# UNDERSTANDING TEACHERS' PERSPECTIVES ON
# STUDENT MENTAL HEALTH

Findings From a National Survey

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# ■ INTRODUCTION

"Good mental health is more than just the absence of mental illness. It can be seen as a state of mental health that allows one to flourish and fully enjoy life."

Source: *Compassionate classrooms: Understanding student mental health*

According to the World Health Organization, mental health "is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community."

Meldrum, Venn and Kutcher (2009) observe that, "although it is often overlooked, mental health is as important to a person's well-being as their physical health, particularly during the turbulent years of adolescence." (p. 3) Unfortunately, the social stigma associated with mental illness contributes significantly to this neglect of mental health and well-being.

While the exact cause of many mental disorders is not known, most experts believe they are the product of a complex interplay of biological factors, psychological and social factors, and genetics and heredity.

Common types of mental illnesses include:

- mood disorders – clinical depression, bipolar disorder, seasonal affective disorder
- anxiety disorders – obsessive compulsive disorder, post-traumatic stress disorder, phobias
- eating disorders – anorexia nervosa, bulimia, binge eating disorder
- personality disorders
- attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD)
- substance abuse and dependency disorders

(*Compassionate classrooms*, 2009)

There are a number of enduring myths surrounding mental illness including the myths that:

- mental illness is a single, rare disorder (as noted, rather than a single disease mental illness is a broad classification encompassing many disorders);
- mental illnesses are caused by a personal weakness or character flaw;
- seeking help for a mental illness is a sign of weakness; and
- people with a mental illness never get better.

(*Compassionate classrooms*, 2009)

# MENTAL ILLNESS AND STIGMA

The social stigma attached to mental illnesses is problematic for many reasons, not the least of which is that it is one of the biggest barriers preventing people from getting help. According to the Canadian Alliance on Mental Illness and Mental Health (CAMIMH),

> self-stigma occurs when people with mental illness and their families internalize society's negative attitudes towards them, leading to self-blame and low self-esteem. Aside from being personally painful, stigma is dangerous [because] it prevents people from asking for help in the first place; it leads to feelings of helplessness and hopelessness – when, in fact, people can and do recover from mental illness; it impedes investment in necessary mental health services and research as governments and granting bodies ignore this most important area of population health.

Dr. Heather Stuart, the recently appointed Bell Canada Mental Health and Anti-Stigma Research Chair at Queen's University, frames the stigma and discrimination faced by people with mental illness as a human rights issue:

> Stigma, broadly defined as society's negative response to people who have a mental illness, is often described as more disabling than the illness itself. It prevents individuals and families from seeking early identification and treatment for a mental illness; it tarnishes their reputation and social standing; and it results in serious inequities in educational, economic, health, and other social entitlements that non-disabled people take for granted. It is a form of social oppression that violates the human dignity and human rights of its victims.

Further, she notes that "stigma is increasingly recognized as a major public health challenge and a barrier to recovery – so much so that important international and national organizations have mounted large anti-stigma efforts."

One of those organizations is the Mental Health Commission of Canada (MHCC), created following the release of the 2006 Standing Senate Committee report, *Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada*. MHCC launched its *Opening Minds* anti-stigma/ anti-discrimination initiative in 2009. It is described as the largest systematic effort to reduce the stigma of mental illness in Canadian history. *Opening Minds* is currently partnering with organizations across the country to identify and evaluate existing anti-stigma programs for their effectiveness in changing attitudes and behaviours related to mental illness and their potential for broader dissemination. One of these programs, "contact-based" education, holds considerable promise for reducing stigma. As Stuart explains, in the classroom,

> contact-based education employs people who have experienced a mental illness, who share their personal illness and recovery stories with students, and who work with teachers to create opportunities for active discussion and learning. Some programs have lesson plans that accompany the sessions so that teachers can reinforce key messages and help to dispel misconceptions. Our preliminary research shows that students who take these sessions are more informed, less prejudiced, and more socially tolerant of people with a mental illness, and that these effects may last for a period of months.

# SOME STATISTICS ON CHILD AND YOUTH MENTAL HEALTH

The statistics on children and youth with a mental disorder tell a disturbing story. Kutcher et al. (2009) state that in Canada, "approximately 15 to 20 percent of children and adolescents suffer from some form of mental disorder – one in five students in the average classroom." (p. 44)

In a presentation on child and youth mental health to the Canadian School Boards Association, Dr. Ian Manion and Dr. Kathy Short (researchers with the School-Based Mental Health and Substance Abuse Consortium) stated that 70% of adults living with a mental illness indicated the onset occurred before they were 18 years of age; 50% indicated that it started before age 14.

This point cannot be emphasized strongly enough – as most mental health problems begin in adolescence or early adulthood, early identification followed by effective intervention is critically important.

Manion and Short also noted that suicide is the second leading cause of death among 16-24 year-olds. Most people who commit suicide have a diagnosable mental illness (*Mental Health and High School Curriculum Guide*, 2010).

Children and youth of low-income families are at greater risk of experiencing mental health problems. According to Lipman and Boyle (2008):

> There is a strong association between poverty and child and youth mental health problems. The odds of a child or youth from a family living in poverty having a mental health problem are three times that of a child from a family that is not living in poverty. This relationship is stable and consistent across countries, measures of poverty, methods of determining diagnosis and different times.

They also state that, "externalizing behaviours, such as conduct and oppositional behaviours, are more strongly linked to low SES [socio-economic status] than internalizing (or emotional/mood/anxiety) behaviours."

# IMPACT OF MENTAL DISORDERS ON STUDENT LEARNING

There's an important link between mental health and well-being, and student learning and academic performance.

Meldrum et al. (2009) note that mental disorders can affect a student's emotional well-being (impeding social development which can leave youth feeling socially isolated, stigmatized, unhappy), ability to learn (for example in the case of ADHD), and can be a factor in why some students drop out of school.

Similarly in a 2009 report, the Canadian Council on Learning states that,

> poor mental health in Canadian school children poses a significant risk to their academic development and puts them at greater risk of dropping out of school, substance abuse and suicide. Schools are well positioned to be at the vanguard of public health strategies designed to prevent and detect mental health disorders among young people.

Mihalas et al. (2009) at the University of South Florida provide a good research-based discussion of the poor school and life outcomes for students with emotional and behavioural disorders (EBD) in the U.S. These include: failing more courses in school, being retained more frequently, being more likely to be absent from school, having lower grade point averages, dropping out of school more frequently, and being less likely to graduate from high school compared to students without EBD (p. 109).

The authors suggest several contributing factors to these dismal student outcomes (the following is excerpted from Mihalas et al., pp. 109-110):

- Many students are not identified and provided appropriate supports soon enough. The need for early identification and intervention with children at risk for EBD is essential to prevent early symptoms from increasing in severity over time. As children with EBD age, the severity of their symptoms intensifies and related behavior problems are likely to emerge, such as substance abuse and criminal behavior. The likelihood of diagnoses of psychiatric disorders also increases.

- There is an incongruence between instructional practices used with students with EBD and their needs.

- Teachers, whether they are general education or special education teachers, lack the necessary preparation and skills to meet the needs of students with EBD.

- Services provided for students with EBD are often fragmented in nature and lack the collaboration needed by professionals from different disciplines …. The involvement of families in planning and implementing interventions and schoolwide approaches to supporting students' emotional and behavioral needs is important.

- The current trend toward high-stakes testing and school accountability has created a zero-tolerance perspective on behalf of policy makers and school personnel such that the school climate is less conducive to addressing the ecological needs of students with EBD. Such a standardized, one-size-fits-all approach does not adequately address the individual needs of students with EBD.

- Schools have, in large part, addressed the difficult behaviors of students with EBD through measures that keep them away from school (e.g., school suspensions and expulsions) rather than through proactive measures designed to keep them in school…. A focus on transferring students to alternative educational placements due to behavioral concerns has superseded the development of proactive support systems within schools to address the diverse needs of students.

They conclude that a common thread running through these factors is "a disconnect between what students with EBD need from schools and what they are actually provided. It is evident that the overall school milieu does not support the needs of these students." While this describes the U.S. context there may be potential lessons here for Canada.

# WHAT SCHOOLS CAN DO

Student mental health has been described as the "next frontier" of health-related education in our schools:

> Promoting student health and well-being in school has long been a component of education. Traditionally, sports and physical education programs have stressed the importance of staying physically healthy through exercise. More recently, school-based sexual education and nutrition programs have informed young people about the importance of sexual health and good eating habits. But mental health – a fundamental part of student health and wellbeing – still remains largely absent from the education agenda. (Kutcher, Venn & Szumilas, 2009, p. 44)

According to Kutcher et al. (2009), schools are uniquely placed to address student mental health issues for a number of reasons:

> The school environment is an ideal place to begin the work of addressing mental health. Not only does the school offer a simple and cost-effective way of reaching youth, it is also a place where mental health can be linked with other aspects of health, such as physical health and nutrition, and with learning. How can we facilitate this development in our schools?

> First, schools can implement mental health promotion strategies by improving mental health literacy through curriculum development and application, which may enhance knowledge about mental health, change attitudes in both students and teachers, and decrease the stigma associated with mental disorders.

> Second, schools can identify young people at risk for or living with mental disorders.

> Third, schools can educate their personnel to understand mental health issues and recognize mental disorders.

> Finally, schools can improve students' mental health by becoming sites for mental health care delivery. (p. 44)

All of this will require policies, funding and other resources, professional development and training, and coordination and collaboration among various education, health care, social services, justice and other sectors.

The findings of an international study of approximately 1,200 principals from 27 countries including Canada conducted in 2008 reinforces the important role schools can play in supporting students with mental health problems. Most principals surveyed believe that emotional/mental health and well-being were "very important" for academic achievement, and they estimated that about one in five of their students required prevention or intervention services, consistent with other international research in this area (Rowling et al., p. 3).

Further, the report's authors note that:

> While few children have access to services, most of those who do have been recognized and referred by their schools. In the U.S., for example, only 30% of all children with mental health problems receive needed services. Of those who do gain services, it is estimated that 70%–80% access these services through their schools. Thus, schools have a critical role to play in promoting and protecting the mental health of all students, given its importance to learning and academic success. Often, schools are the one place that recognizes and can refer children to needed services. (Rowling et al., pp. 4-5)

Other findings from the international survey focus on the most important mental health issues principals have to deal with in their work with students, the relationship between family income level and mental health, government policies on school-based mental health and well-being, and professional development (the following is excerpted from Rowling et al., p. 3):

- Among students, principals identify bullying and harassment, impulse control, and anger management as the top three emotional/mental health and well-being issues. In their own words, principals emphasize that the most important issues they face in their work with students are how to: increase their awareness of issues; identify those in need of services; and gain access to services.

- Principals of schools with lower student family incomes report poorer emotional/mental health and well-being among students and staff across a range of issues.

- Principals see a need to increase and strengthen Ministry of Education policies with regard to both student and teacher emotional/mental health and well-being through schools. Those principals who report that there are no national policies for either students or teachers also report a greater need for educational materials and resources.

- Principals want professional development resources, training, and materials to address nine critical areas of a whole-school approach, including support to students and families in distress, effective prevention and promotion strategies, and teaching emotional and social learning skills. The need to understand risk and protective factors, common mental illnesses among children, and how to relate to and involve families also rated highly.

# TEACHER ORGANIZATION INITIATIVES

Canadian teacher organizations have undertaken a number of initiatives related to student mental health. A few examples are provided here.

The aim of a joint campaign launched in May 2009 by the Alberta Teachers' Association and the Canadian Mental Health Association (Alberta Division) – *Healthy minds, Bright futures* – is "to increase awareness of the mental health needs of children and to decrease the stigmatization often associated with mental illness." Program components include a series of "Can We Talk?" posters and a reference booklet for teachers called *Compassionate classrooms: Understanding student mental health*. The resource booklet, intended to help teachers support students in need, notes that "Alberta's teachers are concerned about the well-being of children and youth, and understand that to educate children properly, their physical and mental health needs must be met".

The Ontario-based Coalition for Children and Youth Mental Health comprises a range of stakeholders from diverse sectors including education. The Ontario Teachers' Federation and all the Ontario teacher organization affiliates are inaugural members of the coalition. Elementary Teachers' Federation of Ontario executive staff member Nancy Baldree (2011) notes that the coalition "believes that fostering social and emotional health as part of healthy child development must be a priority in Ontario schools and a priority for integrated public policy in the province." (p. 30)

The coalition's work focuses on these key areas:

- **Mental health literacy and wellness:** Advocating for funding and support for an effective mental health literacy program for all staff working directly with children and youth in schools as well as promoting mental health literacy and wellness in children and youth themselves.

- **Integration, not fragmentation:** Promoting inter-ministerial collaboration and a multi-sectoral approach to ensure facilitated access to timely, integrated, responsive and equitable mental health services for children and youth across Ontario.

- **Integrated public policy:** Contributing to the development and implementation of strategic and integrated public policy that will positively transform mental health for children and youth through action that takes into account the impact of the social determinants of health.

- **Partnerships:** Building a network of provincial partners dedicated to children and youth mental health to ensure an alignment of priorities and consolidation of effort for sustained change to mental health services, supports and promotion.

- **Student and parent voice:** Ensuring that the wisdom and lived experiences of students and parents provide a vital voice in the work of the coalition. http://www.opsba.org/index.php?q=system/files/ CC%26YMH_Brochure_EN.pdf

One of the recommendations proposed by the Association des enseignantes et des enseignants franco-ontariens during the Ontario provincial election held in Fall 2011 was to invest in the mental health of children and youth – allocate the necessary human and financial resources to respond to the mental health needs of Francophone children and youth and establish a provincial network of mental health services in French.

The Nova Scotia Teachers Union is involved with Dr. Stan Kutcher, the Sun Life Financial Chair in Adolescent Mental Health at Dalhousie University and an internationally-renowned mental health expert, to support the introduction of a mental health component into the Nova Scotia public school curriculum.

For its part CTF was represented on the conference planning committee for the *Youth Mental Health and Justice: Strengthening Integration and Coordination* conference held in Winnipeg in October 2009 (sponsored by the Coalition on Community Safety, Health and Well-being). CTF also helped to organize a panel on "Youth Mental Health and the Education System" at this conference.

CTF is currently promoting and participating in the MHCC's *Partners for Mental Health* campaign, an ambitious national grassroots advocacy movement committed to repositioning mental health on the national agenda and redefining in the minds of Canadians what it means to have a mental illness. The campaign launch – on the theme "Not Myself Today" – took place in April 2012.

# ■ A VIEW FROM THE PROFESSION — TEACHERS' PERSPECTIVES ON STUDENT MENTAL HEALTH IN CANADIAN SCHOOLS

Student mental health is clearly an emerging issue for Canadian teachers as indicated by these sample comments from the CTF national teacher survey on the Teacher Voice conducted last spring (Canadian Teachers' Federation, 2011). When asked about the most significant challenge influencing students' ability to succeed in school, one teacher respondent noted:

*I am seeing mental health issues more frequently impacting student performance.*

When asked what changes they would make to the public education system for the benefit of student learning, this respondent noted:

*Availability of mental health professionals who specialize in work with children and are attached to schools.*

In February 2012 the Canadian Teachers' Federation, working in collaboration with the Mental Health Commission of Canada, set out to further explore these issues by conducting a national online survey of teachers in English and French schools. The sample teacher pool was drawn from participating CTF Member organizations. Teachers from CTF Member organizations were invited by email to participate in the survey (response rates are not available as it was not possible to track the number of successful invitations sent). Over 3,900 teachers responded to the survey including 2,324 elementary school teachers and 1,603 secondary school teachers. Respondents to the survey included 2,634 teachers in English schools (including immersion) and 1,102 teachers in French as a first language schools.

The purpose of the survey was to gain a better understanding of the teacher perspective on issues related to student mental health and well-being in Canadian schools, including teachers' perceptions of factors that act as potential barriers to the provision of mental health services for students in their schools (such as stigma for example). Teachers were also asked about their level of preparedness to address the mental health issues that they may face.

For the purposes of the survey, the term student mental health refers to the social, emotional, and behavioural well-being of children and adolescents, and is considered an integral part of healthy development.

These are selected findings from the national survey.

## PRESSING CONCERNS RELATED TO STUDENT MENTAL HEALTH

Teachers were asked to identify the extent to which a number of mental health-related problems were considered to be a pressing concern in their school. These included anxiety disorders (such as compulsive disorders); attention deficit disorders (ADD/ADHD); bipolar mood disorders; depressive disorders; eating disorders; schizophrenia; learning disabilities (such as autism spectrum disorder and dyslexia); substance use disorders (misuse of alcohol and illicit drugs); and stress (feeling over-stressed). Some brief definitions were also provided.

Among the most pressing concerns identified by respondents were attention deficit disorders, learning disabilities, stress, and anxiety disorders.

Specifically,

- 9 in 10 teachers surveyed agreed that attention deficit disorders (ADD) and attention hyperactivity disorders (ADHD), as well as learning disabilities such as autism spectrum disorder and dyslexia were pressing concerns in their school.
- 79% of teachers agreed that stress (i.e. students feeling over-stressed) was a pressing concern, including one-third who "strongly" agreed.
- 73% of teachers agreed that anxiety disorders were a pressing concern, including 24% who "strongly" agreed.
- In addition a majority of teachers (59%) agreed that depression disorders were a pressing concern, including 16% who "strongly" agreed.

**Chart 1:** Pressing concerns related to student mental health identified by teachers
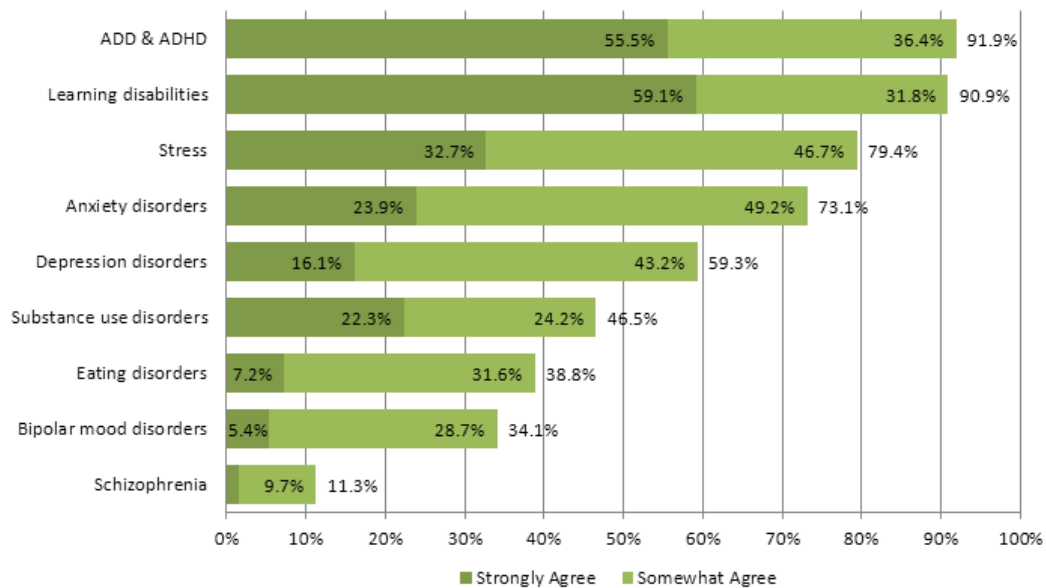
## MENTAL HEALTH SERVICES FOR STUDENTS RELATIVE TO THEIR FORMAL IDENTIFICATION STATUS

In order to obtain a general sense of the proportion of students receiving or requiring mental health services, teachers were asked to provide a rough estimate of the percentage of students they teach who:

- are currently receiving mental health intervention services as a result of a formal identification of an illness.
- have been formally identified as having a mental illness but have yet to receive services.
- may require mental health prevention or intervention services but have yet to be identified.

According to the survey,

- over a quarter of teachers surveyed (27%) reported that at least 10% of the students they teach currently receive mental health intervention services as a result of a formal identification of an illness.
- nearly a quarter of teachers (23%) reported that at least 10% of the students they teach have been formally identified as having a mental illness but have yet to receive services.
- half of teachers reported that at least 10% of the students they teach may require mental health prevention or intervention services but have yet to be identified.

## BARRIERS TO MENTAL HEALTH SERVICE PROVISION FOR STUDENTS

Teachers were asked to identify the extent to which they felt different factors acted as potential barriers to the provision of mental health services for the students in their school:

- administrative/resource allocation-related factors
- personal/socio-cultural factors (including stigma)

The administrative/resource allocation-related factor most frequently reported by teachers (89%) as a potential barrier to student mental health provision was an insufficient number of school-based mental health professionals.

In addition,

- 87% of teachers surveyed agreed that a lack of adequate staff training in dealing with children's mental illness is a potential barrier to providing mental health services for students in their school, including 52% who "strongly" agreed.
- 85% of teachers agreed that a lack of funding for school-based mental health services is a potential barrier, including 59% who "strongly" agreed.
- 78% of teachers agreed that an insufficient number of community-based mental health professionals is a potential barrier, including 45% who "strongly" agreed.
- Three-quarters of teachers (75%) agreed that a lack of coordinated services between the school and community is a potential barrier, including 38% who "strongly" agreed.
- Two-thirds of teachers (67%) agreed that a lack of referral options in the community is a potential barrier, including 34% who "strongly" agreed.

- Just over half (54%) of teachers agreed that "addressing mental illness is not considered a role/priority of the school" is a potential barrier to providing mental health services for students in their school, including 24% who "strongly" agreed.

**Chart 2:** Majority of teachers consider surveyed factors potential barriers to student mental health service provision
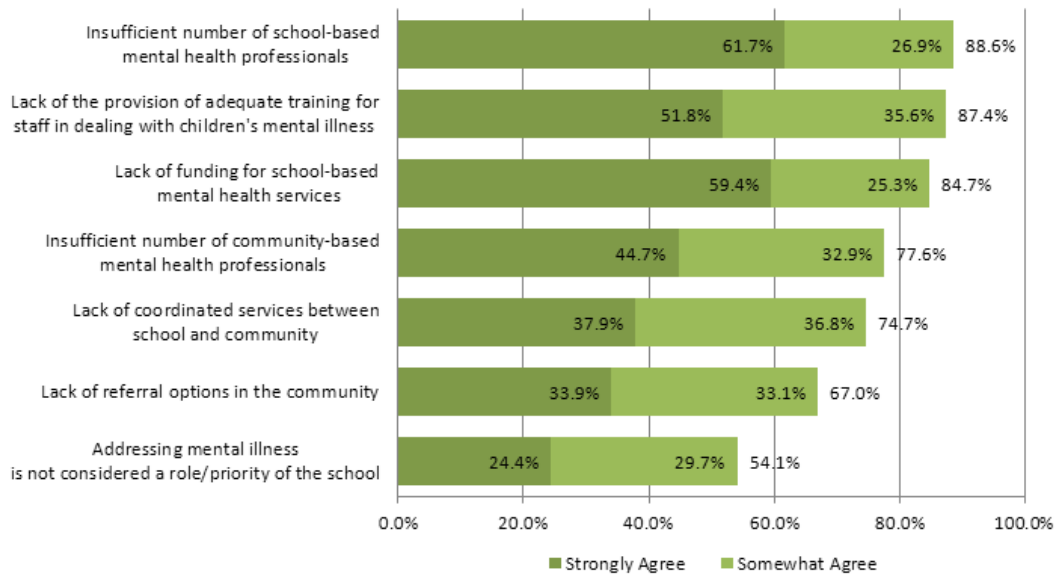


Regarding personal/socio-cultural factors, the issue most frequently reported by teachers (77%) as a potential barrier to student mental health service provision was the difficulty in identifying children with a mental illness.

Among the other findings:

- Two-thirds of teachers surveyed (67%) agreed that stigma (negative attitudes or unfair treatment) associated with receiving mental health services is a potential barrier, including 27% who "strongly" agreed. Secondary school teachers, teachers in English schools, teachers with more teaching experience, and teachers in larger schools were all more inclined to agree that stigma is a potential barrier to mental health service provision for their students.
- 62% of teachers agreed that lack of coordination between the school and the parents is a potential barrier, including 18% who "strongly" agreed.
- 43% of teachers agreed that language and cultural barriers associated with culturally diverse students is a potential barrier, including 15% who "strongly" agreed.

**Chart 3:** Over three-quarters of teachers surveyed agree that difficulty identifying children with a mental illness is a potential barrier to student mental health service provision
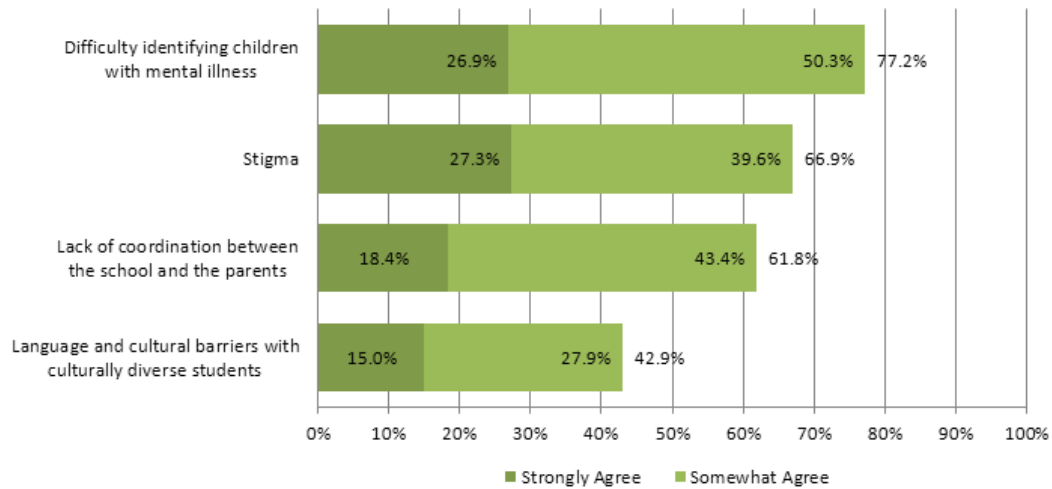


**BULLYING OF STUDENTS WITH MENTAL ILLNESS**

Unfortunately the stigma attached to mental illness can result in negative consequences for students such as bullying. Teachers were asked how frequently they have seen a student being treated unfairly, bullied or teased as a result of having a mental health problem.

Twenty-one percent of teachers surveyed (1 in 5) said they had "very frequently" or "frequently" seen a student being treated unfairly, bullied, or teased as a result of having a mental health problem, including 6% who indicated "very" frequently. Only 17% of teachers could say that they had "never" witnessed unfair treatment because of a mental health problem.

**Chart 4:** 1 in 5 teachers surveyed have often* seen students with a mental health problem being bullied
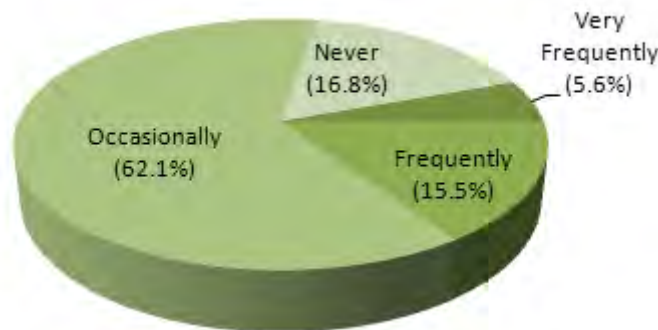


* Includes "frequently" and "very frequently" responses

In addition, when examining the share of teachers who reported that they often ("frequently" or "very frequently") saw this type of behaviour:

- 24% of elementary school teachers reported that they often saw this type of behaviour compared to 17% of secondary school teachers.

- 27% of teachers in a French as a first language school reported that they often saw this type of behaviour compared to 18% of teachers in an English school (including immersion).

- 22% of teachers in small schools (less than 250 students) reported that they often saw this type of behaviour compared to 15% of teachers in larger schools (1,000 students or more).

## MULTI-AGENCY TEAMS IN SCHOOLS

Teachers were asked to assess their school's capacity to address student mental health needs through multi-agency teams (consisting of health care, social services, justice, and education professionals).

On the question of whether schools have a multi-agency team in place,

- About 4 in 10 teachers surveyed (39%) reported that their school has a multi-agency team, ranging from 44% of secondary teachers to 36% of elementary teachers.

- A quarter of teachers reported that they did not know if their school had a multi-agency team.

- Half of teachers in schools with 1,000 students or more (49%) reported that their school has a multi-agency team compared to 35% of teachers in schools with less than 250 students.

**Chart 5:** 4 in 10 teachers surveyed indicated their school has a multi-agency team



In addition,

- 6 in 10 teachers who reported having a multi-agency team in their school said it contained at least one community-based health care professional, ranging from 64% of secondary teachers to 56% of elementary teachers.

- Almost a quarter of teachers who reported having a multi-agency team did not know if it contained at least one community-based health care professional.
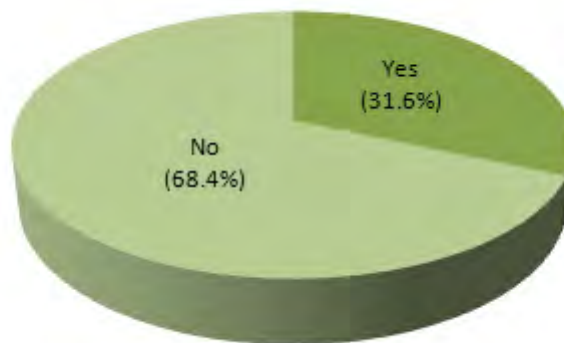
## MENTAL HEALTH-BASED TEACHER PROFESSIONAL DEVELOPMENT

Teachers were also asked to assess their own preparedness to address student mental illness in terms of professional development (knowledge acquisition or skills training).

On the question of whether they had received any mental health-based professional development,

- Most teachers (over two-thirds) reported that they had not received any professional development such as knowledge acquisition or skills training to address student mental illness.

- Teachers with more experience were more likely to report having received some professional development related to student mental illness. Three-quarters of teachers with less than 5 years of teaching experience in the public education system indicated that they had not received this type of professional development compared to 63% of those with 25 years or more experience.

- 72% of teachers in a French as a first language school reported not having received any professional development related to student mental illness in their school compared to 67% of teachers in English schools (including immersion).

**Chart 6:** Almost 7 in 10 teachers surveyed have not received professional development to address student mental illness in their school



Teachers who responded that they had received some professional development were asked to provide additional information. On the question of who provided their most recent mental health-based professional development, almost 6 in 10 teachers who reported having received professional development indicated that they received this training from a health care professional, including one-third from a community-based health care professional and 26% from a health care professional employed by the school board. In addition 10% of teachers reported that they received their training from their teacher organization, while 9% indicated a colleague and 5% reported a principal or vice-principal.

**Chart 7:** Majority of teachers surveyed who received mental health-related professional development were trained by health care professionals

Other (17.7%)

A colleague (8.9%)

Your teacher organization (9.5%)

A principal/vice principal or designate (5.3%)

A health care professional employed by the school/board (25.7%)

A community based health care professional (32.8%)
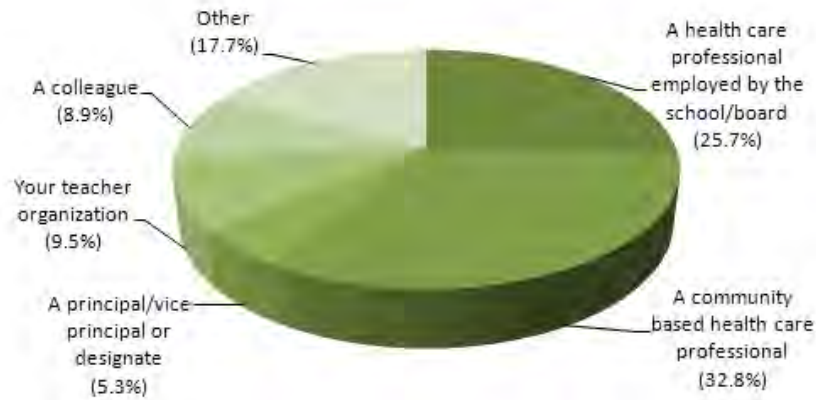
In addition, most teachers (87%) who received mental health-based professional development reported that they were satisfied it met their needs – this included 23% who were "very satisfied" and 64% who were "somewhat satisfied".

Teachers were asked to assess the importance of their need to receive additional knowledge or skills training in these specific areas:

- Recognizing and understanding mental health issues in children
- Training in classroom management
- Training in engaging and working effectively with families
- Strategies for working with children with externalizing behaviour problems

The vast majority of teachers indicated that it is important that they receive additional professional development in all of these areas. There was little difference between respondents who had received training and those who had not when it came to a desire for additional in-service. The percentage of teachers indicating each surveyed issue as important was higher among elementary teachers than secondary teachers, as well as among teachers in schools with a smaller student population.

These are among the specific findings on priority areas for teacher professional development related to student mental health:

- Virtually all teachers surveyed (97%) reported an important need for additional knowledge and skills training in recognizing and understanding mental health issues in children, including 69% who consider it "very important" and 28% who feel it is "somewhat important". Seventy-two percent of elementary teachers consider this need to be "very important" compared to 63% of secondary teachers.
- Virtually all teachers (96%) reported an important need for additional knowledge and skills training in strategies for working with children with externalizing behaviour problems, including 71% who consider it "very important" and 26% who feel it is "somewhat important". Seventy-six percent of elementary teachers consider this need to be "very important" compared to 63% of secondary teachers.

- Almost 9 in 10 teachers (88%) reported an important need for additional knowledge and skills training to prepare them to engage and work effectively with families, including 48% who consider it "very important" and 40% who feel it is "somewhat important". Fifty-three percent of elementary teachers consider this need to be "very important" compared to 40% of secondary teachers.

- Eighty-four percent of teachers reported an important need for additional knowledge and skills training in classroom management, including 53% who consider it "very important" and 31% who feel it is "somewhat important". Fifty-six percent of elementary teachers consider this need to be "very important" compared to 48% of secondary teachers.

**Chart 8:** Overwhelming majority of teachers surveyed report a need for additional professional development in each of the 4 areas examined
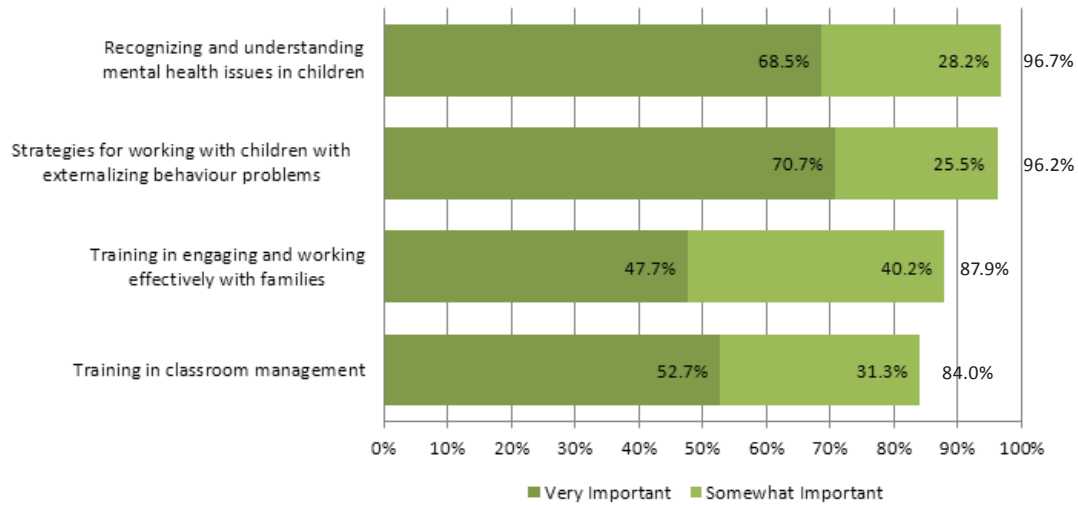
# ■ KEY MESSAGES FROM THE CTF SURVEY — WHAT TEACHERS TOLD US

Based on both the qualitative and the quantitative results of the CTF survey, these are some of the key messages that we heard from teacher respondents about student mental health in their schools.

- Mental health problems among children and youth have become a major issue facing public schools – attention deficit disorders, learning disabilities, stress, anxiety disorders, and depression are the most pressing concerns identified by teachers.

- Numerous barriers exist to mental health service provision for students including an insufficient number of school-based mental health professionals; lack of adequate staff training in dealing with children's mental illness; lack of funding for school-based mental health services; an insufficient number of community-based mental health professionals; and a lack of coordinated services between the school and the community.

- Most teachers also believe that stigma and discrimination pose a major barrier to the provision of mental health services for students. Only a minority of teachers could say that they had "never" witnessed unfair treatment of students (including bullying) because of a mental health problem.

- While many schools have put in place a multi-agency team to address the needs of students with mental health concerns, many schools have yet to do so. Teachers noted that while such teams can be quite effective, they expressed concerns that many teams have too little time, too few resources, and too many demands (large caseloads).

- Most teachers have not received any professional development in the area of student mental health. Among the priority areas for teacher professional development in terms of knowledge and skills training are recognizing and understanding mental health issues in children, and strategies for working with children with externalizing behaviour problems.

- Schools are in serious need of more resources. The shortage of mental health resources, especially qualified human resources such as social workers, guidance counselors, nurses, educational assistants, psychologists and psychiatrists, was a recurring theme throughout the responses. Lack of access to resources and services in rural and Northern communities was a particular concern.

- In general, teachers support the need to continue and broaden the important emerging conversation about child and youth mental illness and mental health in order to raise awareness, and reduce and ultimately eliminate harmful stigma. While teachers feel they are part of the solution, they expressed a need for more assistance in the schools by mental health professionals whose area of expertise would complement that of teachers.

Student mental health constitutes another aspect of the complex issue of class composition and student diversity in schools in terms of the challenges teachers face in working to meet a broad and growing range of student needs, including those related to mental health and well-being.

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