre-service teachers in Ontario are. The foundation of understanding will be created using quantitative methods with a follow up using qualitative methods to better understand the information found primarily.

The survey allows for an initial understanding of how prepared and knowledgeable pre-service teachers are in the area. These results, however, lack sufficient depth and are open to interpretation when standing alone. The benefit of using such a tool is the quantity of information that can be collected and analyzed. Creswell (2008) states that "quantitative data and results provide a general picture of the research problem; more analysis, specifically through qualitative data collection, is needed to refine, extend, or explain the general quantitative picture" (p. 545).

The interviews allowed the participants to explain their initial responses and give a more personalized answer.

Participants

The target population was pre-service teachers in Southwestern Ontario, Canada. The participants were first-year pre-service teachers from a single Faculty of Education in Southwestern Ontario, Canada. This group of pre-service teachers is a combined mixture of both concurrent and consecutive students, all of whom were allowed to participate. Concurrent students were enrolled in the Faculty of Education throughout their undergraduate degree, during which they complete practicums where they observed and participated in the classroom setting. The consecutive students have no required prior experience in the classroom, so it is assumed that this was their first round of practicums.

Within the Faculty of Education, there is a range of specifications that pre-service teachers enroll in. The first set of classifications consists of grade divisions – primary/junior (JK to grade 6), junior/intermediate (grades 4 to 10), and intermediate/senior (grades 7 to 12). These classifications allow for a more specified learning path depending on the age range and level being taught. Throughout the J/I and I/S streams, teachers also specialize in different subjects based on their undergraduate degree.

The J/I division requires one teachable for which the pre-service teacher must have six one-semester undergraduate courses in the area. The I/S division requires two teachables; the pre-service teacher must have 10 one-semester undergraduate courses for the major teachable and six courses for the minor teachable. Teachers from across all of these streams, as well as all subject fields, were included within the sample to allow for a more generalized understanding.

All pre-service teachers enrolled in their first year of the program in which all courses are taken within the Faculty of Education were invited to participate. For the year 2018/2019, the faculty had an entering class of 150 pre-service teachers who were all sent an email requesting participation in the study. The survey took place online.

Due to confidentiality reasons, the Associate Dean's secretary of pre-service education forwarded the invitation for participation electronically to all first-year pre-service teachers. This invitation contained a letter of information, a letter of consent, and the anonymized link to the survey. The initial round of emails for the invitation was sent on March 26, 2019. Following this, a reminder email was posted on April 4, 2019, to inform the group that the survey would be closing on April 9, 2019 (see Appendix C). Participants were contacted following completion of their final practicum in an attempt to increase the response rate. The surveys were sent out following their first year to gain a better understanding of where they obtained information as an educator. Unless the participant was a concurrent student, there is a chance that many had never been in a classroom in an authoritative role; therefore, they cannot speak to any impact on their learning experience. Without the practicum experience, results may have been affected as they would not have considered the value of this experience.

First-year teachers were chosen over the second year so that there could be a better understanding as to what they need going forward into the completion of their degree. Considering the recent change to the two-year program, there are still many changes happening within faculties to fine-tune their education path. At the university where the pre-service teachers studied, there was a new course introduced that focused on educating about mental health in the classroom. This course was a supplemental course not required for all students to take.

Following the completion of the survey, participants were given the option to be considered for participation in the interview portion. At this time, they were asked to provide a preferred email for contact. This was done through an entirely separate survey to maintain the anonymity of the responses given previously. Due to a low response rate for participation, all who specified interest were provided interviews. The participants were contacted on April 23, 2019, to set a meeting time at the university.

The interviews were conducted individually to maintain confidentiality and prevent any effect the presence of peers may have on responses. The interview transcript was read verbatim to ensure that there was no guiding from the researcher.

The decision to use the entire cohort as opposed to a select undergraduate degree or age specification was carefully considered. Mental illness is found not only in students at the secondary level but the primary as well. This leads to the assumption that all teachers, regardless of specification, should understand mental illnesses and how to recognize and support affected students in the classroom. Furthermore, all specifications may touch upon psychology or mental health to some degree but not necessarily enough to assume one has enough entering knowledge. To gain insight into the graduating teachers of the faculties of education, it is imperative to look at all pre-service teachers and their needs to succeed.

Data Collection

The Mental Health Literacy and Capacity Survey for Educators

With permission from the Research and Assessment Services of a school board in Southwestern Ontario, Canada, "The Mental Health Literacy and Capacity Survey for Educators" was adapted and converted into an online format using the Qualtrics program. The survey was initially created for internal use within the board itself; however, it has since been validated and

used in multiple research projects, including theses and dissertations. The purpose of the survey was to understand the level of knowledge, comfort, and preparedness educators have with regard to mental health issues in the field.

The survey contains a total of 41 questions divided into seven sections. The first section of the survey begins with biographical questions to gauge the overall comparative demographics of the population. To conserve anonymity, these are limited to which program they are enrolled in (consecutive/concurrent), department of the undergraduate degree, and divisions taught. See appendix A.

The second part of the survey looks at the overall personal experience of the pre-service teacher, what areas they may have dealt with recently, and how they reacted. This was in the form of a "check all that apply" list that had an exhaustive list of options. A sample of the questions is shown in table 1.

The next three sections use the 5-point Likert scale to gauge pre-service teachers' perceptions of their awareness, knowledge, and comfort concerning mental health in the classroom. A guide of sample questions is provided in Table 1. These three sections, each containing 4-5 questions, were assessed using Cronbach's alpha, and they were shown to have acceptable internal consistency – awareness (.892), knowledge (.853), and comfort (.879) (Holtz, 2017).

Finally, a 5-point Likert scale was used to determine how important pre-service teachers found different school supports and how important they found different topics surrounding mental illness.

Table 1: Sample Questions from the Mental Health Literacy and Capacity Survey for Educators

Section	Sample Question	Response Scale
Personal Experiences	Thinking of recent time, you had a student with significant emotional or behavioural issues. How would you describe the issues?	Check all that apply: Anxiety Stress Bullying and Harassment Impulse Control Substance abuse Family Dysfunction Anger management Depression
Knowledge	How would you rate your understanding of appropriate actions to take to support student mental health at school?	Scale: 5 - Extremely knowledgeable 4 - Very knowledgeable 3 - Moderately knowledgeable 2 - Slightly knowledgeable 1 - Not knowledgeable at all
Awareness	How would you rate your awareness of the range of mental health issues that adolescents experience during the school years?	Scale: 1 - Not at all aware 2 - Slightly aware 3 - Moderately aware 4 - Very aware 5 - Extremely aware

Comfort	How would you rate your comfort level by providing support to students with mental health issues?	Scale: 5 - Extremely comfortable 4 - Somewhat comfortable 3 - Neither comfortable nor uncomfortable 2 - Somewhat uncomfortable 1 - Extremely uncomfortable
Importance of Supports	Rate how important you consider the following to be in helping you deal with students who present with emotional and behavioural issues in the classroom: Better preparation in teacher training to deal with mental health issues.	Scale 5 – Extremely important 4 – very important 3 – moderately important 2 – slightly important 1 – not at all important
Importance of Addressing Issues	How important is it to address the issue of anxiety among students?	Scale 5 – Extremely important 4 – very important 3 – moderately important 2 – slightly important 1 – not at all important

Following the completion of "The Mental Health Literacy and Capacity Survey for Educators," the pre-service teachers were directed to a secondary survey in which they could give contact information for incentives and contact in case of an interview. This survey was detached from their original survey to maintain the anonymity of responses. From start to finish, the survey lasted approximately 30 minutes.

Interview

The interview consisted of 10 open response questions (see appendix B) that elaborated on the survey questions. These focused on gaining an understanding of where and how any knowledge regarding mental illness came from. Participants were explicitly asked where they had received any formal or informal training relating to the subject and what areas the training had focused on. Participants were also asked to reflect on their knowledge and confidence in their abilities to talk about and deal with mental illness situations in the classroom. Time was given for participants to reflect on any personal experiences within the classroom that may support their level of confidence.

Data Analysis

The quantitative data retrieved was organized, and Likert-scale questions were converted to a numerical scale of 1 to 5, in which one was the lowest, to develop consistency throughout the questions. Table 1 shows the numerical rankings assigned for each set of questions in the questionnaire. The data was exported from Qualtrics into the Statistical Package for the Social Sciences for quantitative analysis. Initially, the data were analyzed using univariate descriptive statistics to look at proportions and identify any trends.

After completing the initial analysis, the data were grouped into the five main categories: knowledge, awareness, comfort, support, and importance. These were examined using the bivariate analysis to determine if there were any significant relationships between any of the categories. For each, Pearson's correlation coefficient was calculated using SPSS. The demographic groupings that were compared were grade divisions taught, undergraduate area of study, and program of study. A one-way ANOVA was conducted between each set of demographic groupings to see if there were any significant differences between the groups for

each category. The analyses conducted allowed for a baseline knowledge of trends in pre-service teachers' knowledge, perceptions, and self-efficacy.

The qualitative data retrieved from the interviews were transcribed and sent to the participant for revision. The transcripts were carefully read, and codes were attached to phrases or sentences. From here, the codes were examined to create categories and themes from the content. This allowed for a deeper understanding of the trends and relationships found in the qualitative data.

Limitations

The study focuses on a single Faculty of Education in Ontario which affects the ability to generalize the results to all teacher candidates across Ontario. The study uses self-reporting; therefore, the findings should be interpreted with this in mind. The responses provided by the teacher candidates could be reflective of their perceptions and ideas of what mental health is and how to measure this in knowledge. The survey has been designed to minimize variability in perception, however it cannot be entirely removed. Furthermore, due to the nature of the study, the teacher candidates' responses may be influenced by their program and their expectations. The study is confidential as to prevent concern that responses will be connected back to respondents themselves. Attaining more demographic information regarding the participants could also enhance the results of the analysis.

Ethical Considerations

The research received REB approval before any surveys or interviews were conducted. All participants were treated with respect and confidentiality. The study reflected a sensitive topic that could be a trigger for some participants. Consent forms gave a brief outline of the contents to ensure that prospective participants were entirely aware of and comfortable with the

information before beginning any portion of the research. Furthermore, participants were informed that they were allowed to remove themselves during the study and could withdraw their data up until a disclosed date. If participants began to feel distressed at any point, they were directed to appropriate services on campus. Measures were taken to ensure that any potential harm was minimized and did not outweigh the benefits.

Chapter 4: Results and Discussion

This chapter outlines the findings and significance of both the quantitative and qualitative portions of this study.

Mental Health Literacy and Capacity for Educators Survey Analysis

The survey was administered through the online platform Qualtrics, and no identifying data were collected to ensure anonymity. The Faculty of Education distributed the survey to the entire first-year cohort, including both consecutive and concurrent students. From the 250 students who received the invitation, there was a response rate of 36 participants. From these 36 participants, only 34 completed the initial survey in its entirety. To accurately identify any underlying correlations, incomplete surveys were not included in the statistical analysis. Participants who completed the initial survey but not the second survey were inputted for incentives and still involved in the analysis.

The demographics of the participants were not varied enough to be able to identify any between-group variation. The majority of participants (72.2%) received an undergraduate degree within a faculty of arts, followed by 11.1% in the faculty of human kinetics, then faculty of science and others, each 5.6%. Similarly, there was a heavy concentration of consecutive students who participated in the survey, 94.1%, which could be attributed to the actual ratio of concurrent to consecutive students present in the program. There was a closer ratio of grades taught. However, intermediate/senior and primary/junior contributed to the bulk of response, 52.9%, and 41.2% respectively, while junior/intermediate only accounted for 5.9%.

Table 2 outlines the mean and standard deviation of responses for each question.

Table 2: Mean Responses of Survey Questions

Category	**Question**	**Mean**	**Standard Deviation**
Personal Awareness How would you rate your awareness of:	The range of mental health issues that adolescents experience during the school years.	1.82	0.529
	The risk factors and causes of student mental health issues.	1.88	0.600
	The types of treatments available to help students with mental health issues (in school).	2.82	0.883
	The local community services for treating a student with mental health issues (outside of school).	2.82	1.131
	The steps necessary to access local community services for mental health.	3.18	0.883
Knowledge How would you rate your knowledge:	About the signs and symptoms of student mental health issues.	3.87	0.957
	About appropriate actions to take to support student mental health at school.	3.12	1.025
	About legislation related to mental health issues (confidentiality, consent to treatment, etc.)	2.69	1.138
	About school system services and resources for helping students with mental health issues.	3.00	0.894
Comfort	Talking with students about mental health.	4.20	1.014

How would you rate your comfort level with:	Talking with parents about their child's mental health.	3.33	1.397
	Providing support to students with mental health issues.	4.07	1.033
	Accessing school and system services for students with mental health issues.	3.33	1.234
Supports Rate how important you consider the following to be in helping you deal with students who present with emotional and behavioural issues in the classroom:	Better preparation in teacher training to deal with mental health issues.	4.79	0.426
	More workshops in schools on mental health.	4.50	0.650
	Greater access to specialized mental health consultations within schools.	4.71	0.611
	Easier access to community-based agencies and resources.	4.57	0.646
	Access to peer support and mentoring on mental health.	4.07	1.092
	More in-school support for dealing with student mental health issues.	4.79	0.426
	More in-school support from school teams.	4.36	0.842
	More availability of system support staff.	4.57	0.514
	Increased access to web-based resources and materials.	3.71	1.267
	More availability of print/how-to manuals.	3.00	1.617
	More availability of videos, DVDs	2.79	1.477
	Have you accessed mental health websites looking for resources and materials?	**4.62**	**0.506**

	How important are emotional/mental health and well-being supports and services in improving academic achievement and overall school success?	4.71	0.469
Importance Addressing Issues	How important is it to address the issue of anxiety among students?	4.86	0.363
	How important is it to address the issue of stress among students?	4.71	0.611
	How important is it to address the issue of bullying and harassment among students?	4.64	0.633
	How important is it to address the issue of impulse control among students?	4.50	0.519
	How important is it to address the issue of substance abuse among students?	4.43	1.58
	How important is it to address the issue of family dysfunction among students?	4.50	0.519
	How important is it to address the issue of anger management among students?	4.71	0.469
	How important is it to address the issue of depression among students?	4.86	0.363
	How important is it to address the issue of other behaviour problems among students?	4.64	0.633

The average responses to each of the questions are outlined in Table 2. The Likert scale for all questions was coded so that 5 indicated a high degree and 1 indicated a low degree. These have been outlined in Table 1 for reference. Each category shows a range of responses based on the question being asked, an average for each category is summarized in Table 3.

Table 3 shows the mean for each category within the survey.

Table 3: Survey Category Averages

Category	**Mean**	**Standard Deviation**
Personal Awareness	2.51	0.62
Knowledge	3.17	0.82
Comfort	3.73	0.86
Support Importance	4.16	0.54
Addressing Issues Importance	4.65	0.41

The final part of the data analysis examined correlations among groups to see if there may be any underlying trends. These are presented in Table 4. Three pairings of categories had statistically significant correlations (α=0.05).

Table 4 shows a correlation analysis of the five categories of questions

Table 4 Correlation Analysis

		Comfort Average	Knowledge Average	Awareness Average	Importance Addressing Average
Comfort Average	Pearson correlation				
	Sig. (2-tailed)	-			
Knowledge Average	Pearson correlation	0.694			
	Sig. (2-tailed)	0.004**	-		
Awareness Average	Pearson correlation	-0.790	-0.711		
	Sig. (2-tailed)	0.000**	0.002**	-	
Importance Addressing Average	Pearson correlation	-0.199	0.002	0.135	
	Sig. (2-tailed)	0.496	0.995	0.646	-
Important Support Average	Pearson correlation	0.182	0.295	-0.034	0.526
	Sig. (2-tailed)	0.532	0.306	0.908	0.054

Research Question 1: How literate are pre-service teachers in mental health?

Hypothesis 1: Pre-service teachers will have little to no knowledge when it comes to mental health.

Participants' responses show that they have an overall moderate to low personal awareness, the lowest of all the categories when it comes to mental health issues (μ=2.51, σ=0.62). The area where participants are least aware is what the range of mental health issues look like in a school (μ=1.82, σ=0.529).

The knowledge level reported by the participants was moderate; however, there seemed to be a larger range between questions (μ=3.17, σ=0.82). The participants had a low level of knowledge about the legality of addressing mental health issues in school (μ=2.69, σ=1.138). This was unsurprising as some information may vary from board to board, and it is unlikely that the pre-service teachers would have dealt with many serious issues in the practicum. The participants indicated that they had a greater level of knowledge of the signs and symptoms of different mental illnesses (μ=3.87, σ=0.957).

The data shows that pre-service teachers have an overall moderate level of literacy when it comes to mental health in the classroom. There was a moderate level of knowledge when it came to signs and symptoms, however, when looking at the awareness of the range it was relatively low. This shows that pre-service teachers have some basic knowledge but may be unaware of how it can present itself and cause barriers within the classroom.

Research Question 2: How confident are pre-service teachers in their abilities to support and manage mental health in the classroom?

Hypothesis 2: Pre-service teachers will have low self-efficacy when it comes to supporting and managing mental health in the classroom.

Comfort. The data showed that participants were on average, somewhat comfortable; however, this category had the greatest variation (μ=3.73, σ=0.86). The area that showed more comfort was talking to students about mental health (μ=4.19, σ=1.014) while respondents were least comfortable communicating with parents about it (μ=3.33, σ=1.397.) This could be expected as the pre-service teachers would have little communication with parents; in the survey, there were no participants that indicated they had met with parents over mental health issues.

The correlation analysis also showed some results that provide insight into the confidence of pre-service teachers. The first correlation noted was a strong positive correlation between knowledge and comfort (r=0.694, sig=0.004). This was what was expected to be seen as the presence of knowledge allows the pre-service teachers to be more comfortable in their abilities.

The next two correlations were surprising; personal awareness vs. comfort showed a strong negative correlation (r=-0.790, sig=0.000) and awareness vs. knowledge also showed a strong negative correlation (r=-0.711, sig=0.002). This shows that when a pre-service teacher has a higher level of knowledge they are less aware of their surroundings. In addition to this, when a pre-service teacher is more aware of their surroundings they are less comfortable.

The survey shows that overall the confidence that pre-service teachers have with mental illness in the classroom is variable and dependent on the area of the topic. If a pre-service teacher has a greater level of knowledge, they also have a greater level of confidence supporting mental health in the classroom.

Additional Findings

Support Importance. When it came to looking at what types of supports participants found most important, they favoured the in-school or in-person supports over others. The person-person supports were all ranked at very important to extremely important, with the highest being

teacher preparation and training on the subject (μ=4.79, σ=0.426). Participants didn't find much value in self-directed supports like web pages or documents, the lowest ranking being DVDs and videos (μ=2.79, σ=1.477).

Importance in Addressing Issues. The survey's highest category was the importance of addressing issues; it was almost unanimous that these topics need to be discussed in the classroom (μ=4.65, σ=0.41). The issues that participants found most important to discuss were anxiety and depression (μ=4.86, σ=0.363 each). These results were expected as anxiety and depression are more prevalent in adolescents and therefore need to be discussed.

Table 5 shows the frequency and percentage of participants who had experiences with students with each of the mental health issues listed. These have been sorted into the three different age groups that teachers are trained by: primary/junior, junior/intermediate, and intermediate/senior.

Table 5: Personal experiences with mental health issues

	P/J		**J/I**		**I/S**	
	N	**%**	**N**	**%**	**N**	**%**
Anxiety	8	57	2	100	14	78
Stress	6	43	2	100	12	67
Impulse Control	12	86	1	50	8	44
Bullying and Harassment	8	57	2	100	4	22
Substance Abuse	0	0	0	0	4	22
Family Dysfunction	12	86	1	50	10	56
Anger Management	12	86	0	0	8	44
Depression	6	43	0	0	10	56

Due to the low variation in demographics, there was no analysis done to see if there were any statistically significant differences between undergraduate degree or program. The only demographic that seemed reasonable to look at was the grade levels taught; as previously mentioned, these are primary/junior, junior/intermediate, and intermediate/senior. All three of the groups were statistically analyzed. However, only two respondents were from the junior/intermediate group and, therefore, cannot provide any real insight into trends. When looking between the P/J and I/S groups, there was some variation in what mental health issues have presented themselves, and pre-service teachers who had experienced. All mental health issues had been experienced by both grade levels, except substance abuse issues were not visible in students by P/J pre-service teachers. There was a higher prevalence of anxiety, stress, substance abuse, and depression noticed by I/S pre-service teachers. In contrast, P/J pre-service teachers reported higher frequencies of impulse control, bullying and harassment, family dysfunction, and anger management. This shows that mental illness is present at all age levels; however, its degree, illness, and ways of presenting may vary.

Individual Interview Analysis

The interviews were conducted with two teacher candidates who expressed interest following the quantitative study. For confidentiality purposes, each participant was given a pseudonym. One participant, Lisa, was a first-year consecutive teacher candidate with intermediate/senior qualifications. Her teachables were Physical Education and Math, and both practicums took place in an inner-city school. The second participant, Jessica, was also a consecutive first-year teacher with intermediate/senior qualifications. Her teachables included English and History, and she taught in an inner-city school. After carefully reviewing and coding each interview, a few themes emerged.

Knowledge creates confidence

After reviewing the interviews, it became clear that the areas in which the teacher candidates felt most knowledgeable were the areas they were most confident. The interviewees both stated that they felt like they had a fair amount of general knowledge when it came to mental illness. The knowledge was fundamental and focused more on the "main" mental illnesses. When the respondents explained what they meant by main mental illnesses, it was clear that they are common mental illnesses like depression and anxiety. When asked about their knowledge level regarding characteristics and symptoms of different mental illnesses, Jessica said:

> "Based on the mental health course that I took, it is a very point-form general knowledge. I think that a lot of what we learned is very blended, as it is often with mental illness that there are intersections between them. So, I think that is where they approached the course, from the point where they intersect that way they could give us general knowledge about all mental illnesses."

The teacher candidates stated that they were reasonably comfortable discussing any of the topics with students, even in a class-wide setting. They were more confident in their abilities handling situations and supporting students that suffered from these more common mental illnesses because they had a higher level of knowledge.

Once the students began showing signs or confiding in the teacher candidate that they suffered from things like bipolar or suicidal thoughts, the teacher candidate became less comfortable. They were able to support students or direct students to the appropriate places to receive support; however, they questioned themselves more and had less confidence that what they were doing was right. Lisa noted:

> "I think suicide is always a tricky one. I can talk about it and teach students how to handle it, but if I'm faced with a student that is telling me that they need help, I become a little less comfortable. I know something needs to be done, I was faced with that at one of the schools I was at, and I was like I don't know what to do."

These findings help to explain the correlation seen in the quantitative data between knowledge and comfort. There was a strong positive correlation between the two, which we can now see is because if the teacher candidate has a strong foundation or background understanding of the mental illness, they would know how to support it. They would feel more confident in their decision-making process when supporting the students.

Situational support is important

When looking at the type of education that the teacher candidates found most helpful, both candidates stated that they believed situational support was important. This means that they found talking about situations they might encounter and how to support the students most beneficial. When asked what type of training would be most beneficial, Lisa said:

> "More training in terms of how to deal with different students who may have mental illness would be helpful. I have had students who would confide in me, and in those instances, I know how to tell someone and get the student help, but the initial shock is hard. I think for teachers, especially new teachers, knowing that that can happen and knowing how to handle it would be a good thing."

The teacher candidates related this to the academic success of the students as well. As a teacher, there is more than just educating the student on subject knowledge. You also have to look at all the different factors that affect their learning. Through examining and analyzing many

different situations or behaviours that might be exhibited by students, it is easier to recognize these in the classroom and understand the most appropriate way to manage them. Jessica stated:

> "I think a lot of the time when we are teaching; we don't focus on the background, so we just see the tip of the iceberg rather than the whole picture."

When dealing with mental illness, it is more of a spectrum than discrete and defined variables. What might be a trigger for one person could be a coping mechanism for another. When looking at adolescents with mental illnesses, it is essential to remember that it is not a textbook, and each student needs different supports that best suit them. Lisa made this point when discussing what type of learning would help prepare teacher candidates for supporting students:

> "There were also some parts where we talked about how you could approach certain students in different situations, but it was very much here is an idea, and it should work… or it might not. The way we were taught and discussed the situations was it could work or it couldn't. I think that more preparation for the fact that it might not work would be helpful because, more often than not, it doesn't work the way it's presented to us. So be prepared for that and how to assess situations and make decisions on how to support students."

Course-based learning

At the university in which this study was conducted, a new course based on mental health was being offered. This course was in its first years and still an elective course for the teacher candidates. Both participants in the interview had taken this course, and both of them indicated that the majority of their knowledge came from the course. Jessica stated:

"I wouldn't say I have had a lot of training on the subject. I took a course on mental health, focusing on high school students and junior to intermediary students, and then I have also attended some workshops."

The teacher candidates indicated that they would like to be given more opportunities to take courses in the training program and offered from the school board. They found that discussing the scenarios and learning about the signs and symptoms in a classroom setting was the most helpful. The school board that the participants were placed in already offered some professional development on the subject. However, Jessica said:

"The PD [professional development] was broken up into chunks, so you had to choose which area you wanted to learn about and did not have the time to access all of them. So, making these courses more accessible and potentially mandatory would be helpful."

When looking at what they found most helpful and what they would like more of going forward, both participants indicated multiple times that courses and workshops would be of most significant benefit. They found they received greater information this way compared to other methods like in-service training and board provided resources.

Self-Efficacy

When it came to talking with the participants about how confident they were in their abilities to support their students, it was somewhat mixed results. The first thing I noticed is that both teacher candidates said they could do what is necessary for a time of need when it comes down to it. Despite being able to support students at the moment, there is a lack of confidence in the pre- and post- situation. The teacher candidates had a lack of confidence in their abilities to support students in the future. Jessica said:

"I don't want to use the word confident because confidence does not come easily. However, I feel like if it came to it, then I would be able to help the student. At the same time, I would be nervous because you are learning all these different things and all of these different symptoms and signs. So, the mind automatically goes to what if I don't remember what if I make something too stressful for the student. There are so many what-ifs that it is hard for me to be confident in what I am doing."

This lack of confidence was also seen when talking about past relationships with students and how they were able to support them. Lisa said:

"After being faced with a situation at one of my schools, I had no idea what to do. I went home; obviously, they got help the day of and were okay, but after going home, I couldn't stop questioning if what I did was right. I kept thinking I could have said this or done this, but that was because I was not confident enough in myself to deal with it."

When the participants were asked about what fostered any confidence they had, the faculty within the pre-service program, and how they train teachers was attributed. Teacher candidate Jessica said:

“The emphasis on caring for students because that is the top priority. It's not making sure they get the best grades or making sure they pass certain tests; it's about caring about students. And I think the way the teachers in this faculty kind of approach that, that builds confidence.”

The teacher candidates indicated they had a low overall self-efficacy because they simply did not feel prepared enough to support their students properly. Considering the varying nature of the mental illness, their abilities varied with it. They indicated slightly more confidence when

supporting students with mental illnesses such as depression and anxiety, and less when supporting students who mention self-harm or suicide.

This lack of confidence is concentrated on their ability to support students when they need it. The teacher candidates indicated that they were relatively comfortable and confident that they could adequately educate their students on the subject. This shows that confidence is not related to their comfort, acknowledging, and addressing issues.

Relationships between the data

The interviews were able to support a couple of the trends seen in the primary survey data. The moderate level of knowledge indicated could be attributed to the variation in types of mental illnesses. The teacher candidates had varying degrees of knowledge when looking at illnesses like anxiety and depression compared to anorexia and bipolar disorder. This supports the data from the survey where teacher candidates indicated a moderate level overall because this is such a large range that we are looking at.

The correlations between knowledge and confidence were not surprising. However, it can now be supported using data found in the interviews. The more awareness the teacher candidate had on the subject, the more confidence they had to support their students who had those illnesses. When the mental illness was less prevalent, or they had less knowledge, they became less confident.

Chapter 5: Conclusions and Future Work

Conclusion

The results of this study show that there is a need for increased training for pre-service teachers when it comes to mental health in the classroom. The research set out to determine how literate pre-service teachers are in this field, and how confident they are in their abilities to support students with mental health. The results from the survey showed the base trends on knowledge, personal awareness, and comfort, while the interview allowed for a better understanding of these results.

The data from the survey provided insight into the first research question about how literate pre-service teachers are in the field of mental health. The results showed that in general, pre-service teachers feel they have a moderate level of knowledge when it comes to mental health. However, there was a larger variance in the responses, indicating that the pre-service teachers had varying levels of knowledge depending on the topic. Mental health is a large topic, and the survey results indicate that pre-service teachers felt they had sufficient knowledge when it came to the topic in general or common illnesses. This is in agreement with previous research that found while teachers are unaware of how to support students, they usually have sufficient knowledge about the illnesses themselves (Armstrong, 2015; Fortier, 2017; Graham, 2011). While some knowledge levels may be high, it is not true of all illnesses and topics across the board, and therefore the overall perception of knowledge is lower. This shows that there needs to be a focus on education on mental illnesses in the broader range. While anxiety and depression may be more commonly seen in students, these are not the only ones present. Having greater knowledge on topics like eating disorders, bipolar disorders, self-harm, and suicide can improve

the lives of many more students as they can also receive the support they deserve in the classroom.

The second research question focused on how confident pre-service teachers are in their abilities to support and manage mental health in the classroom. An unsurprising result was the correlation between level of knowledge and comfort level. This correlation was strong and suggests that teachers who do not have a significant level of knowledge, also have a low comfort level and in turn not know how to behave when they are supporting students with mental health problems. The relationship between knowledge and comfort was also further supported through the interviews with the pre-service teachers. They reported that they were more comfortable dealing with situations involving illnesses about which they had high levels of knowledge and less comfortable when they had low levels of knowledge. This issue needs to be addressed because pre-service teachers have and will deal with situations where students approach them with issues relating to self-harm or suicide. If they are uncomfortable with the topic, they may not provide the support that students deserve and needs.

The knowledge that the pre-service teachers had was related not only to their comfort but also their confidence in their abilities to support a student in need effectively. This correlation supports the literature that says, "increased knowledge about inclusive education and the different disorders students live with, as well as increased experience in inclusive settings, contributed to a greater self-efficacy for teacher candidates" (Dods, 2016, p. 44). The lack of confidence was seen in the two respondent's description of the stress they felt when thinking about being faced with a situation as well as doubt following a situation in which they supported a student. While there was not a lot of confidence in how they would support the students, they were always able to do so at the moment or find other resources to help. The overall confidence

in their abilities in supporting students was not at the level that would be expected, especially with the number of students who have mental illness.

The two pre-service teachers who were interviewed indicated that the majority of knowledge about mental health obtained throughout their academic career and personal lives was mostly through an optional course delivered through the faculty of education. This course was able to teach the students about different mental illnesses and the basics of how to support these students. Some additional professional development courses had been taken; however, these were optional and hard to access for all. The participants indicated that the courses were helpful, however, it would be more beneficial if there was greater number and accessibility to these courses and if they were required for all. This face-to-face model of learning has previously been regarded as the most beneficial and preferred by teachers when it comes to learning about mental health and supporting students (Fortier, 2017; Kutcher, 2013). Furthermore, it was said that situational training would be most beneficial at this stage to ensure that the teachers are able to react appropriately in any situation.

This research was able to provide additional data and trends that a focus on mental health literacy in teachers is essential. While there are many teachers already in the field it was shown that pre-service teachers are aware of the need and prepared to undergo the training needed to properly support their students in the classroom. While pre-service teachers do not necessarily have extensive field experience, many have already encountered situations in which they have been required to support a student with mental illness. This has created a self-awareness of their abilities to approach these situations and ensure the student receives appropriate support. A great deal of previous research has been focused on training at the teacher level, however, this research shows that training can begin before teachers ever enter a classroom on their own.

Future Work

There is a need for increased training for teachers in the area of mental health. This study focused on the education of pre-service teachers as this is an easy target to begin enhancing the knowledge of teachers. Many universities in Ontario are beginning to offer courses based around the mental health of students; however, this has not been mandated. Focus on fine-tuning these courses and determining the type of practice that will best educate the pre-service teachers and prepare them for a life in the field.

While pre-service teachers stated that they feel underprepared, they have significantly less experience than an in-service teacher. Armstrong et al. (2015) found that only 18% of in-service teachers who know students are suffering know what vital role to take. Going forward more research should be conducted to look at how experienced teachers would consider their confidence in their abilities and what their knowledge level is like. Regardless of the perceived level of knowledge all teachers should receive further training to ensure that students are receiving the support they deserve, determining at what point during a teacher's career or how often would be useful.

Even though this study focused mainly on teachers' personal knowledge and confidence, it is important to recognize the school and its role. The school climate is important and it would be good to identify how teachers can contribute to this in order to prevent, identify and intervene when it comes to mental health problems. Some countries, like Australia, have already implemented nationwide initiatives that have a heavy focus on mental health in the schools and base all education around wellbeing (Wyn et al., 2000). Ontario has implemented a similar plan called School Mental Health ASSIST in which boards across Ontario are supported and guided in implementing framework to help the mental wellbeing of students (Short, 2016). Further

research to see how this program is supporting the students currently and what can be done to improve the system would help enhance the benefits to students in Ontario.

References

Allen, K. A., Kern, M. L., Vella-Brodrick, D., & Waters, L. (2017). School values: A comparison of academic motivation, mental health promotion, and school belonging with student achievement. *The Educational and Developmental Psychologist*, *34*(1), 31-47.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.

Anwar-McHenry, J., Donovan, R. J., Nicholas, A., Kerrigan, S., Francas, S., & Phan, T. (2016). Implementing a Mentally Healthy Schools Framework based on the population wide Act-Belong-Commit mental health promotion campaign. *Health Education*. *116*(6), 561-579.

Armstrong, D., Price, D., & Crowley, T. (2015). Thinking it through: a study of how pre-service teachers respond to children who present with possible mental health difficulties. *Emotional and Behavioural Difficulties*, *20*(4), 381-397.

Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, *37*(1-2), 40-47.

Bandura, A. (1977). Social learning theory. New York: General Learning Press.

Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational behavior and human decision processes*, *50*(2), 248-287.

Bandura, A. (1999). Social cognitive theory: An agentic perspective. *Asian Journal of Social Psychology*, *2*, 21-41.

Beltrán-Catalán, M., Zych, I., Ortega-Ruiz, R., & Llorent, V. J. (2018). Victimisation through bullying and cyberbullying: Emotional intelligence, severity of victimisation and technology use in different types of victims. *Psicothema*, *30*(2), 183-188.

Bernstein-Yamashiro, B., & Noam, G. G. (2013). Teacher-student relationships: A growing field of study. *New directions for youth development*, *2013*(137), 15-26.

Butler, M. A., & Pang, M. (2014). *Current issues in mental health in Canada: Child and youth mental health*. Library of Parliament. https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/InBriefs/PDF/2014-13-e.pdf

Canadian Mental Health Association. (2014a). *Depression and Bipolar Disorder* [Brochure]. Retrieved September 14, 2019, from https://cmha.ca/documents/depression-and-bipolar-disorder

Canadian Mental Health Association. (2014b). *Anxiety Disorders* [Brochure]. Retrieved September 14, 2019, from https://cmha.ca/documents/anxiety-disorders

Canadian Mental Health Association. (2014c). *Eating Disorders* [Brochure]. Retrieved September 14, 2019, from https://cmha.ca/documents/eating-disorders

Canadian Mental Health Association. (2014d). Fast Facts about Mental Illness. http://www.cmha.ca/media/fast-facts-about-mental- illness/#.Uw0Eo3lupg0

Caruth, G. D. (2013). Demystifying mixed methods research design: A review of the literature. *Online Submission*, *3*(2), 112-122.

Chandra, A., & Minkovitz, C. S. (2006). Stigma starts early: Gender differences in teen willingness to use mental health services. *Journal of adolescent health*, *38*(6), 754.e1-754.e8.

Chisholm, K., Patterson, P., Torgerson, C., Turner, E., Jenkinson, D., & Birchwood, M. (2016). Impact of contact on adolescents' mental health literacy and stigma: the SchoolSpace cluster randomised controlled trial. *BMJ open*, *6*(2), e009435.

Connolly, J., Hussey, P., & Connolly, R. (2014). Technology-enabled bullying and adolescent resistance to report. *Interactive Technology and Smart Education*.

Côté, S. M., Boivin, M., Liu, X., Nagin, D. S., Zoccolillo, M., & Tremblay, R. E. (2009). Depression and anxiety symptoms: onset, developmental course and risk factors during early childhood. *Journal of Child Psychology and Psychiatry*, *50*(10), 1201-1208.

Creswell, John W. (2008) *Educational research :planning, conducting, and evaluating quantitative and qualitative research* Upper Saddle River, N.J. : Pearson/Merrill Prentice Hall

Crooks, C. V., Jaffe, P. G., & Rodriguez, A. (2017). Increasing knowledge and self-efficacy through a pre-service course on promoting positive school climate: The crucial role of reducing moral disengagement. *Advances in School Mental Health Promotion*, *10*(1), 49-64.

DeSocio, J., & Hootman, J. (2004). Children's mental health and school success. *The Journal of School Nursing*, *20*(4), 189-196.

Dods, J. (2016). Teacher candidate mental health and mental health literacy. *Exceptionality Education International*, *26*(2), 42-61.

Ekornes, S. (2017). Teacher stress related to student mental health promotion: The match between perceived demands and competence to help students with mental health problems. *Scandinavian journal of educational research*, *61*(3), 333-353.

Fortier, A., Lalonde, G., Venesoen, P., Legwegoh, A. F., & Short, K. H. (2017). Educator mental health literacy to scale: from theory to practice. *Advances in school mental health promotion*, *10*(1), 65-84.

Frauenholtz, S., Mendenhall, A. N., & Moon, J. (2017). Role of school employees' mental health knowledge in interdisciplinary collaborations to support the academic success of students experiencing mental health distress. *Children & Schools*, *39*(2), 71-79.

Gandhi, S., Chiu, M., Lam, K., Cairney, J. C., Guttmann, A., & Kurdyak, P. (2016). Mental health service use among children and youth in Ontario: population-based trends over time. *The Canadian Journal of Psychiatry*, *61*(2), 119-124.

Government of Ontario. (2011). Open minds, healthy minds: Ontario's comprehensive mental health and addictions strategy.

Government of Ontario. (2017). Special education in Ontario: kindergarten to grade 12.

Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching*, *17*(4), 479-496.

Herman-Stahl, M., & Petersen, A. C. (1996). The protective role of coping and social resources for depressive symptoms among young adolescents. *Journal of youth and Adolescence*, *25*(6), 733-753.

Iachini, A. L., & Wolfer, T. A. (2015). Promoting school mental health competencies: Exploring the utility of decision cases for pre-service learning. *Advances in School Mental Health Promotion*, *8*(2), 104-120.

Ilic, M., Reinecke, J., Bohner, G., Röttgers, H. O., Beblo, T., Driessen, M., ... & Corrigan, P. W. (2013). Belittled, avoided, ignored, denied: Assessing forms and consequences of stigma experiences of people with mental illness. *Basic and Applied Social Psychology*, *35*(1), 31-40.

Joe, S., Joe, E., & Rowley, L. L. (2009). Consequences of physical health and mental illness risks for academic achievement in grades K–12. *Review of Research in Education*, *33*(1), 283-309.

Johnson, C., Eva, A. L., Johnson, L., & Walker, B. (2011). Don't turn away: Empowering teachers to support students' mental health. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, *84*(1), 9-14.

Kidger, J., Donovan, J. L., Biddle, L., Campbell, R., & Gunnell, D. (2009). Supporting adolescent emotional health in schools: a mixed methods study of student and staff views in England. *BMC Public Health*, *9*(1), 403.

Kratt, D. (2019). Teachers' perspectives on educator mental health competencies: A qualitative case study. *American Journal of Qualitative Research*, *2*(1), 22-40.

Kutcher, S., Wei, Y., McLuckie, A., & Bullock, L. (2013). Educator mental health literacy: a programme evaluation of the teacher training education on the mental health & high school curriculum guide. *Advances in school mental health promotion*, *6*(2), 83-93.

LaRusso, M. D., Romer, D., & Selman, R. L. (2008). Teachers as builders of respectful school climates: Implications for adolescent drug use norms and depressive symptoms in high school. *Journal of Youth and Adolescence*, *37*(4), 386.

Leonard, S., Stiles, A. A., & Gudiño, O. G. (2016). School engagement of youth investigated by child welfare services: Associations with academic achievement and mental health. *School Mental Health*, *8*(3), 386-398.

Letcher, P., Sanson, A., Smart, D., & Toumbourou, J. W. (2012). Precursors and correlates of anxiety trajectories from late childhood to late adolescence. *Journal of Clinical Child & Adolescent Psychology*, *41*(4), 417-432.

Lynagh, M., Gilligan, C., & Handley, T. (2010). Teaching about, and dealing with, sensitive issues in schools: How confident are pre-service teachers?. *Asia-Pacific Journal of Health, Sport and Physical Education*, *1*(3-4), 5-11.

Lyons, C., Hopley, P., & Horrocks, J. (2009). A decade of stigma and discrimination in mental health: plus ça change, plus c'est la même chose (the more things change, the more they stay the same). *Journal of psychiatric and mental health nursing*, *16*(6), 501-507.

Maddox, S. J., & Prinz, R. J. (2003). School bonding in children and adolescents: Conceptualization, assessment, and associated variables. *Clinical child and family psychology review*, *6*(1), 31-49.

Mælan, E. N., Tjomsland, H. E., Baklien, B., Samdal, O., & Thurston, M. (2018). Supporting pupils' mental health through everyday practices: A qualitative study of teachers and head teachers. *Pastoral Care in Education*, *36*(1), 16-28.

Markowitz, F. E. (1998). The effects of stigma on the psychological well-being and life satisfaction of persons with mental illness. *Journal of health and social behavior*, 335-347.

Meldrum, L., Venn, D., & Kutcher, S. (2009). Mental health in schools: How teachers have the power to make a difference. *Health & Learning Magazine*, *8*, 3-5.

Mental Health Commission of Canada. (2015). *Informing the Future: Mental Health Indicators for Canada,* Ottawa, ON: Author.

Mental illness. (1992). In *The Oxford dictionary*. Oxford: Oxford University Press.

Mihalas, S., Morse, W. C., Allsopp, D. H., & Alvarez McHatton, P. (2009). Cultivating caring relationships between teachers and secondary students with emotional and behavioral

disorders: Implications for research and practice. *Remedial and Special Education*, *30*(2), 108-125.

Milin, R., Kutcher, S., Lewis, S. P., Walker, S., Wei, Y., Ferrill, N., & Armstrong, M. A. (2016). Impact of a mental health curriculum on knowledge and stigma among high school students: a randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, *55*(5), 383-391.

Murnaghan, D., Morrison, W., Laurence, C., & Bell, B. (2014). Investigating mental fitness and school connectedness in Prince Edward Island and New Brunswick, Canada. *Journal of school health*, *84*(7), 444-450.

National Center for Mental Health. (nd.) https://www.flgov.com/wp-content/uploads/childadvocacy/mental-health-and-academic-achievement-2-24-12.pdf

Ontario Ministry of Education. (2013). Supporting minds: An educator's guide to promoting students' mental health and well-being. *Queen's Printer for Ontario*.

Paul, M., Berriman, J. A., & Evans, J. (2008). Would I attend child and adolescent mental health services (CAMHS)? Fourteen to sixteen year olds decide. *Child and Adolescent Mental Health*, *13*(1), 19-25.

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

Rushton, J. L., Forcier, M., & Schectman, R. M. (2002). Epidemiology of depressive symptoms in the National Longitudinal Study of Adolescent Health. *Journal of the American Academy of Child & Adolescent Psychiatry*, *41*(2), 199-205.

Schwartz, T., Dinnen, H., Smith-Millman, M. K., Dixon, M., & Flaspohler, P. D. (2017). The Urban Teaching Cohort: pre-service training to support mental health in urban schools. *Advances in School Mental Health Promotion*, *10*(1), 26-48.

Scott, J. G., Moore, S. E., Sly, P. D., & Norman, R. E. (2014). Bullying in children and adolescents: a modifiable risk factor for mental illness. *Australian & New Zealand Journal of Psychiatry*, *48*(3), 209-212.

Short, K. H. (2016). Intentional, explicit, systematic: Implementation and scale-up of effective practices for supporting student mental well-being in Ontario schools. *International Journal of Mental Health Promotion*, *18*(1), 33-48.

Statistics Canada. (2014). *Mental health indicators.* (Table 13-10-0465-01) [Data Set]. https://doi.org/10.25318/1310046501-eng

Suldo, S. M., & Shaffer, E. J. (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. *School Psychology Review*, *37*(1), 52-68.

Wahl, O. F. (2012). Stigma as a barrier to recovery from mental illness. *Trends in cognitive sciences*, *16*(1), 9-10.

Walter, H. J., Gouze, K., & Lim, K. G. (2006). Teachers' beliefs about mental health needs in inner city elementary schools. *Journal of the American Academy of Child & Adolescent Psychiatry*, *45*(1), 61-68.

Watson, A. C., Miller, F. E., & Lyons, J. S. (2005). Adolescent attitudes toward serious mental illness. *The Journal of Nervous and Mental Disease*, *193*(11), 769-772.

Wei, Y., Kutcher, S., & Szumilas, M. (2011). Comprehensive school mental health: an integrated "school-based pathway to care" model for Canadian secondary schools. *McGill Journal of Education/Revue des sciences de l'éducation de McGill*, *46*(2), 213-229.

Whitley, J. (2010). The role of educational leaders in supporting the mental health of all students. *Exceptionality Education International*, *20*(2), 55-69.

Whitley, J., & Gooderham, S. (2016). Exploring and Promoting Mental Health Literacy and Outcomes: Introduction to the Special Issue. *Exceptionality Education International*, *26*(2), 1-4.

Whitley, J., Smith, J. D., & Vaillancourt, T. (2013). Promoting mental health literacy among educators: Critical in school-based prevention and intervention. *Canadian Journal of School Psychology*, *28*(1), 56-70.

Wyn, J., Cahill, H., Holdsworth, R., Rowling, L., & Carson, S. (2000). MindMatters, a whole-school approach promoting mental health and wellbeing. *Australian & New Zealand Journal of Psychiatry*, *34*(4), 594-601.

Appendices

Appendix A

Email to Research and Assessment Team at the Thames Valley District School Board

Dear _____,

I am a master's candidate in the Faculty of Education at the University of Windsor.

The "Mental Health Literacy and Capacity Survey for Educators" appeared in a number of theses including Tamara Daniszewski's from April 2013 and Kelly Holtz's from May 2017. In both the survey has been credited to a previous project employed by the Research and Assessment Services of Thames Valley District School Board.

I am writing to you to ask permission to use the "Mental Health Literacy and Capacity Survey for Educators" during my planned research looking at mental health literacy of pre-service teachers in the Faculty of Education at the University of Windsor.

The research questions I set out to investigate through the survey are:

1. How literate are pre-service teachers in the field of mental health?

2. How confident are pre-service teachers in their abilities to support and manage mental health in the classroom?

If required I am happy to provide more information regarding my intended research project.

Your consideration is greatly appreciated,

Mackenzie Tourigny-Conroy, OCT

B.Ed., B.Sc.

University of Windsor

Appendix B

Email of Recruitment for Survey Participation

Dear Pre-Service Teacher,

You are invited to participate in a research study on the Mental Health Literacy and Self-Efficacy of Pre-Service Teachers. You will be asked to complete an online survey that will take approximately 15 minutes.

The purpose of this research is to look at teachers' knowledge and self-confidence when it comes to mental health issues in the classroom.

The research will be conducted by Mackenzie Tourigny-Conroy, B.Ed, B.Sc., Masters of Education Candidate in the Faculty of Education at the University of Windsor.

The survey can be conducted any place, but it is recommended that you complete it on a secure internet connection. The Qualtrics survey program will also work best with Chrome or Firefox browsers. Participation in the survey will be confidential and responses will be anonymous using a code attached to collected responses. Participants will receive no academic benefit or penalty as a result of this research.

Following the completion of the survey, you will be redirected to a second survey in which you will be asked your name and if you would like to participate in the next phase of the research. Your name will not be linked to your initial survey in any way and will only be used for

incentive purposes and future contact if necessary. The second phase of the research will be a series of interviews, please find information regarding these surveys within the Letter of Information. Participation in the survey does not require you to participate in an interview as well.

Your consideration and participation in the survey is appreciated and as an incentive there will be a draw for **10 prizes of $10 Tim Hortons cards**.

Attached you will find the Letter of Information for Consent to Participate and the Letter for Consent to Participate. Please read and make yourself familiar with these before beginning the study. If you have any questions or concerns, please contact Mackenzie at tourign@uwindsor.ca.

Sincerely,

Mackenzie Tourigny-Conroy, B.Ed, B.Sc., M. Ed Candidate

Appendix C

Letter of Information of Consent to Participate in Research: Survey

LETTER OF CONSENT TO PARTICIPATE IN RESEARCH: SURVEY

Title of Study: Mental Health Literacy and Self-Efficacy of Pre-Service Teachers in Ontario

You are asked to participate in a research study conducted by **Mackenzie Tourigny-Conroy and Dr. Geri Salinitri**, from the **Faculty of Education** at the University of Windsor **in which the results will contribute to the completion of a Thesis.**

If you have any questions or concerns about the research, please feel to contact **Mackenzie Tourigny-Conroy, tourign@uwindsor.ca or Dr. Geri Salinitri, sgeri@uwindsor.ca.**

PURPOSE OF THE STUDY

According to the Canadian Mental Health Association ([CMHA], 2014), 10-20 percent of students have some level of mental illness or disorder. However, the CMHA states that even though receiving help for mental illness can drastically increase a person's daily life, only 1 in 5 children will actually receive needed services. A student suffering from mental illness faces much greater barriers in their education than peers which can affect their overall achievement. It is

important to ensure that teachers are well prepared and equipped with resources to support students with mental illness, so they are able to succeed.

As the Faculty of Education at the University of Windsor and similar institutions begin implementing mental health education courses, it is important to find early on what would benefit pre-service teachers the most. Having a base understanding of what and how knowledge is being acquired pre-course will help guide Faculties of Education in the development of pre-service programs in regard to the level of education required in the area of mental health.

PROCEDURES

The survey will be completed electronically through the use of Qualtrics Survey Software and will take approximately 15-20 minutes to complete. In order to complete this survey, you will need access to a computer and internet connection, private network is recommended. Once you have opened the survey, you will be able to save and come back to the survey at a later time for up to one week following. The survey will be active for two weeks following the initial release, date of *April 9, 2019*, at which time the survey can no longer be accessed.

The link provided will open the survey and prompt you to begin the Mental Health Literacy and Capacity Survey for Educators. This survey will ask a series of questions pertaining to your mental health knowledge, comfort and confidence in the classroom. Upon completion, you will be directed to a secondary survey in order to ensure anonymity in which you will provide your name for compensation and interview purposes.

Following completion of the survey, you will be contacted again if you have been selected to participate in an interview or if you have been chosen to receive the incentive.

POTENTIAL RISKS AND DISCOMFORTS

To ensure participants feel no risk to their social or professional lives, the data collected will be completely confidential. The survey itself will be anonymous meaning no information provided will have any attachment to you or any personal identifiers.

Participation in the study will have no effect on the participant academically and is voluntary. Under no circumstance will a participant be penalized or rewarded academically for their participation or lack thereof in the study.

The content of the study may cause some discomfort or emotional response as it focuses on the topic of mental illness. At no point in the study will you be asked to comment on your own personal mental health or disclose specific information regarding experiences or incidents with students. If at any point during the survey you feel uncomfortable you are able to withdraw your participation immediately and not continue.

The survey will look at personal involvement, awareness, knowledge and comfort when it comes to mental health. You will also be asked about support when it comes to mental illness in the classroom and your views on importance of topics. Most of the questions are answered using a Likert scale and require no open-ended responses.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

As a participant in the study you may begin to better understand your own level of knowledge as you reflect on your past experiences and education. You will also be asked questions regarding self-confidence in the area which also may be beneficial when reflecting on and guide self-improvement.

The results of this study will inform institutions, Faculties of Education in particular about the depth of knowledge incoming pre-service teachers have. It will allow the faculties to direct their programming in regards to mental health in an appropriate and beneficial way that will support pre-service teachers.

This will also provide information to the Ministry of Education as well as local boards into the potential knowledge of incoming teachers and current teachers who have never received training in this area. It could inform them into the need for professional development and support tools for their teachers.

COMPENSATION FOR PARTICIPATION

Following completion of the survey all participants will be entered into a draw for 10 prizes of $10 gift cards to Tim Hortons. This will take place after the survey's final closing date

and you will only be contacted if you have been selected to receive the incentive, this will be sent as a digital gift card by email.

CONFIDENTIALITY

All parts of the study will be guaranteed confidentiality and the only person with access to this information will be the researchers. The data collected will be securely stored either physically or electronically for up to five years following the completion of the study. Under no circumstance will any information be released to a third party.

Any identifiers in the study will be removed to prevent association of data to the participant. The survey will be entirely anonymous and have no connection to the participant following completion. The interviews will have names removed and coded in order to de-identify any information.

PARTICIPATION AND WITHDRAWAL

Due to the fact that the Mental Health Literacy and Capacity Survey for Educators will be completed anonymously, participants will not have the option to withdraw after they have completed. There will be no connection between the survey and the participant themselves so theirs would be impossible to locate. If a participant chooses to withdraw during the survey they can do so by simply closing the browser.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS

Upon completion of the study participants will receive a summary of the research and results via email. Participants will also be able to access the thesis paper in its entirety. This will include full results, analysis and resources. This will be located in the University of Windsor Collection of Theses and Dissertations. It will be able to be accessed under the full title of the study: Mental Health Literacy and Self-Efficacy of Pre-Service Teachers in Ontario

Web address: _ https://scholar.uwindsor.ca/etd/

Date when results are available: September 1, 2019

SUBSEQUENT USE OF DATA

The data collected will not be used in reanalysis for future reports. The data may be used as is presented in the final thesis for the purpose of future publications or presentations related directly to the current study.

RIGHTS OF RESEARCH PARTICIPANTS

If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

CONSENT OF RESEARCH

Through participating in the survey, it will be implied that you are giving consent and have thoroughly understood the information provided.

Appendix D

Mental Health and Literacy Capacity Survey for Educators

Background information:

1. To which program of education are you currently enrolled?

   __ Consecutive

   __ Concurrent

2. Area(s) of study. Please identify the department in which you received your undergraduate degree.

   __ Faculty of Arts, Humanities, and Social Sciences

   __ Faculty of Science

   __ Faculty of Human Kinetics

   __ Other

3. Please identify which grade levels you teach.

   __ Primary/Junior

   __ Junior/Intermediate

   __ Intermediate/Senior

Thinking of a recent time you had a student with significant emotional or behavioral issues:

4. How would you describe the issues (check all that apply)?

__ Anxiety

__ Stress

__ Bullying and Harassment

__ Impulse Control

__ Substance Abuse

__ Family Dysfunction

__ Anger Management

__ Depression

5. What actions did you take (check all that apply)?

___ Carried on as usual

___ Changed way interacted with student

___ Talked with student; listened; provided empathetic support

___ Developed plan with student

___ Met with parents

___ Used mediation

___ Used restorative practices

___ Requested consultation from mental health professional

___ Requested consultation from guidance counselor

___ Requested consultation from social worker

___ Requested consultation from school psychologist

___ Requested consultation from administrator

___ Requested consultation from school nurse

___ Consulted online resources relevant to the student's needs

___ Requested to attend a workshop relevant to the student's needs

___ Discussed student with Special Education teacher or case manager

___ Referred student to Student Assistance Team (SAT)

___ Other

Using the scale below, how would you rate your awareness of each of the following:

Not at all aware Somewhat aware Very aware

1 2 3 4 5

6. The range of mental health issues that adolescents experience during the school years ____
7. The risk factors and causes of student mental health issues____
8. The types of treatments available to help students with mental health issues (in school) ____
9. The local community services for treating student with mental health issues (outside of school) ____
10. The steps necessary to access local community services for mental health issues ____

Using the scale below, how would you rate your knowledge of each of the following:

Not knowledgeable Somewhat knowledgeable Very knowledgeable

1 2 3 4 5

11. About the signs and symptoms of student mental health issues ____
12. About appropriate actions to take to support student mental health at school ____
13. About legislation related to mental health issues (confidentiality, consent to treatment, etc.) ____
14. About school system services and resources for helping students with mental health issues ____

Using the scale below, how would you rate your comfort level with each of the following:

Not at all comfortable Somewhat comfortable Very comfortable

1 2 3 4 5

15. Talking with students about mental health ____
16. Talking with parents about their child's mental health ____
17. Providing support to students with mental health issues ____
18. Accessing school and system services for students with mental health issues ____

Please rate how important you consider the following to be in helping you deal with students who present with emotional and behavioral issues in the classroom.

Not at all important Somewhat important Very important

1 2 3 4 5

19. Better preparation in teacher training to deal with mental health issues ____

20. More workshops in schools on mental health ____

21. Greater access to specialized mental health consultations within schools ____

22. Easier access to community based agencies and resources ____

23. Access to peer support and mentoring on mental health ____

24. Availability of telephone support for dealing with student mental health issues ____

25. More in-school support for dealing with student mental health issues ____

26. More in-school support from school teams ____

27. More availability of system support staff ____

28. Increased access to web-based resources and materials ____

29. More availability of print/how-to manuals ____

30. More availability of videos, DVDs ____

31. Other_____

32. Have you accessed mental health websites looking for resources and materials?

    __YES __NO

33. How important are emotional/mental health and well-being supports and services in improving academic achievement and overall school success? ____

How important are the following issues to address among students?

Not at all important		Somewhat important		Very important
1	2	3	4	5

34. Anxiety ____

35. Stress ____

36. Bullying and harassment ____

37. Impulse control ____

38. Substance abuse ____

39. Family dysfunction ____

40. Anger management ____

41. Depression ____

42. Other behavior problems ____

Appendix E

Email of Recruitment for Participation in Interview

Dear Pre-Service Teacher,

You are invited to participate in the second part of the research study on the Mental Health Literacy and Self-Efficacy of Pre-Service Teachers. You have indicated interest and will be asked to complete an interview that will last approximately 30 minutes.

The purpose of this research is to look at teachers' knowledge when it comes to mental health issues in the classroom and where this is being acquired. It will also look at the self-confidence and experience supporting mental health in the classroom.

The research will be conducted by Mackenzie Tourigny-Conroy, B.Ed, B.Sc., Masters of Education Candidate in the Faculty of Education at the University of Windsor.

The interview will take place at the University of Windsor and will be conducted at a scheduled time that is most convenient to you. Participation in the interview will be confidential and interview responses will be de-identified promptly. Participants will receive no academic benefit or penalty as a result of this research.

Your consideration and participation in the interview is appreciated and as an incentive you will receive a $10 gift card to Tim Horton's upon completion.

Attached you will find the Letter of Information for Consent to Participate and the Letter for Consent to Participate. Please read and make yourself familiar with these before beginning the study. If you have any questions or concerns, please contact Mackenzie at tourign@uwindsor.ca

If you still wish to participate in the survey, please respond to me and we can schedule a meeting time that works best.

Sincerely,

Mackenzie Tourigny-Conroy, B.Ed, B.Sc., M. Ed Candidate

Appendix F

Letter of Information of Consent to Participate in Research: Interview

LETTER OF CONSENT TO PARTICIPATE IN RESEARCH: INTERVIEW

Title of Study: Mental Health Literacy and Self-Efficacy of Pre-Service Teachers in Ontario

You are asked to participate in a research study conducted by **Mackenzie Tourigny-Conroy and Dr. Geri Salinitri**, from the **Faculty of Education** at the University of Windsor **in which the results will contribute to the completion of a Thesis.**

If you have any questions or concerns about the research, please feel to contact **Mackenzie Tourigny-Conroy, tourign@uwindsor.ca or Dr. Geri Salinitri, sgeri@uwindsor.ca.**

PURPOSE OF THE STUDY

According to the Canadian Mental Health Association ([CMHA], 2014), 10-20 percent of students have some level of mental illness or disorder. However, the CMHA states that even though receiving help for mental illness can drastically increase a person's daily life, only 1 in 5 children will actually receive needed services. A student suffering from mental illness faces much greater barriers in their education than peers which can affect their overall achievement. It is

important to ensure that teachers are well prepared and equipped with resources to support students with mental illness, so they are able to succeed.

As the Faculty of Education at the University of Windsor and similar institutions begin implementing mental health education courses, it is important to find early on what would benefit pre-service teachers the most. Having a base understanding of what and how knowledge is being acquired pre-course will help guide Faculties of Education in the development of pre-service programs in regard to the level of education required in the area of mental health.

PROCEDURES

The interviews will take place in person at the University of Windsor in a private pre-determined location and will take approximately 30 minutes to complete. The interview will be audio recorded and then transcribed at a later date. The interview will consist of a series of open-ended questions looking at experience and self-efficacy with supporting mental health issues in the classroom as well as the knowledge and acquisition of mental health. The interviewer will follow a script in asking the questions and no additional input or guidance will be provided to prevent any bias.

Within one week following the interview you will be provided a copy of the transcript for revision. This will be sent by email and asked to be returned with confirmation or any changes within one week.

POTENTIAL RISKS AND DISCOMFORTS

To ensure participants feel no risk to their social or professional lives, the data collected will be completely confidential. The interview will be confidential, and any identifying factors will be removed promptly.

Participation in the study will have no effect on the participant academically and is voluntary. Under no circumstance will a participant be penalized or rewarded academically for their participation or lack thereof in the study.

The content of the study may cause some discomfort or emotional response as it focuses on the topic of mental illness. At no point in the study will you be asked to comment on your own personal mental health or disclose specific information regarding experiences or incidents with students. If at any point during the interview you feel uncomfortable you are able to withdraw your participation immediately and not continue.

The interview will focus on knowledge and training in mental health topics. You will be asked to reflect on past experiences and the self-confidence in supporting these students. Any information divulged during the study will be confidential and have no identifiers linking back to the participant.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

As a participant in the study you may begin to better understand your own level of knowledge as you reflect on your past experiences and education. You will also be asked questions regarding self-confidence in the area which also may be beneficial when reflecting on.

The results of this study will inform institutions, Faculties of Education in particular about the depth of knowledge incoming pre-service teachers have. It will allow the faculties to direct their programming in regards to mental health in an appropriate and beneficial way that will support pre-service teachers.

This will also provide information to the Ministry of Education as well as local boards into the potential knowledge of incoming teachers and current teachers who have never received training in this area. It could inform them into the need for professional development and support tools for their teachers.

COMPENSATION FOR PARTICIPATION

All participants who take place in the interview will receive a $10 gift card to Tim Hortons. The participant will receive the gift card upon completion of the interview.

CONFIDENTIALITY

All parts of the study will be guaranteed confidentiality and the only person with access to this information will be the researchers. The data collected will be securely stored either physically or electronically for up to five years following the completion of the study. Under no circumstance will any information be released to a third party.

Any identifiers in the study will be removed to prevent association of data to the participant. The interviews will have names removed and coded in order to de-identify any information.

PARTICIPATION AND WITHDRAWAL

Participants will be allowed to withdraw from the interview up to March 22, 2019. If a participant wishes to withdraw the data, they will contact the researcher by email or phone to indicate their wish to do so. Any information collected digitally, physically and/or recording will be properly and safely deleted immediately. If a participant does choose to withdraw from the study, there will be no consequences to them.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS

Upon completion of the study participants will receive a summary of the research and results via email. Participants will also be able to access the thesis paper in its entirety. This will include full results, analysis and resources. This will be located in the University of Windsor Collection of Theses and Dissertations. It will be able to be accessed under the full title of the study: Mental Health Literacy and Self-Efficacy of Pre-Service Teachers in Ontario

Web address: _ https://scholar.uwindsor.ca/etd/

Date when results are available: September 1, 2019

SUBSEQUENT USE OF DATA

The data collected will not be used in reanalysis for future reports. The data may be used as is presented in the final thesis for the purpose of future publications or presentations related directly to the current study.

RIGHTS OF RESEARCH PARTICIPANTS

If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE

I understand the information provided for the study *Mental Health Literacy and Self-Efficacy of Pre-Service Teachers in Ontario* as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____

Name of Participant

_____ _____

Signature of Participant Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

_____ _____

Signature of Investigator Date

Appendix G

Mental Health Literacy and Self-Efficacy Study Interview Script

Welcome and thank you for participating in the Mental Health Literacy and Self-Efficacy Study.

I am Mackenzie Tourigny-Conroy and I will be conducting the interview today. The interview should last approximately 30 minutes, are you okay with this time commitment?

The interview will consist of a series of open-ended questions that will look at your experience and confidence in your abilities dealing with mental health issues in the classroom. It will also look more in depth at the knowledge you possess, where this has been acquired and areas that you feel need more focus. The interview will be audio recorded and the script provided includes the questions that will be asked, there will be no additional input or guidance given by me.

The purpose of this interview is to understand how well teachers are prepared and equipped with resources to support students with mental health issues. With approximately 1 in 5 children suffering from mental illness it is important to look at the teacher's self-efficacy in minimizing the effects of mental health issues on learning in the classroom.

Have you read through the Letter of Consent prior?

Do you understand any and all potential risks that are associated with the interview portion of this study?

Do you understand your right to withdraw from the study?

Do you have any questions or concerns pertaining to the interview or study?

- Signing of Letter of Consent

If at any point during the interview you feel uncomfortable or wish to no longer continue, you have that right and will receive no penalty for doing so.

The questions will be open-ended, you can take time to think and gather your thoughts before answering if necessary. Only the questions provided will be used as prompts, no further guiding will take place by the interviewer. Please try to refrain from using any personal identifiers if you tell an experience or happening. If you have any questions or need clarification about any of the questions, please ask.

- Begin audio recording

1. Please describe, in general, any training you have had for educating students with mental illness.
    a. Where did this training come from?
2. Please describe, in general, what topics you have found most relevant in your classroom.
    a. Are there any topics that you **wish** you had more training on?
    b. Are there any topics that you think would **provide the most benefit** to you in your position?
3. What is your knowledge level on characteristics and symptoms different mental illnesses?
    a. Where did you learn this information?
    b. Do you believe this knowledge is important for supporting students with mental illness in the classroom?
4. How comfortable are you discussing the topic of mental illness in the classroom?
    a. Are there any topics that you are less comfortable with?
5. What form of training (if any) have you found most helpful in providing you with knowledge about mental health and encouraging confidence in supporting students with mental illness?

6. In terms of standards of academic and social success, do you believe this looks different between a mainstream student or student with mental illness?
    a. Is there any reason you believe for these differences?
7. Please describe, in general, your experience with (a) student(s) with mental illness in your classroom. (Have you personally taught, how many, when…)
    a. Were you aware of the student's condition at the time?
    b. If yes, how did you learn of this? (From who, when...)
8. Please describe how confident you were in your own ability to help (a) student(s) with mental illness succeed in the classroom.
    a. What fostered this confidence?
9. Looking back at these experiences, would you do anything differently to ensure the student(s) were able to succeed academically and/or socially?
    a. Is there anything that school could have done to support you in helping the student(s) more confidently?
    b. Is there anything the board could have done to support you in helping the student(s) more confidently?
10. Is there anything else you would like to add?

Vita Auctoris

NAME:	Mackenzie A. Tourigny-Conroy
PLACE OF BIRTH:	Sudbury, ON
YEAR OF BIRTH:	1993
EDUCATION:	St. Joseph's Catholic High School, Windsor, ON, 2011
	University of Windsor, B.Sc. [H], Windsor, ON, 2016
	University of Windsor, B.Ed., Windsor, ON, 2016
	University of Windsor, M.Ed., Windsor, ON, 2020