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An Investigation on the Value of Integrating Mental Health Supports in Education to Build Capacity for Change

Erin Keith
The University of Western Ontario

Supervisor
Dr. Vicki Schwean
The University of Western Ontario

Joint Supervisor
Dr. Melody Vickzo
The University of Western Ontario

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Abstract

Current statistics in Ontario show that one in five students suffer from mental health issues (Canada, 2012). Mental health disorders cause significant distress, impairing students' functioning at school, at home, and in the community (Children's Mental Health Ontario, 2014). Research has shown that prevention and early intervention strategies targeting students at risk for mental health challenges are beneficial, cost-effective, and reduce the need for more costly, intensive interventions. (Ontario Ministry of Education, 2013). In response to recent Ontario Ministry mental health initiatives (Ontario Ministry of Education, 2006; 2011; 2013), the Peel District School Board, in Ontario, Canada, launched an interprofessional, mental health and behaviour program called Intensive Support (IS). The primary goal of this support service is to build capacity for preventative and early intervention knowledge and programming about mental health within school staff. Since schools play an important role in the prevention and early intervention of students' mental health needs (Durlak & Wells, 2011), this case study investigated whether the IS program contributed to building organizational capacity for mental health promotion and the prevention of mental health problems. The intent of this study was to allow school staff the opportunity to dialogue, through semi-structured interviews, about what specific strategies and collaborative learning supports school staff value most in the IS program. This study examined staffs' perception of and experiences with engaging with the IS program. More specifically, the study explored what specific supports for learning staff identified and valued as contributing most to increasing their capacity for change and how IS program supports could be enhanced. Findings of this study reveal that specific learning conditions need to exist to build capacity in schools. In addition, specific recommendations to enhance the IS program were suggested as determined by the study's participants.

Keywords: mental health, education, building capacity, interprofessional team, collaboration

laughter has sustained me. I know you will achieve your dreams, and I am so honoured to witness what lies ahead for each of you. You are my true jewels!

Finally, I would like to thank my participants and coworkers at the Peel District School Board and professional colleagues who surrounded me with their warmth and cheers. I wish to acknowledge my participants for sharing their stories so openly and honestly, and my coworkers who supported my studies and my research. This journey into mental health and education has been a life-altering experience and one that I will continue to investigate and surround myself with in the pursuit of sustained change to mental health services, supports, and promotion in education.

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Chapter 1

Introduction

Current statistics in Ontario show that one in five students suffer from mental health issues (Canada, 2012). Mental health disorders cause significant distress, impairing students' functioning at school, at home, with peers, and in the community (Children's Mental Health Ontario, 2014). Without early interventions, *Children's Mental Health Ontario* (2014) predicts that statistics will increase 50% by the year 2020, with mental health issues becoming one of the "five most common causes of morbidity, mortality, and disability among children" (p. 1). Although responsibility for child and youth mental health and well-being falls across many systems of support in Ontario, education has a direct responsibility to deliver mental health services in students' natural environment, meaning in schools, where children spend most of their day (Atkins, Hoagwood, Kutash, & Seidman, 2010; Ontario Ministry of Education, 2013). School systems need to have programs and services in place at the school level, whereby students can receive the needed support of early interventions by trained school staff who has appropriate knowledge, skills, and competencies to support the larger system of care (University of California, Los Angeles (UCLA), 2006). Although there is research to show that inclusive, integrated interprofessional approaches improve the quality of care for students (Centre For The Advancement Of Interprofessional Education, 2002), the ways that teachers and other school personnel feel best supported in their learning about mental health promotion and programming through an interprofessional system program is not widely known (Gugglberger & Dür, 2011).

Problem of Practice

In response to Ontario's *Open Minds, Healthy Minds*: *Ontario's Comprehensive Mental Health and Addictions Strategy* (Ontario Ministry of Education, 2011), the Peel District School Board, in Ontario, Canada, launched an interprofessional, mental health and behaviour advocacy

program called Intensive Support (IS), which schools can access from across the public board's system. The primary goal of this interprofessional, mental health and behaviour support service to schools is to build capacity for preventative and early intervention knowledge and programming with school staff. The notion of building capacity with school staff is an important one for the IS program as many mental health and behaviour problems might be prevented or lessened with prevention, early detection, and supportive interventions offered by school personnel (Children's Mental Health Ontario, 2014). Research has shown that prevention and early intervention strategies targeting students and their families are beneficial, cost-effective, and reduce the need for more costly, intensive interventions (Canada, 2012; Children's Mental Health Ontario, 2014; Ontario Ministry of Education, 2013). With investments in early intervention mental health efforts, students demonstrate improved school readiness, health status, and academic achievement (Children's Mental Health Ontario, 2014). Therefore, to achieve the best outcomes for students, the Peel District School Board determined that these prevention and early intervention efforts needed to occur from within the school system by staff who received professional development, coaching, and training on mental health programming and promotion through an interprofessional, mental health and behaviour advocacy program.

Building capacity within school teams requires focused change efforts on the school's capital (Hargreaves, 2001; 2011), meaning the knowledge, skills, competencies, and cohesiveness of a school team to work together towards new goals (Hargreaves, 2011). The term capacity can be described as, "a complex blend of motivation, skill, positive learning, organizational conditions and culture, and infrastructure of support. Put together, it gives individuals, groups and, ultimately whole school communities the power to get involved in and sustain learning" (Stoll, Fink, & Earl, 2003, p. 22). According to Hargreaves (2011), the more capital a system or school has, the more effective the school's capacity for change and growth to

achieve new goals. The idea of capacity building therefore implies that a school has potential capabilities beyond those routinely implemented. To achieve a higher level of effective functioning or capability, schools need to build upon their existing intellectual and social capital by inviting the knowledge and skills of individuals with external expertise (Hargreaves, 2001; 2011) into their learning community. External expertise for capacity building goes beyond off-site training, workshops, and summer institutes (Fullan, 2008). Although those types of expertise all have value, they only represent part of a successful system change (Fullan, 2008). School staff learn best in their own professional community and not at off-site locations or without integration of everyday school situations (Hargreaves, 2000). Achieving improved school capability for mental health programming and promotion requires that external experts, such as members of the IS team, live and breathe the school life alongside the teachers and support staff of the particular student who is struggling. By being invited into a school, the IS team mobilizes experts in the field of mental health such as a teacher, behaviour teaching assistant, psychoeducational consultant, and/or social worker who work collaboratively alongside the school's professional community to achieve a higher level of mental health programming and promotion capability. Through application, coaching, monitoring, and exchanging ideas (Fullan, 2008), capacity building results become realized and schools are empowered to continue the mental health dialogue and intervention practices in the long-term.

Additionally, trust is an essential ingredient of any school improvement initiative (Tschannen-Moran, 2004), particularly in a situation of escalated tension when a student is suffering from a mental health issue. The ability to form a close-knit, trusting relationship between school staff and an external team, also known as "reciprocity" (Hargreaves, 2011, p.686), determines how successful the school is at mobilizing the learning and changes needed to support the struggling student. The research is consistently clear that capacity building "is a

highly complex, dynamic, knowledge-building process, intended to lead to increased student achievement" (Sharrat & Fullan, 2009, p.8). The research is also clear that professionals working in schools can build their capacity to support students with mental health needs (Ontario Ministry of Education, 2013). However, there are gaps in the research in terms of what school staff value most from an external team's actions and efforts to build capacity of those staff members in the school. This study investigated what specific strategies and collaborative work school staff valued most about the IS program in helping them to build their own capacity and the long-term capability of the school itself.

Significance

This thesis is significant for two reasons. First, since schools play an important role in the prevention and early intervention of students' mental health needs (Durlak & Wells, 2011), an investigation of how the IS program contributed to building organizational capacity within schools and staff to feel more prepared to support a student struggling with mental health issues were essential factors investigated. Consequently, this research is aimed at improving program delivery for vulnerable children and is relevant for both academic and professional communities. Second, the IS program is in an early stage of board-wide implementation with the initial system wide roll-out occurring on September 2, 2013. It is an interprofessional, mental health and behaviour advocacy program designed to be a first of its kind in an Ontario public school board. Given that mental health researchers and policy makers urge school boards to channel more attention and resources into school-based services (Ontario Ministry of Education, 2006), this program has the potential to influence other school boards considering their own implementation of such kinds of services. Therefore, this thesis captured the rich, qualitative practices and processes of how school staff feel the IS program addressed its main goal to build sustainable staff capacity in student mental health programming and promotion.

Purpose of the Study

It is well documented that the implementation of mental health care faces many barriers, such as stigma and discrimination related to mental health illness, lack of funding, fragmentation of services, and more (OECD, 2012, 2014; Ontario Ministry of Education, 2006; Ontario Ministry of Education, 2013; Physical & Health Education Canada, 2014). The prevailing negativity, often related to lack of understanding and problem focused interpretation of mental health (OECD, 2012, 2014), is difficult to overcome without concerted efforts to enhance mental health education, promotion, and prevention (Hartman, Michel, Winter, Young, Flett, & Goldberg, 2013), especially at the school level. To overcome these perceived deficits of mental health programming, I chose to implement a paradigm shift using a "non-deficit" (Bushe, 2012, p.16) philosophy to inquiry. By looking at the strengths and drawing upon the values of participants' experiences, this study identified the "best of what is" (Cooperrider & Srivastva, 1987, p. 129) in this mental health program. This paradigm shift aligns with the study's goal to determine what were the most valued practices and processes of the IS program first. This is not to exclude the deficits or concerns participants may have. A complete and authentic picture of the IS program is favored. By capturing the in-depth, rich, and qualitative perceptions and values of staff serviced by the IS program, the purpose of this study was to identify themes and commonalities of practices and processes which best build sustainable staff capacity on mental health programming and promotion. Additionally, the study aimed to contribute to the body of literature that exists on building capacity within schools by an external team.

Context of the Research

This section of the dissertation outlines further information on the IS program and its structure (see Figure 1). Although the IS program was initially rolled out to both elementary and secondary schools as described below, it has since been decided by senior administration that the

IS program and its structure for secondary schools will be restructured due to constructive secondary school feedback. For this reason, this study only focused on elementary schools (e.g., Kindergarten to Grade 8) with students serviced in mainstream classes only. The IS program does service students in congregated, specialized classes, such as behaviour, communication, and general learning disability classes; however, there are additional support personnel in place for these special education programs that provide more direct service to students. For purposes of this study, only cases where students in mainstream grades were serviced was investigated since the IS program was envisioned as a higher tier of support for mainstream students.

As indicated in Figure 1 below, the IS program is overseen by the superintendent of special education and managed by the IS coordinator. Since the Peel District School Board is a widespread and geographically vast board with over 245 schools servicing almost 155,000 students, the hierarchy within the IS program is quite extensive. Below the superintendent and IS coordinator, there are two behaviour consultants who are assigned one large geographical region each. These individuals are both psychoeducational consultants. Under these consultants and within each region, there are 1 to 1 ½ behaviour special education resource teachers (SERTs) assigned. These SERTs work in a consultative manner with the schools; they are the first level of external expertise that special education school teams' can access. Once a school has identified a student struggling with mental health and/or behaviour concerns, and it has consulted with its behaviour SERT, schools utilize their in-school review committee (ISRC) to develop a plan of support and document the student's progress. If extensive in-school supports have been trialed and documented with little success, the ISRC can conclude that they have exhausted all other in-school intervention supports and make a formal service request to the school board's IS program. Members of the ISRC then make a case in which they present their student's strengths and needs at a monthly in-take meeting for the IS program, and it will be determined by the

behaviour consultants and co-ordinator of the IS program if service will be offered. Schools must disclose all the supports attempted and discuss to what extent family and community supports have been initiated and involved. The majority of students presented to the IS in-take committee are accepted for service, and within one to three weeks, an interprofessional team, consisting of an IS teacher, behaviour teaching assistant (BTA), and mentoring psychoeducational consultant and/or social worker, is then assigned to the school to work in collaboration and alignment with the school-based team (e.g., administrators, teachers, school behaviour teaching assistant) and the school-based psychologist and/or social worker, also known as the Professional Student Services Personnel (PSSP). The combined IS and school teams are overseen by one of the school-based PSSP, who acts as the case manager. This individual is school-based so that after the IS program concludes, the PSSP can continue to support the student, school, and family, as well as serving as a liaison with community agencies to enact the strategies developed and implemented during IS service. IS service lasts up to eight weeks within the school.

Intensive Support Model: Elementary

Intensive Support (IS) Planning Committee

Members: Behaviour Coordinator, Behaviour Special Education Resource Teachers, Behaviour Consultants, Presenting school based PSSP

Meet: Bi-monthly or as needed

Role: Review student profiles, approve IS allocation, monitor progress of students

Behaviour Consultant—North

Role: provides guidance to school based PSSP, determines IS allocation, establishes the timetable of IS teams and communicates these details to the school based PSSP case manager and Principal

Behaviour Consultant—Mississauga

Role: provides guidance to school based PSSP, determines IS allocation, establishes the timetable of IS teams and communicates these details to the school based PSSP case manager and Principal

Behaviour Special Education Resource Teachers—(1.5 Teachers—North; 1.0 Teacher—Mississauga)

Role: Acts as a liaison to school based SERT; co-presents student profile at IS Review Committee with the school based PSSP

School Based Team

PSSP Role: Provides clinical guidance from the first ISRC discussion onwards; co presents the student profile to the IS Review Committee with the Behaviour SERT; acts as a clinical case manager for the student

School Based SERT Role: Acts as a liaison to Behaviour SERT; ensures student profiles have active social work/psychology involvement

| IS Teacher IS BTA IS BTA | IS Teacher IS BTA IS BTA | IS Teacher IS BTA IS BTA | IS Teacher IS BTA IS BTA | IS Teacher IS BTA IS BTA | Kindergarten IS Teachers (2) IS BTA IS BTA IS BTA IS BTA |

Student Case:

Once allocated to the IS team, a case will have an IS teacher and BTA assigned who will plan collaboratively with the school team to program for the student. The IS teacher and BTA may provide direct and/or indirect support depending upon the needs of the case. Both the IS teacher and BTA will meet regularly with and provide progress updates to the school based PSSP Case Manager and Principal.

Figure 1. Intensive Support program: Elementary team (Kindergarten to Grade 8) hierarchy with individual roles and responsibilities. Copyright 2013 by Peel District School Board. Adapted with permission.

Positionality

As an IS teacher, I had a dual role as researcher of the study and practitioner of the IS program, allowing me the unique perspective to fully understand and entrench myself in the perspectives of the participants (Lincoln & Guba, 1985). Reflexivity requires me to be aware of my effect on the research process and the outcomes of the research based upon the premise that "knowledge cannot be separated from the knower" (Steedman, 1991, p.53). A reflexive approach to qualitative research recognizes that I am a human being with biases, judgments, values, morals, and ethical principles that may impact the research itself (Duignan, 2012). Knowing this, an underlying concern of qualitative research is that there is a risk for looking for certain outcomes that fit into one's values system or even misinterpret or discard useful information if it does not align. To overcome these barriers, I needed to embed reflexive practice founded in ethical decision-making approaches to help me focus on how to think, rather than what to think (Duignan, 2012). Lincoln and Guba (1985) suggest that qualitative studies should strive to achieve trustworthiness, meaning that the study represents as closely as possible the rich perspectives of the research participants and the researcher take steps to ensure the perspectives of the participants are authentically gathered and accurately represented in the findings. While the concept of trustworthiness is addressed later in the thesis, my experiences in the IS program lead me to have preconceived ideas that the program is a valued and change-oriented service which builds capacity for change and growth in schools. As Creswell (1998) explains, "qualitative researchers approach their studies with a certain world view that guides their inquires" (p.74). I hope to add to the body of knowledge of building capacity for mental health programming and promotion and help to envision the program's future by using the participants' authentic feedback and input.

Research Questions

The main research question of the thesis was, "To what extent do school staff value the IS program in building capacity towards improving student mental health programming and promotion in schools?"

There were three sub-questions to help interrogate the data:

1. What are the experiences of staff members serviced by the IS program?

2. Which supports for learning do staff identify and value as contributing most to increasing their capacity for change to support students' mental health programming?

3. How can the IS program supports be enhanced to build staff capacity?

Overview of Methodology and Methods

To investigate what staff value most about the IS program in helping to build their capacity to deliver student mental health programming and promotion in schools, a case study methodology was used. Case studies allow for the rich, reflective story of the participants to be captured with the "fine grain detail" (Cohen, Manion, & Morrison, 2007, p. 247) needed to fully understand their lived experiences. Study participants each had a very unique journey to share and their lived experiences was captured by their "thick descriptions" (Creswell & Miller, 2000, p. 128) defined as:

> statements that produce for the readers the feelings that they have experienced, or could experience, the events being described in a study. Thus credibility is established through the lens of readers who read a narrative account, and are transported into a setting or situation. (p. 128-129)

Case studies serve to illuminate the key features of each participant's story and find links to common perceptions, practice, and processes (Cohen, Manion, & Morrison, 2007). A case study was used to reveal an in-depth analysis of the IS program. The IS program was the case being

investigated, utilizing semi-structured interviews to capture what, if any, specific strategies and collaborative work school staff value most about the IS program and allow school staff the opportunity to explain and describe their experiences. The triangulation of using multiple staff responses served to establish trustworthiness, clarify meaning, verify the repeatability of a particular experience, and uncover any multiple realities after being serviced by the IS program (Stake, 1995). Further detailed information on this study's data collection method is outlined in the methodology section below.

Chapter 2

Literature Review

There are many collaborative learning theories and processes in the literature to explain how best to improve a system's organizational capacity. Although the literature covers a wide variety of such theories, this literature review will focus on three major themes that emerge repeatedly throughout the literature: interprofessional education and collaboration; conditions necessary to support mental health and behaviour related programs; and, leveraging factors to build capacity. Although the literature presents these themes in a variety of contexts, this proposed study will primarily focus on their application to school-based teams.

Interprofessional Education and Collaboration

The Centre for the Advancement of Interprofessional Education (CAIPE, 2002) defines interprofessional education as "occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care" (p. 19) of students within a system. According to the Canadian Collaborative Mental Health Initiative (CCMHI, 2005), interprofessional education has many benefits. It can enhance awareness and understanding of other professionals' roles and expertise, foster positive attitudes about teamwork and collaboration for mental health care, help to overcome negative stereotyping associated with mental health, and improve the learning and competencies of learners. CCMHI also suggests that interprofessional education allows for systems to be mobilized so that learners' abilities are enhanced and sustained to have long term positive effects on students. Fullan and Quinn (2010) stress the importance of "collective capacity building" (p. 1), meaning the alliance of professionals from within a system and the transfer of knowledge from these interprofessionals to the learners on a particular subject. Fullan and Quinn suggest that to achieve sustainable improvement for school teams, interprofessional teams need to have a collective focus and

individually want to build capacity for change within the school team. When this is

accomplished, everyone's contributions are pooled together, the collective capacity for change is

heightened and held accountable, and there is an infusion of new knowledge and learning by the

interprofessional team members. Successful school wide improvement is founded in

interprofessional education and collective capacity. According to Fullan (2010), "the power of

collective capacity is that [it] enables ordinary people to accomplish extraordinary things" (p.

72).

For mental health programs to be successful, interprofessional teams need to work

cohesively so that supports at school, home, and community are integrated seamlessly (Mellin,

Bronstein, Anderson-Butcher, Amorose, Ball, & Green, 2010). According to Mellin, Bronstein,

Anderson-Butcher, Amorose, Ball, and Green (2010), "collaboration refers to teamwork with

individuals from other professions" (p. 515), such as teachers and school nurses, as well as both

school-hired and community based mental health professionals. The Council of Ontario

Directors of Education (CODE, 2012), which is an advisory and consultative organization

composed of the directors of each of the 72 district school boards of education from across

Ontario, also support the importance of cross-sector collaboration, as it is thought to be essential

to deliver fast and easy access to mental health services within schools (CODE, 2012).

CODE (2012) fully supports the Ontario Ministry of Education's (2011) *Open Minds,*

Healthy Minds policy and has made several recommendations, in addition to promoting cross-

sector collaboration that encourages school boards to enhance and provide leadership, training,

and services related to children's mental health within schools. CODE also encourages schools

to work collectively to identify and intervene in children's mental health early. Mellin et al.

(2010) note that there are a variety of barriers to cross-sector or interprofessional collaboration

such as turf issues, pre-existing responsibilities, and a lack of understanding of school culture

among community-based professionals. These barriers could impact team members'
professional identities and result in negative affective responses which in turn may lead to
withdrawal of team members, uncooperative interprofessional interactions and poor performance
(McNeil, Mitchell, & Parker, 2013). According to McNeil, Mitchell and Parker (2013),
professional identity is "considered to be a relatively enduring form of social identity which
manifests itself in terms of how members of a profession categorize and differentiate themselves
from members of other professions" (p. 292). In the case of the IS program, these professions
included on the interprofessional team are psychologists, social workers, administrators, teachers
and child and youth workers. In situations where the valued social identity of an individual or
group is threatened within an interprofessional team, collaboration breaks down and anxiety
among group members may surface resulting in "a perceived risk of the marginalization or
devaluation of the profession's role or expertise" (McNeil et al., 2013, p. 293).

Another barrier which may impact the collaboration effectiveness of an interprofessional
team is an overreaching scope of practice whereby one profession's expertise competes with a
neighbouring profession (McNeil et al., 2013). In an attempt to dominate or exert control
strategies over the team, certain members begin acting like "actors striving to maintain and
expand their domains of work and scopes of practice in a market of competing professional
groups ((McNeil et al., 2013, p. 293). It becomes a jostling of elbows per se whereby one
profession attempts to take over control of the interprofessional team and domineer the strategies
and actions of the collective group.

To address these barriers, interprofessional school teams need to develop the skills necessary
to ensure positive collaboration and synergy. Since interprofessional collaboration aimed at
supporting the needs of students is clearly critical to impacting the mental health outcomes of
students, looking closely at the functioning of interprofessional teams in schools should be

prioritized and reflected upon. According to the World Health Organization (2010), "collaborative practice strengthens health systems and improves health outcomes" (p. 7). Anderson-Butcher and Ashton (2004) concur that collaboration between professionals can improve the value of school mental health interventions by: (1) increasing access to services for students and families; (2) broadening the range of prevention and intervention services in schools; and (3) increasing the professional knowledge and skills of team members. Further empirical investigation on how interprofessional teams can function and collaborate at a more optimal level to achieve these benefits for students is outlined below.

In the study by Mellin et al. (2010), 436 members of interprofessional teams in schools across the United States were given a rating scale instrument called the Index of Interprofessional Collaboration (IIDC), which determines how well teams were functioning and what strategies might be implemented at schools so as to strengthen collaborative efforts. Their findings resulted in four factors that assess the effectiveness of interprofessional team collaboration. The first factor is professional flexibility, which considers how open professionals are to new ideas and ways of working. An underlying need for mutual valuing and respect among collaborators was noted as the second factor. The third factor is newly created professional activities that merge different viewpoints and abilities with a common goal. This merging allows for innovation, new approaches, and strategies that support students and schools in their mental health programming. Role interdependence was the fourth factor identified; it speaks to the ways in which teachers and school-hired mental health professionals rely on one another to deliver and monitor the outcomes of specific learning supports. Roles become somewhat blurred so that the end goal remains the priority and an overemphasis on areas of specialty (e.g., teaching, psychology, social work) is reduced. It is a collective, team effort. However, in their research, Mellin et al. (2010) found that families in practice were not perceived

by professionals as team members or collaborators but rather outliers or supporters of what strategies the team developed (Mellin et al., 2010). They cogently argued that the role of the parent, and the perceived value of that role by school staff, was an important consideration to keep in mind.

Conditions to Support Interprofessional Mental Health and Behaviour Programs

In the province of Ontario, school systems are directed by mental health researchers and policy makers to create programs that address the strategies noted in Ontario's *Open Minds, Healthy Minds*: *Ontario's Comprehensive Mental Health and Addictions Strategy* (Ontario Ministry of Education, 2011). In relation to these strategies, school systems need to create the conditions to support effective school-based, interprofessional mental health initiatives and programs (CODE, 2012). These conditions of support include: (1) offering varying degrees of assistance whereby schools are a part of a larger community; (2) organizational development which coordinates capacity building within staff; (3) alignment of school based mental health and wellness programs to ministry initiatives; (4) effective communication within the system and with community stakeholders; (5) ongoing, collaborative capacity-building activities with a focus on normative approaches versus targeted approaches to ensure student stigma is reduced; and, (6) collaboration between school and community which co-creates processes and practices to strengthen pathways to integrated care (CODE, 2012; Ontario Ministry of Education, 2013). The notion of trust, and the previously mentioned ability to bind in a close-knit, reciprocal relationship between school staff and an external team (Hargreaves, 2011), is again present in the literature as the building block for school improvement initiatives and interprofessional programs (Tschannen-Moran, 2004). According to Tschannen-Moran (2004), "trust matters most in situations of interdependence, in which the interests of one party cannot be achieved without the reliance on another" (p. 17). Furthermore, in schools where there is more trust, there tends to be

greater collaboration. When there is an absence of trust, collaboration and the ability to work closely together is more difficult. Since interprofessional programs require the collective work of a variety of professionals, it can only be assumed that concentrated efforts to build trust are necessary for binding successful programs and teams together. Consequently, Baier (1994) asserts that trust can be likened to both a "glue and a lubricant" (p. 128). Trust is essential to bonding cohesive relationships, fostering effective cooperation, and facilitating conversations so that collective goals can be achieved (Baier, 1994; Tschannen-Moran, 2004).

One of the six conditions to support interprofessional mental health and behaviors programs is to offer ongoing, collaborative capacity-building activities with a focus on normative approaches (CODE, 2012). The notion of "universal interventions" (University of California, Los Angeles, 2011, p. 3), or a normative approach to mental health, is not new in education. The Ontario Ministry of Education (2013b) embeds this "good for all" (p. 9) practice into many ministry policies and practices including special education curriculum, mental well-being initiatives, and assessment documents. It is the idea that specific teaching, support strategies, and early interventions are necessary for some but, importantly, good for all students. Knowing that students with mental health issues are best treated through prevention and early intervention in schools (Durlak & Wells, 2011), it is apparent that promoting healthy social and emotional development in all students would benefit from a school-wide, normative approach. In a study conducted by Pelletier and Corter (2005), called "Toronto First Duty: Integrating Kindergarten, Childcare, and Parenting Support to Help Diverse Families Connect to Schools," the researchers studied an approach of integrating seamless and universal early childhood services, such as care and early learning and parenting supports, into five Toronto First Duty schools. Families were not targeted for service but rather promotion and advocacy of supports were embedded into Toronto First Duty's programming in which all families took part. As a result of this normative

approach, stigma around seeking supports for mental health was reduced and enhanced

understanding by stakeholders (e.g., families, communities, etc.) was achieved (Pelletier &

Corter, 2005; UCLA, 2011). However, normative approaches have limitations. Pelletier and

Corter (2005) found that some families tended to be transient and often missed essential

universal supports offered. Leaving before the completion of the Toronto First Duty pilot, or

even irregular attendance, contributed to families missing specific learning supports presented in

the naturalistic environment of the school-hub. This would be the same challenge with any

normative approach in a mental health and behavior program.

Building Capacity through Organizational Change

According to Fullan and Quinn (2010), building capacity "refers to capability of the

individual or organization to make the changes required and involves the development of

knowledge, skills and commitments" (p. 1) across all levels of a school system. Schools can

build their own capacity for change and growth by increasing both their intellectual and social

capital (Hargreaves, 2011). Intellectual capital refers to the knowledge, skills, and competencies

of a school's staff on a particular subject (Hargreaves, 2011). Social capital refers to the degree

of trust between school staff and the external team (Hargreaves, 2011). Fullan and Quinn (2010)

further suggest there are six leveraging factors to look for in programs that build school capacity

for change, as they are "highly impactful in mobilizing and sustaining improvement" (p. 1).

They include: (1) implementing instructional precision; (2) having on-site personnel with

expertise; (3) developing a common language; (4) having a series of learning cycles whereby

staff are introduced to new skills, given an opportunity to practice, and develop a plan to use,

review, and sustain the new learning; (5) use data to analyze on-going student achievement as a

result of the new learning; and, (6) share relevant resources which support the new learning

(Fullan & Quinn, 2010). These leveraging factors were extrapolated from the study's data to determine what factors, if any, were considered most valued by school staff.

The notion of who would be the best professional to take the leadership role to effect the greatest change and growth for school based mental health programming is quite divided in the literature. Nastasi (2004) investigated the role of school psychologists and the competencies which best prepare school psychologists for the leadership role of building school capacity. According to Nastasi (2004),

> instituting comprehensive school-based mental health programming involves developing a full continuum of evidence-based services that range from health promotion to treatment of disorders; addressing mental health, social-cultural, and educational needs; facilitating collaboration across agencies and disciplines; involving stakeholders from the key ecological contexts (home, community, school, peer group); and monitoring and evaluating mental health needs and services. (p. 268-269)

Nastasi (2004) concluded that due to the need for combined expertise of educational and psychological consultation, school psychologists would be the "ideal professionals to lead such reform efforts" (p. 300), as they could best facilitate participatory efforts of school staff to address mental health and learning for all students. However, Nastasi's (2004) conclusion that school psychologists should lead mental health programs in schools does contradict the condition outlined by CODE (2012) which argues that effective interprofessional mental health initiatives need to offer varying degrees of professional and community supports and not simply be led by one professional. In addition, Adelman and Taylor (2012) suggest that all school staff should be responsible for upgrading their skills with regards to mental health, and it is the collective expertise of the team which is most valued. Although the authors did not elaborate 'who' would

be responsible for facilitating the staff development, the resultant responsibility would be on the internal school system (UCLA 2006, UCLA 2011). This complements Hargreaves' (2011) research that schools can build their own capacity for change and together, develop new knowledge and understandings that strengthen each of the individuals and the school organization as a whole.

Another consideration when building capacity and offering integrated mental health supports is "where they take place" (i.e., in a natural setting such as a school or a psychopathology or diagnostic setting) (Atkins et al., 2010; Cappella, Frazier, Atkins, Schoenwald, & Glisson, 2008). Hargreaves (2001) suggests that school staff learn best in their own professional community and not at off-site locations or without integration of everyday school situations. The goal of any integrated special education program is to offer services and supports in a least restrictive way (Ontario Ministry of Education, 2013). The focus should be on improved functioning within a school setting rather than an emphasis on symptom reduction outside of school. Interventions are suggested early after onset of mental health behaviours and on a short-term basis by program staff in the student's natural setting (Ontario Ministry of Education, 2013). This on-site, collective focus, that involves partnering with an external team, coincides with the concept of capacity building elucidated by Atkins et al. (2010). They state that mental health workers need to serve as "educational enhancers" (p. 42), supporting teachers in their development of strategies that optimize, enhance, and augment the goals of education, rather than superimposing a new set of programs or experts in the field of mental health.

The literature suggests that there are many important criteria necessary to sustain new learning and system change. To successfully achieve change within schools, efforts must be directed toward ensuring they are open to serving as a learning community, staff is motivated to embrace change, distributed leadership is in place, and, a belief is constructed in members that

they can succeed in enacting change. (Mulford, 2003; Stoll et al., 2003). Mulford (2003) states, "sustainability will depend upon the school's internal capacity to maintain and support developmental work and sustaining improvement requires the leadership capability of the many rather than the few" (p. 2). In addition to internal capacity within schools, there is also a need for schools to embrace external influences or 'learning from the outside' (Mulford, 2003; Stoll et al., 2003). External professional programs can positively or negatively impact a school's capacity for learning. Stoll, Fink, and Earl (2003) suggest there are five external influences on schools' capacity for learning: "local communities, broader community, political action and tone, professional learning infrastructure and global change forces" (p. 168-169). By encouraging the collaboration of and partnership of external professionals and school teams, a school's organizational capacity will be enhanced (Stoll et al., 2003). Together, the school team and external team can cohesively work to develop new ideas, actions, or conversations effectively (Bushe, 2013). This can best be accomplished by ensuring that all team members – external and internal – know the needs of the school community, maintain a supportive and open tone and rapport which challenges them to change their thinking, and, have a focus on the long term global improvement for all students (Stoll et al., 2003).

Theoretical Framework

According to Watkins and Mohr (2001), by focusing on strengths, an organization's learning culture can be effectively changed. Consistent with this belief is the view that working with a student's strengths is a preferable way to address both behavioural and academic difficulties (Epstein, 2000), and interventions that begin with a focus on strengths are more likely to actively involve families and student in dealing with the difficulties (Epstein & Sharma, 1998). Likewise, this study will utilize the same perspective and look for the value staff perceive in the IS program. By doing so, it creates organizational renewal and excellence and collectively

brings staff together as a community to solve problems (Watkins & Mohr, 2001). Instead of looking at the IS program in terms of "what is wrong or what needs to be fixed" (Norum, 2008, p. 101), this study instead looked for the best of "what is" (Norum, 2008, p. 101). According to Cooperrider (2001), all systems have good and bad in them which researchers are trained to examine. Typically, a focus is often on negative aspects and steps are taken to fix problems. However, Cooperrider (2001) suggests that researchers could easily look at the "joy, vitality, or cooperation" (Norum, 2008, p. 101) within a system by searching out the "goodness" (Norum, 2008, p. 101). With a strength-focused mindset, staff are better able to engage and interact together in ways that invite a curious exploration of "what can be" based upon a clear set of values and attitudes (Resiliency Initiatives, 2011). By using a strength-focused lens of "what is" (Norum, 2008, p. 101), this study engaged participants using a "stream of positive conversation" (Norum, 2008, p.101) which captured what "could be" (Norum, 2008, p. 101) using a series of descriptive, qualitative semi-structured interview questions. Risks and concerns from participants were still revealed and documented as interview questions were phrased in an open-ended manner that invited safe and trusting disclosure of all experiences with the IS program.

Building capacity. Building capacity is a multi-faceted process involving both internal and external leadership and support teams (Fullan, 2006). Building capacity requires that schools create and maintain the necessary conditions, culture, and structures for change (Stoll, 2009). External teams need to facilitate learning and skill-oriented opportunities while ensuring interrelationships and cohesion between all the component parts (Stoll & Bolam, 2005). To achieve this cohesion, Stoll (1999) suggests that external teams need to be aware of and responsible for five "infrastructure of supports" (p. 521) that are necessary to develop school capacity.

The first infrastructure support is that external teams need to "respect professionalism" (Stoll, 1999, p. 521). Hargreaves and Fullan (1998) support this notion and state that "until an [external team] realizes that the quality and morale of teachers is absolutely central to the well-being of students and their learning, all serious reform efforts are bound to fail" (p. 4). This aligns with the strength-focused mindset of this study in that by respecting staff, they will be more open to sharing their own experiences and learning.

The second support is that external teams need to "support continuing professional development" (Stoll, 1999, p. 522) within the schools being serviced. Since teacher learning is at the heart of educational change (Hargreaves & Fullan, 1998; Stoll, 2009), external teams need to help staff develop lasting professional communities whereby they can reflect upon their own practice and learning in a safe and supportive environment. External teams need to devote time in helping schools to develop their professional skills for lasting change (Stoll, 1999). Additionally, no two schools are exactly the same. The notion of differentiation of capacity building was an important one to this study with reference to supporting on-going professional development; external teams need to fully understand the unique needs of each school. Some schools are ready for change and simply need the time and support to grow (Slavin, 1998), whereas other schools are struggling internally necessitating that a different set of skills will need to be initiated and supported by the external team (Slavin, 1998). Unfortunately, for some schools, the readiness to initiate and even accept or take on change is not present (Stoll, 2009). This means that it takes capacity to build capacity (Hatch, 2001), and there is no 'one size fits all' approach to supporting professional development.

Another infrastructure support that external teams can assist with is to "help schools to interpret and use data" (p. 522) to guide their learning progress. Capacity building is a social, lateral process (Stoll, 2009), which has groups of staff sharing and analyzing their new learning

data "with one another, from one another and on-behalf of one another" (Stoll, 2009, p. 123) so that they can learn more about their own learning. This process can be quite time consuming for teachers, so external teams can assist with data collection and analysis, as well as provide benchmarking data from other similar schools. Benchmarking refers to the sharing and transfer of knowledge of what other schools are implementing (Stoll, 2009). By creating new knowledge and sharing or transferring learning supports between other staff and schools, intellectual capital grows (Hargreaves, 2001) and staff is better prepared to self-analyze what is working and what needs further focus in terms of their own learning.

The ability to be a "critical friend" (Stoll, 2009, p. 522) is the fourth support required from members on an external team. Schools often need external eyes to observe situations and identify what is not immediately apparent to school staff on the inside. External team members who listen, engage, coach, and help staff to sort out their thinking are more capable of changing capacity within schools as the relationships developed are formed on the basis of respect, professionalism, trust, and support (Stoll, 2009). External teams need to be able to ask tough questions, convey difficult messages, and help schools to make sound decisions (Stoll, 2009). Without a trusting relationship, school change would not be possible (Stoll, 2009; Tschannen-Moran, 2004). According to MacBeath (1998), external team members serving as critical friends need to be able to ask themselves: "Will this help to develop independence, the capacity to learn and to apply learning more effectively over time?" (p. 131). If the answer is yes, then the external team member is serving as an effective critical friend who has the capability of improving school capacity development (Stoll, 2009).

This concept of critical friends is also well supported in the literature by Fullan and Quinn (2010). They suggest that this collective capacity is the foundation of lasting school improvement as the learning has real value. Fullan and Quinn (2010) refer to sustained capacity

as the collective efforts of the external team and school team who work together to continue the sense of inquiry, reflection, creativity, and conversations. It is a form of "generative" (Bushe, 2013, p. 3) practice whereby experiences, thoughts, and conversation are developed cohesively between the two teams and continues long after the external team has left. Ultimately, for school improvement to be lasting, schools must understand the notion that "sustainability is the goal and capacity is the engine that will ultimately power the journey" (Stoll, 2009, p. 121). Hill (1997) calls this a "habit of mind", which is a way of being and thinking for school staff which has learning that is broad, enduring, and spans a lifetime. By creating such generative learning, while an external team is present to support new initiatives and practices, a school team's capacity is more apt to continue long-term (Hargreaves, 2008). The rehearsed and well supported learning conversations become solidified while the interprofessional team is supporting the school and continues beyond service as staff habitualizes their practice of re-examining and exploring new and creative ways to enhance their learning (Stoll, 2009). It becomes an on-going, enabling cycle in which schools continue their capacity for learning and generativity (Bushe, 2012) long after the external team has left.

The final infrastructure of support is to "make high quality education for all a priority" (Stoll, 2009, p. 522). Schools need to be supported by a wider social context. This implies that it is not just up to the external team and school team to align their concerted efforts (Stoll, 2009). Although together, the interprofessional and school-based teams can make progress on student outcomes (Stoll, 2009), improved and sustainable capacity building occurs when the wider government and community partnerships, such as mental health initiatives and social service agencies, are equally involved. To improve school capacity and effectiveness, the whole system must be examined and improved (Hargreaves, 2008). It is the opportunity to develop, collaborate, and generate new learning conversations and methods for professional knowledge

creation and transfer which will contribute most effectively to overall school capacity and improvement (Hargreaves, 2008).

Overall, capacity building for school improvement is "no quick fix" (Stoll, 2009, p. 526). It is a complex and evolving process that has a focus on the long-term, with external teams serving as just one type of support (Stoll, 2009). It involves interprofessional team members and school staff working together to improve outcomes for students struggling with mental health issues. External teams need to understand and differentiate the needs of schools so that learning can cohesively develop and last long-term. Support for real improvement is developed from schools eventually understanding that learning comes from within, and they can significantly contribute and develop their own capacity. Through the use of generative dialogue (Bushe, 2012), whereby experiences are shared, new ideas are formed, and reflection on implemented practice is discussed among staff and respected by external team members, learning for school improvement can be fostered (Fullan & Quinn, 2010) and deepened so that it lasts well after the external team has left. In the end, capacity building is about "reorienting the agenda" (Stoll, 2009, p. 527) so that all levels of the system work together to achieve a lasting "dimension of change" (Stoll, 2009, p. 527) so that student outcomes can be positively impacted and improved.

Chapter 3

Methodology

Elaborating on the study's qualitative research process, this section of the thesis highlights the theoretical and practical matters of data collection. It describes the use of a case study approach and reveals both the strengths and limitations of this method. The philosophical assumptions underlying this research, including both the ontological and epistemological positions, are explained. In addition, the research design that identifies the boundaries of the study, the concept of trustworthiness, as well as data collection and analysis procedures are outlined. The ethical framework and timeline for research are also addressed.

Case study

This qualitative study drew on a case study methodology to collect and interrogate data related to staff members' experiences with the IS program. According to Gay, Mills, and Airasian (2012), case study research is a qualitative research approach in which researchers focus on a phenomenon of study. Case study research is based on a constructivist model (Baxter & Jack, 2008) in that "truth is relative and is dependent on one's perspective" (p. 545). Yin (2003) defines case study research as a strategy that is a fulsome method covering design, data collection techniques, and specific approaches to data analysis. Case study research is unique in that it resonates with the readers' experiences as they compare and contrast the case to their own experiences or understandings. According to Tobin (2010), "descriptive studies seek to reveal patterns and connections" (p. 289) between lived experiences. "Descriptive means that the end product of a case study is a rich, 'thick' description of the phenomenon under study" (Merriam, 1998, p. 29). This descriptive case study sought to determine whether school staff value the IS program as one that will build capacity toward improving student mental health programming and promotion in schools from their own perspective.

In this study, the case studied was the IS program. Participants' lived experiences were the unit of analysis being investigated so that patterns and connections related to thematic categories such as interprofessional education, collaboration, and building capacity could emerge. This study was bound by the IS program servicing elementary and middle schools in the Peel District School Board. By not including secondary schools in this study, school staff who have not directly received IS service, and only the perceptions of school staff supporting a student in a mainstream class, the study remained focused.

Using a social constructivist paradigm, this case study supported a transactional method of inquiry, where I had a personal interaction with the case (Stake, 1995), in this instance, the IS program and the study's participants. The case was developed in a relationship between the participants and myself as knowledge was discovered and verified through participants' lived experiences (Merriam, 2009) with the IS program. This knowledge or epistemology is intimately related to ontology and methodology (Merriam, 2009). Ontology involves the philosophy of reality and epistemology addresses how one comes to know that reality while methodology identifies the particular practices used to attain knowledge of it (Merriam, 2009). For purposes of this study, the ontological position I held was that the IS program was continually being constructed and refined by program staff members as they interacted and collaborated with school staff. That is, there was no reality of the program external to how participants understood it (Merriam, 2009). Through the social relationships between the participants and myself, the epistemological position was that participants' lived experiences or realities about the case began to surface, and I began to construct knowledge by attaching meaning to the data. Together, these two positions formed the philosophical basis of the study's research process, informing the methodological perspective, method selection, and practices (e.g., semi-structured interview), sampling technique, and overall research design (Merriam,

2009). Using a case study approach as the methodological perspective, this study utilized semi-structured interviews as the data collection method to gather knowledge.

These three important considerations, ontology, epistemology and methodology, had a direct impact on how knowledge was derived from multiples realities constructed by participants of this qualitative study. I needed to work diligently to ensure the reliability and validity of the interview data collected so that the knowledge discovered and constructed was free from weaknesses such as interviewer bias and subjectivities (Merriam, 2009). During data analysis, I generated and organized meaning, which in turn, elicited important themes and contexts related to the case (Merriam, 2009).

Trustworthiness. As one of the IS teachers in the IS program who conducted this case study, it was important for me to acknowledge my positionality due to the potential biases and assumptions I brought to the case. I needed to remain focused on the guiding main question and subsequent three sub-questions so that the case study was comprehensive, elicited rich generative images (e.g., ideas, actions, conversations), and uncovered categories of common themes related to capacity building, interprofessional teams and collaboration, normative approaches, and conditions for system change. Lincoln and Guba (1985) suggest qualitative researchers consider four concepts that work concurrently to achieve trustworthiness – credibility, transferability, auditability, and confirmability. Further details on how I embedded these four concepts into this study are outlined below.

Credibility. Credibility is the degree to which a study's findings represent the meanings of the research participants (Lincoln & Guba, 1985). Drisko (1997) suggests qualitative "interpretations must be authentic and accurate to the descriptions of the primary participants" (p. 191). To ensure the authenticity and accuracy of the participants' meanings, I needed to ensure that questions did not lead or guide a preconceived response, known as research

reactivity, and throughout the study's on-going process, my own potential bias did not influence the data (Lincoln & Guba, 1985). Being mindful and reflexive of my own influence on this study needed to be an on-going and essential practice (Drisko, 1997). Reflexivity is defined by Horsburgh (2003) as "active acknowledgement by the researcher that her/his own actions and decisions will inevitably impact upon the meaning and context of the experience under investigation" (p. 308).

Transferability. Transferability is the degree to which the study's findings are applicable or useful to theory, practice, and future research (Lincoln & Guba, 1985). By analyzing the "thick descriptions" (Creswell & Miller, 2000, p. 128) within participants' responses, this study allowed readers to understand new ways the findings may be applicable to other settings, such as in other school boards or school-based settings (Creswell & Miller, 2000).

Auditability. According to Lincoln and Guba (1985), auditability refers to the degree to which research methods are documented and allow an external reader from outside the study to follow and critique the research process. One strategy I employed to increase transparency was the use of an audit trail (Gay et al., 2012), which was a written account of the research process that included reporting of what occurred throughout the study along with a demonstration of reflexivity, meaning identifying ways in which the participants' perceptions of the program differed or challenged my own views given my experience with the program. It was a record of my thoughts, reflections, and possible further questions or areas needing clarification.

Confirmability. This is the ability of others to confirm or corroborate the findings (Lincoln & Guba, 1985). Shenton (2004) asserts "steps must be taken to help ensure as far as possible that the work's findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher" (p. 72). To achieve confirmability, this study clearly demonstrated that the findings and data were linked by organizing data segments

into a word processing document and then drawing commonalities between participants'

responses so that relevant themes emerged (Merriam, 2009). The categorized documents also

allowed me to lay out all relevant data, participant by participant, under organizing thematic

headings.

Sampling

With over 245 schools in the Peel District School Board who could access the IS program, it

was important to select a sample size of schools that was both manageable yet broad enough to

collect the rich, meaningful data required in a case study. There were two phases to participant

sampling. In phase one, only school staff serviced from Kindergarten to Grade 8 were asked for

their participation in the study due to the secondary IS program model currently being

restructured. During phase one, sixteen schools who had IS cases from October 2015 to

December 2015 were randomly selected from the large number of schools serviced by the IS

program. Using a purposeful random sampling strategy, 16 schools from 78 possible schools

were selected with a focus on credibility versus representativeness (Patton, 2015). With written

consent from the Superintendent of Special Education, access to schools' names were permitted.

An email request was sent to school administrators requesting that they share the study's

information with other potential participants, including teachers, school behaviour teaching

assistants, and the case manager asking for their participation in the study. As outlined on my

research ethics protocol, I was not permitted to contact participants directly but rather sought

administrative consent first. It was the administrator's decision to forward my email request to

serviced staff. The email included information about the study and an attached phase one

questionnaire that included questions about their participation with the IS program (see

Appendix A for the email, Appendix B for information about the study). Six of the sixteen

school administrators consented to the research and forwarded details of the case study to

serviced staff. Twelve staff across the six schools responded and consented to participate in the study. Their phase one questionnaire responses were used during the second phase of participant sampling, a purposive sample. Email distribution began in early October 2015 and continued to the end of December 2015. Since IS service was up to eight weeks with full cases beginning in late September, it was anticipated that many IS cases would be complete at the end of November. Those cases which required an extension of time or were closed sooner than eight weeks were still captured as a result of the three month data collection window. In the second phase, the staff who responded to the phase one questions had their responses cross-referenced to the purposive sampling criteria. Purposive sampling techniques are primarily used in qualitative research and may be defined as selecting units (e.g., individuals, groups of individuals, schools) based on specific purposes (e.g., number of staff who responded from the same school, student remained in the same classroom with the same teacher after IS service ended, etc.) associated with answering the study's questions (Teddlie & Yu, 2007). Maxwell (1997) further defined purposive sampling as a type of sampling in which, ''particular settings, persons, or events are deliberately selected for the important information they can provide that cannot be gotten as well from other choices" (p.87). Purposive sampling is "designed to pick a small number of cases that will yield the most information about a particular phenomenon" (Teddlie & Yu, 2007, p.83). The goal was that this would lead "to greater depth of information from a smaller number of carefully selected cases" (Teddlie & Yu, 2007, p.83). The purposive sampling criteria was: (1) at least three staff members from the same school consent to the interview from information retrieved from the phase one purposeful random sample; and, (2) the student attended the same school and remained in his/her mainstream class after IS service was complete so school staff can continue to implement their new learning, if any. In the end, of the six schools who responded, most met the purposive criteria with interest to continue to the interview stage.

Within the six schools, two schools met both purposive sampling criteria and four schools met one of the purposive sampling criteria. The criteria that at least three staff members from the same school consent to the interview was quite a challenge to achieve as the timing of this study occurred during a period of political unrest in Ontario education with many employee groups on work sanctions. This meant that gathering consenting participants was a tall order, let alone gathering three participants from the same school. That was a significant task in itself. With sheer persistence and hard work, the resultant sample size achieved for this study was twelve participants across six different schools. Four of the six schools had two or more participants from same school who participated, which permitted for the rich dialogue of two different perspectives on the same IS case. In selecting participants for the study, Gay et al. (2012), highlight two general indicators that are commonly used. The first consideration is the extent to which the selected participants represent the range of potential participants in the setting. The second consideration is data saturation, whereby the researcher begins to hear the same thoughts, perspectives, and responses from most or all the participants. Although my goal was to secure fifteen participants in total, by the end of April 2016, staff who I had contacted over a period of four months requesting their participation, were no longer open to participating. Most stated that due to final reporting and other end of year responsibilities, participation in my study would take up too much of their time. So after much dialogue with my thesis advisors, twelve semi-structured interviews were completed with the intention that data saturation, when the same thoughts, perspectives, and responses from participants, were documented in the data.

Table 1 – *Sample of Participants and their respective School ID*

Name ID	Title	Gender	School ID
Participant #1	Principal	M	School #1

Participant #2	Principal	F	School #2
Participant #3	Vice Principal	F	School #3
Participant #4	Principal	F	School #3
Participant #5	Teacher	F	School #3
Participant #6	ISSP Teacher	F	School #3
Participant #7	Case Manager	F	School #2
Participant #8	BTA	F	School #2
Participant #9	Principal	F	School #4
Participant #10	Principal	F	School #5
Participant #11	Case Manager	F	School #1 and #5
Participant #12	Principal	F	School #6

Note. The name of both participants and school sites were anonymized for confidentiality purposes.

Data Collection Methods

As in all qualitative methodology, triangulation of data from multiple perspectives helps to ensure validity and protects against previously mentioned biases. Triangulation is defined as "a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study" (Creswell & Miller, 2000, p. 126). In triangulation, the object of the study can be best understood when approached by a variety of research methods. Although this exploratory case study (Yin, 2003) focused largely on the information and perceptions received from interview responses, there were several other sources of data that could be analyzed to test the validity of my findings and reduce bias or deficiencies. According to Denzin and Lincoln (1994), there are four basic types of triangulation: (1) triangulation of methods of data collection; (2) investigator triangulation; (3)

theory triangulation; and, (4) triangulation of data sources. In this study, triangulation of data sources was the type I primarily used. Data was gained through interviews with participants who filled different roles and at different schools. Additionally, respondent validation and member checking occurred by having participants review their transcripts to confirm that data was accurate to each participant's perspective and reflected what he/she said in the interview. I offered a question during the interview asking if there are any "other comments" which provided participants the opportunity to clarify a response and provide additional information or meaning on their responses. I also sought permission to contact the participant by telephone should there be any questions or clarification needed.

Sample semi-structured interview questions. According to Gay et al. (2012), there are several guidelines to be considered when planning and conducting interviews. Some of these guidelines include: (1) include both open-ended and closed questions; (2) pilot test the questions with a group of respondents who share similar characteristics to the research participants; (3) listen more and talk less; (4) allow wait time and tolerate silence; (5) keep a neutral demeanor and do not debate responses; (6) allow an opportunity for other comments as they can provide an excellent source of "discrepant data" (p. 389); and, (7) ensure participants of their confidentiality and let them know that a follow up conversation may be required.

The proposed semi-structured interview questions are outlined below (see Appendix D for the complete list of interview questions):

1. *Experiences*:

    a. I want to learn more about your experiences with the IS program. Reconstruct a time that stood out the most to you in your involvement with the IS program.

    b. Tell me more about that. Who was involved? Describe how you felt?

    c. Could you give me a specific example of how your professional practice and capacity changed as a result of this IS experience?

2. *Values and Sustained Capacity Building*:

    a. Was there any specific learning that you value most as a result of being involved with the IS program? Tell me more about that.

        i. How did this new learning occur?

        ii. How was the role of data involved?

        iii. Why is this new learning significant to you?

        iv. How did the IS team assist with gaining this new knowledge? Who from the IS team most contributed to your new knowledge?

        v. How has this new learning changed your teaching practice?

        vi. How will you sustain and share your new knowledge with other members of your school team?

        vii. What was the family and/or community agency's role in your learning?

        viii. What else do you still want to learn about mental health promotion and programming?

3. *Interprofessional Team*:

    a. The IS team is comprised of an IS teacher, IS behaviour teaching assistant, case manager, administration, and school team members. How would you describe the workings of this team?

    b. Were there specific qualities of the team that you noticed and valued? What were they?

    c. How did these qualities impact the outcome of the IS case?

4. *Wishes*:

        a.   If you had three wishes for the IS program, what would they be?

   5. *Other Comments*:

Coherence of this instrument was assured by conducting a preceding pilot study using a sample of one participant. According to Merriam (2009), "the key to getting good data from interviewing is to ask good questions; asking good questions takes practice" (p. 117). When conducting the pilot interview, I utilized the same data collecting techniques, security measures, and protocols as in the research design except that the pilot participant was asked to communicate with me about any issues or problems encountered in the process. The feedback from the pilot study was used to improve coherence and clarity of the inquiry and help increase the trustworthiness of the instrument (Merriam, 2009). The pilot provided feedback on all aspects of the instrument and served as a practice run for the interview process.

Data Management Strategies

   To collect data during the interviews, an audio recording device was used, with appropriate consent received from the participants. The purpose of recording allowed me to engage fully in the conversation and provide a verbatim account of the session. Note-taking during the interview would likely have proven too distracting to both the participant and myself and could potentially alter the flow of the conversation, while note taking after the interview would present recollection problems for me (Gay et al., 2012). Administrators from sixteen schools were emailed information on the study and asked to share it with serviced staff. Six administrators agreed to share the study. All consenting staff from six schools were asked to complete the phase 1 questionnaire which included a series of initial questions (see Appendix D for the phase 1 questionnaire). These questions served to further refine the number of participants and was used during purposive sampling. Once the initial questions were answered from staff at the six schools who received IS service, I identified a purposive sample of twelve participants.

These participants were emailed a consent form. Semi-structured interview questions were piloted by one participant who had previously completed IS service outside of the data collection dates (see Appendices A and B for the email script, information letter, and consent form). With finalized interview questions, data collection extended over three months ending by December 2015. Interviews began in January 2016 and took place at a time conducive to the interviewee either over the telephone or via Skype. Interviews were transcribed, and transcripts shared with the interviewee for review. All transcripts remained confidential and anonymized with no risk of penalty as result of the responses. I maintained school and participants' names, though in confidentiality, in case further clarification conversations needed to occur with specific participants.

Data Analysis Strategies

Data from each interview was compiled, documented, and analyzed interpretively and simultaneously ensuring the rich, qualitative detail in participants' experiences remained intact. Using the theoretical framework as a beacon during the analysis, emerging themes or common generative images (Bushe, 2013) were identified (e.g., new experiences, thoughts, and conversations). Responses were also analyzed and categorized for their alignment with the research themes related to capacity building, interprofessional teams and collaboration, normative approaches, and conditions for system change.

Responses were coded based upon the expected preconceived themes found in the literature review, as mentioned above. Using an index card strategy as outlined in Gay et al. (2012), blocks of text from the interviews was cut and pasted onto labeled index cards to provide a snapshot of the relevant responses as they pertained to the identified label or category. Each entry was marked with the date and school pseudonym name so that the text could be found in the full cluster of data as needed. Data was interpreted in a multi-faceted way including: (1)

contextualizing findings in existing or even new literature; (2) connecting findings with personal experiences, particularly due my personal connection to the IS program; (3) seeking the advice of critical friends, such as other members of the IS program; and, (4) investigating if the data interpretation answered the important "so what" questions (Gay et al., 2012, p. 476). So what questions refer to the meaning behind the data (Gay et al., 2012). For example, when is the IS program most meaningful; are there certain experiences that confirm its meaningfulness; is the IS program is making a difference; is the IS program building capacity; when is the IS program considered of value by school staff; and, is the IS program achieving its intended goals? Results of this data interpretation will be shared with participants in a way that reveals both the value of the IS program, in addition to the enhancements needed to improve the program. My goal is to share my dissertation with participants by December 2016 and if they are interested, to have a dialogue about the findings. New ideas, wishes, and understandings for the future of the IS program will also be shared with the hope of improving future programming within the context of ensuring recommendations are directly connected to the data and analysis components of the case study (Gay et al., 2012).

Anticipated Challenges

The following challenges of the case study design were recognized.

1. I am a member of the IS program whose positionality has been declared. I am an IS Teacher.

2. The accuracy of qualitative interview data is limited to the richness and depth of participants' responses. Some participants may not be fulsome or reflective with their responses so that categories of data will be more difficult to interpret.

3. Some participants may go on medical or maternity / paternity leave so that interviews cannot be scheduled. Some participants may choose not to participate so that the school has fewer responses for me to analyze.

Anticipated Limitations

The following limitations of the case study design were recognized.

1. Data will be collected only from consenting elementary school staff and not secondary school staff.

2. I will not be following up with other measurements or data to verify if the participant's experiences are a true reflection of what actually happened. This could have implications for the study's validity, though is well aligned with qualitative research of this nature.

Ethics

This study sought approval from the Non-Medical Delegated Board as it involved human participants over the age of 18. I believe that the research is considered "minimal risk" (Interagency Secretariat on Research Ethics, 2014, p. 21), as the probability and magnitude of possible harm by participation in the research is no greater than those encountered in their everyday life. Should clarification of participants' responses be required, they were contacted via telephone. All participants were employees of the Peel District School Board and over the age of 18. Potential risks could exist if their participation in the study was discouraged by their administration. I was hopeful though that administrators would be supportive of this study since IS service took place in their schools, and there was no foreseeable risks to participants. The potential benefits may be the development of more detailed descriptions of the ways that teachers and other school personnel feel best supported in their learning about mental health promotion and programming by an external interprofessional team. These descriptions would benefit how future school-based mental health service programs offer their services to schools and build staff

capacity. Although there is no foreseen or presumable inconveniences involved in this case study, the interview could have been completed over a series of days or stopped at anytime should the participant experience any inconveniences such as a lack of time, competing work tasks, or added stress. Invitation of participants were made via one email by the administrator of their school with the information letter and consent details requesting their participation. I had contacted the administrator prior to that requesting that he / she share the introductory email to serviced staff. Participants were notified if they were selected for the study, and a consent form was distributed. There was no reimbursement offered or provided for participation. All information was stored on an encrypted storage device purchased and used solely for the purpose of this research. Code numbers were used to identify participants' names, and pseudonyms were used for school names for anonymity purposes. The data were stored in a separate encrypted file on a memory stick, in a locked drawer in my home office. Any data with identifying information of the participants was stored separate from the transcript and interview data. After five years, all data and storage devices will be destroyed.

Timeline

Table 2 – *Timeline of Research Activities*

Timing	Activity
August 2015	Ethics Approval request submitted to Western University through ROMEO
September 2015	Meeting request with the Superintendent of Special Education to review final research proposal and ethics approval; written approval to proceed was signed and forwarded to

	Western University's ethics board
August – September, 2015	Data Collection Preparation
October, 2015	Purposeful simple random sample of sixteen schools. Administrators involved in those sixteen schools who were currently receiving IS service were emailed asking for their participation in the study and to share the study with potential school staff. Each participant completed the email phase 1 questionnaire. Responses were cross-referenced to the purposive sampling criteria. The final sample size was twelve participants (n=12) across six schools.
Early November, 2015	Semi-structured interview questions were piloted and finalized.
Mid November – December, 2015	Consent forms were sent out and returned.
Early January 2016 – April 2016	Data collection commenced with a telephone / Skype interview for each consenting participant. Transcripts were shared with participants for their review. There may be a need for a telephone follow-up with participants to clarify responses. Compile and analyze data.

April - June 2016	Data analysis and reporting on findings in the thesis; feedback on chapters by thesis advisors
End of July 2016	Final thesis submission
August, 2016	Thesis defense

Summary

Chapter 3 outlined the epistemological and theoretical framework, the methodology and methods for this study, and the ways in which these anchored the research design and process of analysis. The constructivist paradigm was described along with rationale for the qualitative research methodologies. The theoretical perspectives, methodology, and methods helped to illuminate the various complexities and experiences of school staff serviced by the IS program in this case study research. The chapter also included a discussion of the strategies that were used to enhance the trustworthiness of the findings, as well as the ethics protocol and timeline for the study.

Chapter 4 presents the findings of emerging themes of the study. Chapter 5 discusses the analysis and draws conclusions based on examination of the study's results and review of the literature in the field of mental health in education, discusses the implications of the study for practice, and makes recommendations for further research.

Chapter 4

Findings

Introduction

The course of data analysis was driven by the purpose of the research inquiry: to what extent do school staff value the IS program in building capacity towards improving student mental health programming and promotion in schools? The study's methodology followed the qualitative process of data analysis, which was exploratory and inductive in form (Creswell, 2008). Merriam (1998) describes the process of data analysis as "making sense out of the data. And making sense out of data involves consolidating, reducing, and interpreting what people have said and what the researcher has seen and read – it is the process of making meaning" (p. 178). Using Merriam's (2009) data analysis process as a guideline, I selected thematic analysis as my qualitative data analysis method when reviewing, processing, and understanding my data. I simultaneously analyzed my data during both the data collection and analysis stages. Data analysis was not a linear process, although it appeared to be. A step-by-step approach was chosen, yet the analysis was primarily inductive, continuously moving back and forth through various steps in the protocol (Merriam, 2009). According to Merriam (2009),

> data analysis is a complex process that involves moving back and forth between
> concrete bits of data and abstract concepts, between inductive and deductive
> reasoning, between description and interpretation. These meanings or
> understandings or insights constitute the findings of a study. Findings can be in
> the form of organized descriptive accounts, themes or categories that cut across
> the data, or in the form of models and theories that explain the data. Each of these
> forms reflects different analytical levels, ranging from dealing with the concrete
> in simple description to high-level abstraction in theory construction. (p. 176)

Following is an image of the overall data analysis process I undertook which I will elaborate on further in this chapter (Figure 2).
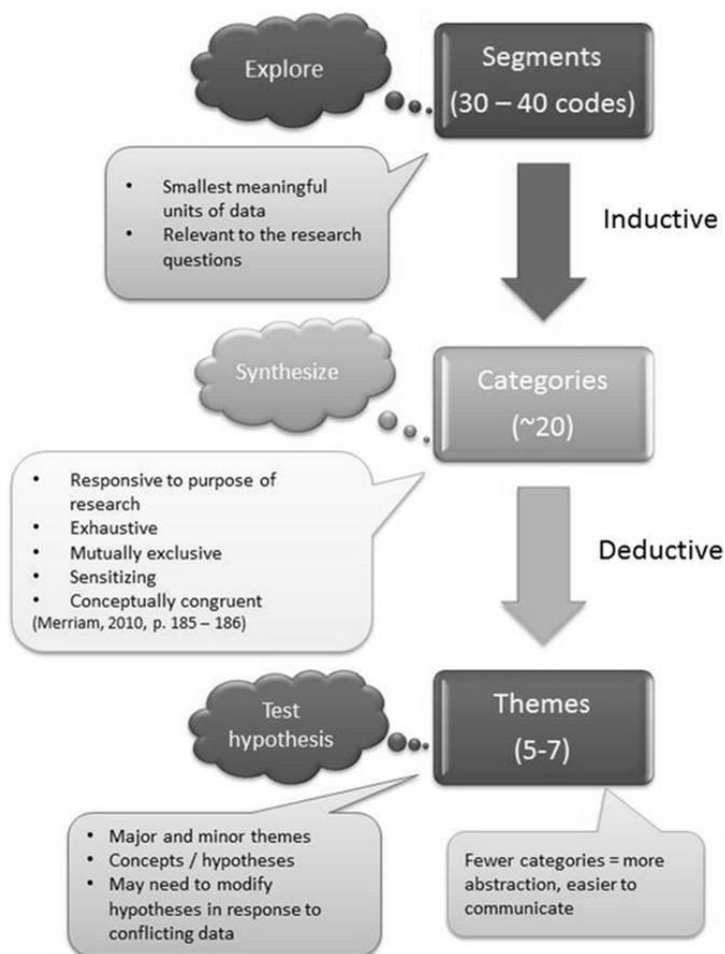
Figure 2. Data Analysis process (Chun, 2008)

I will also discuss the integrity of my thematic analysis process, expand upon Merriam's (2009) three important criteria for theme development, including selecting themes sensitively so that they represent the data and ensuring themes are mutually exclusive of each other and mutually congruent, meaning conceptually, they were all at the same level of abstraction or thought. I will also reveal the themes, including several related subthemes identified across the data.

Integrity of the Thematic Analysis Process

To achieve rigour in qualitative research, each stage of the inquiry must be carefully planned and intentionally executed (Creswell, 2014). The quality of the interpretation is inevitably dependent on the quality of the data collected to answer the research questions (Patton, 2015). To obtain rich, detailed accounts from participants, a semi-structured telephone interview was chosen as the data collection method. The quality of the information obtained from interviews can vary considerably depending on the nature of the engagement between the interviewer and interviewee (Patton, 2015). Certainly, establishing rapport is foundational to the interviewing process (Patton, 2015). In some instances, for the interviews I conducted, I drew upon previous professional interactions with participants to establish rapport during the interviews. For example, in my tenure as a Peel Board of Education teacher in a wide variety of capacities, I previously worked closely with eleven of the twelve participants in a coaching and consultative basis. In other instances, I emphasized my hope that we shared a mutual goal of exploring ways to enhance how an external team's service to support schools may better assist students suffering from complex behaviour and mental health needs. With all participants, I expressed my beliefs on the value of hearing their voices as front-line school personnel.

Participants were generous with their time outside of school hours, especially during the many months of political angst when many school boards across Ontario had most unionized staff on work-to-rule sanctions. Principals and vice-principals especially had more demands placed on them as a result of carrying the extra responsibilities of what was deemed "struck work" by the various unions. Even in the face of these challenges, participants came forward wanting to share their IS experiences. Many participants had multiple IS teams in their schools since the program's inception three years ago. Throughout the data collection process, I was pleasantly surprised to listen to how candidly and openly I felt participants were in describing their experiences with the IS program. Even under the stress and heavy work of supporting the

student struggling with mental health and behaviour issues, each participant clearly demonstrated through their stories that they only wanted the best outcome for their student. Participants were also upfront with their concerns including what specifically they needed the IS program to do to support school staff and the student. Even with these stated concerns, participants were also quick to clarify their points and use a strength focused lens about improvements the IS program could make versus solely focusing on the deficits or concerns they may have experienced. By participants freely sharing both their positive experiences and their comments on what improvements should be considered by the IS program, the accuracy of my interpretations were made quite clear. Their unbiased views served to increase the trustworthiness of my study in that participants' thick descriptions told a story full of rich narrative detail of often complex and challenging situations (Merriam, 2009). Overall, the integrity and rigor of the data collection and analysis process was maintained by participants' active participation, rich detail, and engagement in the interview process (Merriam, 2009). I found each participant to be uniquely insightful and forthcoming about his/her IS experiences. For that, I am grateful.

Overview of the Analysis Process and Coding

As described in Chapter 3, I conducted semi-structured interviews via telephone with 12 educators ranging in roles from principals, vice-principals, teachers, case managers, and behaviour teaching assistants (BTAs), resulting in rich, detailed, and varied accounts of their experiences with the Intensive Support (IS) program. Some of these participants were at the same school and involved in the same cases so their unique perspectives using the lens of their professional role in the school greatly contributed to the rigour and triangulation of my data. I transcribed the interviews as part of the analysis process myself so as to get closer to my data (Merriam, 2009). I looked at the data wholistically to get a sense of the varied stories while being open to finding nuances and unanticipated topics (Creswell, 2014). Guided by Merriam's (2009) thematic coding process, I

reviewed one transcript first, and I jotted down ideas, concepts, and queries in the margins of the transcript. The goal at this step was to become very familiar with the content and relevant areas for further analysis. Memos were written in the margins as ideas, meanings, or highlighted as potential quotes that were related to concepts of capacity building, learning, sustainability, and growth. I used the theoretical framework as a guide when reading through the transcript but ensured that participant's voices about significant issues or struggles were delved deeper into, as I knew that meaningful topics could be discovered there. Creswell (2007) encourages that researchers continually ask "What strikes you?" (p. 153) as transcripts are read, looking for concepts that are surprising, unusual, or conceptually interesting. Merriam (2009) refers to this process as "having a conversation with the data" (p. 178). I then reviewed the subsequent transcripts following the same open coding process of jotting ideas, concepts, and queries in the margins (Merriam, 2009). I checked whether there were any groupings of words similar to what I identified in the margins of the first transcript. As I worked through the remaining transcripts, I noted an emerging master list of ideas, concepts, and queries. After reading and re-reading all 12 transcripts several times, I established a series of 19 open codes (Merriam, 2009). Examples of the open codes were "role of family," "expertise of the IS team," "open to learning," and "data" (see Table 3).

Table 3 – *Open and Axial Codes*

Open Code Abbreviation	Meaning / Participants' Descriptive Expressions Open Code abbreviated meaning is underlined	Axial Code
SNL	Sharing New Learning (resources, tools, strategies, ideas)	Conditions to Build Capacity • Critical Friend
GR	Gradual Release of Responsibility (supporting along the way), Try it out on our own (even with other non-serviced students)	Conditions to Build Capacity • Shared Responsibility • Critical Friend
HOPE	Give hope; positivity; relief; validation	Conditions to Build Capacity • Critical Friend

		• Became a better Teacher
		• Relationship Building
		• Emotional
		• Growth
INTERT	<u>Interprofessional team;</u> large support team, "cast of thousands;" meeting	Conditions to Build Capacity • Shared Responsibility
COMM	<u>Communication</u> – quality as well as for consistency; "everyone on same page"; "same goal;" "same wavelength"	Conditions to Build Capacity • Open to Learning • Common vision • Communication
KNOW	"<u>Know</u>"; knowing the student prior; knowing family; knowing history; know what IS is; knowing goals	Whole Child approach Knowing the student
ACCEP	School staff <u>accepting</u> of the external team	Conditions to Build Capacity • Open to Learning • Emotional
COH	<u>Cohesion</u> of school staff and external staff through sharing ideas, voice, opinions freely / safely;	Conditions to Build Capacity • Shared Responsibility • Communication
OPENL	<u>Open to Learning;</u> welcoming ideas / strategies and following through by school staff; not experts but collaborators; everyone is "on a different continuum"	Conditions to Build Capacity • Open to Learning Became a better Teacher / Growth
REL	<u>Relationships</u> are built; trust; partners; "family"; community culture; between IS Team and Teacher and IS Team and student	Conditions to Build Capacity • Critical Friend • Relationship building
DIFF	<u>Differentiation</u> based upon student's needs; "no on size fits all" approach	Whole Child approach
INCL	<u>Inclusion</u> of all stakeholders; no one is left out of meetings	Conditions to Build Capacity • Shared Responsibility
Data	Importance of gathering <u>data</u>; reviewing; revisiting	Whole Child approach

	it; used as evidence for IEP	
RoleFAM	Role of family; key partner in the success of child / case	Whole Child approach
IS I and K	IS providing input and knowledge on procedures / process; knowing more than school team; experience	Conditions to Build Capacity • Critical Friend
RoleCOM	Role of Community; referrals to programs initiated / commenced; as educators we are not trained as mental health professionals; need Community partners with services within a timely manner	Needing More
Iceberg	Iceberg; Need for more professional learning; more needs now than ever before; "only scratched the surface"	Needing More
MORE	Improvements / Wishes; more manpower; more accessible; more teams; more success; grateful for IS; more time; reduce time to get service; more PD	Needing More
SUSTAIN	Sustainability across changes in Teachers, over each school year; not as easy as it looks; dynamics change every year for the child	Needing More

Next, I began the process of grouping my open codes, called axial coding (Corbin & Strauss, 2007), permitting me to add my own interpretation and reflection of meaning (Merriam, 2009) to groupings of descriptive phrases I had found. For example, many participants made similar comments such as "everyone is on the same page," "has the same goal," and "being on the same wavelength" when describing the characteristics needed for a successful case outcome. I reflected upon this grouping of phrases and connected them with everyone on the interprofessional team having a shared vision. I continued this process of winnowing (Guest, MacQueen, & Namey, 2012), or narrowing the codes, into a smaller cluster of meaningful axial codes throughout the 12 transcripts (see Table 3). Patterns and regularities within these axial codes were interpreted and categorized into

a master list (Merriam, 2009). Examples of these axial codes were "being a critical friend", "open to learning", "having a common vision", "a shared responsibility", and "knowing the student." Next, I began thinking about clustering the axial codes into themes. Keeping in mind Merriam's (2009) caveat that themes need to cut across the data, stand on their own, and have "a life of their own apart from the data from which they came" (p. 181), I inductively began developing themes and subthemes.

Emergence and Interpretation of Themes

The final step in my data analysis process was to document the emerging themes by looking wholistically at the axial codes. After much reflection and practising reflexivity on my analysis approach thus far, including reviewing my audit trail, many themes became apparent to me as I compared similar axial codes and aggregating them together. For example, the axial codes of "critical friends," "shared responsibility," and, "relationship building" consistently appeared together in participants' stories and were often referred to within several adjoining sentences on the transcript and as part of the same question I had asked. So I decided to group these together, along with two other axial codes, into one theme called "conditions for learning." Some participants from the study were contacted at this point with an opportunity to clarify the meaning of their quote and verify or refute my interpretations of the emerging themes. Review of my audit trail and conducting member checks were again two more procedures I employed which served to promote trustworthiness and rigour in my study (Merriam, 2009).

The process of determining themes was an on-going and inductive one. By continuing to immerse myself in the data, I was able to generate "the categories [themes] through prolonged engagement with the data – the text. These categories then became buckets or baskets into which segments of the text [were] placed" (Marshall & Rossman, 2006, p. 159). Using an electronic cue card system, I began cutting and pasting each piece of coded data into categorized

documents in Microsoft Word. I included the original identifying codes (i.e., Name ID) and line number within the transcribed document so that I could easily go back to the original transcript (Merriam, 2009). I ensured that I kept an open mindset, looking for nuances or incongruities in my data as I was categorizing. As more and more data was included on each categorized document, I then began 'naming' the theme and deductively testing whether each preliminary theme was still relevant. I continued this process until each theme was individually compared and subsumed to form major ideas. According to Merriam (2009), "devising categories [themes] is largely an intuitive process" (p. 183). The names of the themes are informed by the "study's purpose, the investigator's orientation and knowledge, and the meanings made explicit by the participants themselves" (Merriam, 2009, p. 184). Using Merriam's (2009) criteria for themes, I ensured that the final themes sensitively represented the data, meaning that they were responsive to my research questions. They were mutually exclusive of each other and indicated that the data segment could only fit wholistically or be categorized into one theme. Additionally, my themes were mutually congruent, meaning conceptually, they were all at the same level of abstraction or thought and not a mix of complicated layers and sub-layers. After engaging in Merriam's (2009) step by step organization with all of its "circuitous paths, its tangents and apparent reversals" (Dey, 1993, p. 53), I eventually developed three major themes, with one theme separated into five sub-themes and another theme separated into two sub-themes.

The three major themes I identified across the data are as follows including several related sub-themes:

1. Conditions for learning
   a. open to learning
   b. relationship building
   c. shared responsibility

        d. critical friend

        e. human dimension of emotions and learning

   2. Iceberg of mental health

        a. the whole child education model

        b. challenges and barriers to integrate mental health supports in education

   3. Mutual mindset of learning, persistence and energy

Since data was collected concurrently with analysis, these emergent themes were sent back to some participants for comments (Merriam, 2009), thereby enhancing the rigor of the findings. Member checking is "the single most important way of ruling out the possibility of misinterpreting the meaning of what participants say and do and the perspective they have on what is going on" (Maxwell, 2008, p. 244). I also weaved specific participants' quotes and stories into the findings to further support the themes identified and shared participants' apperceptions about their own learning. These thick descriptions ensured the credibility and trustworthiness of my study (Lincoln & Guba, 1986).

The first theme I developed was "conditions for learning," which were the internal processes and culture school staff needed to possess for learning from an external team to even be possible. For example, participants shared the importance of having a shared responsibility amongst all team members supporting the student, building a trusting and safe relationship that facilitated working together towards specific goals, and, being open-to-learning new ideas and skills to better support the student. The second theme I created was the "iceberg of mental health." The iceberg model, also known as the theory of omission, originally was developed as a writing style by Ernest Hemingway in the 1930s:

      If a writer of prose knows enough about what he is writing about he may omit things

          that he knows and the reader, if the writer is writing truly enough, will have a feeling

of those things as strongly as though the writer had stated them. The dignity of

movement of the iceberg is due to only one-eighth of it being above water.   The

writer who omits things because he does not know them only makes hollow places in

his writing. (Hemingway, 1932, p. 12)

More recently, the iceberg model has been used in systems change theory by Kim (1999), who

suggests that often only events and patterns are observed when looking at system challenges. This

represents the part of the iceberg you can see which is only one-tenth above water. However, there is

much more below the surface, and what it looks like may be of surprise. To effectively observe and

understand a situation, we need to descend to the deeper levels of understanding below the surface by

asking why, looking for cause and effect relationships, investigating the mental models, such as

vision, goals, expectations of an organization, and the system's overall traditions and core values

(Kim, 1999). By doing this, systems can make better sense of a situation and begin to formulate

more effective responses to new challenging situations. It has since been used extensively in

explanations on school improvement and supporting the development and education of the 'whole'

child (Slade, 2012). The main premise, in all instances, is that the one-eighth tip of the iceberg

represents what is observable. It is what onlookers can see and is clearly visible. The seven-eights

part of the iceberg onlookers do not see. It is what lies underneath and larger and potentially more

destructive than what lies on top. The "iceberg of mental health" theme was significant in the

participants' stories from two unique perspectives: (1) from the perspective of school staff and their

understanding of mental health issues knowing that the behaviours they see in the student was only a

small glimpse of the larger, more compounding and wholistic issues the student faces; and, (2) from

the participants comments that as a school system, the board has "only scratched the surface" in

terms of supports available for struggling students, and there is an extreme "need for more"

integration of mental health supports in education. Due to the relevance of both of these perspectives

across the data, I decided to create two sub-themes for the "iceberg of mental health": (1) the whole

child education model; and, (2) challenges and barriers to integrate mental health supports in education.

The third and final theme developed was a "mutual mindset of learning, persistence, and energy" to support a student who is struggling. Participants often commented that just before the IS Team arrived at the school, the school team had "run out of ideas." Many participants commented on how little awareness they had about children's mental health and were at a loss as to what instructional supports they could implement to help the student. Their stories shared many examples of how through changing their mindset to one that persisted in finding solutions for the student alongside the IS team was of most value to them.

Conditions for learning. As stated earlier in the literature review, there were many important conditions necessary to sustain new learning and system change. Some of these conditions were that the school's internal capacity, such as learning climate and community, motivation of staff, distributed leadership, and belief in success (Mulford, 2003; Stoll et al., 2003), need to be prevalent and optimized throughout the school. In addition, Stoll, Fink, and Earl (2003) suggested there were five external conditions on schools' capacity for learning including "local communities, broader community, political action and tone, professional learning infrastructure and global change forces" (p. 168-169). Together these internal and external conditions need to surface to some degree in an IS case for learning and growth within a school to occur. Within the data, many of these conditions were evident in the participants' stories. Due to the significance of each condition, I decided to break the main theme "conditions for learning" into five sub-themes with each sub-theme elaborated on below with participants' thick descriptions.

Open to learning. One of the overarching sub-themes in many of the participants'

experiences was conditions necessary for learning to occur within an internal school team. One

such condition was whether a school team was open to learning and ready to embrace dialogue

about new supports and strategies for the student. From the participants' stories, openness to

learning was one of the most identified conditions perceived to have the greatest positive impact

on a case. One principal, Participant #2, commented that "I have had situations where the [IS]

team members have not been taken on ... [their ideas are not] what the teacher was really buying

into and it was destined to fail from the beginning which is very unfortunate." The mindset of

the teacher and his or her willingness to try out new approaches with the student takes a lot of

effort. If the openness to change was not present, then a road block in the case appears.

Participant #2 also suggested that,

> the key point [of IS service] is teacher buy-in. I think the teacher wasn't really
>
> onboard and had the mentality that this isn't going to work before it really started.
>
> Maybe the ideas the team suggested were shut down: 'this isn't going to work or I
>
> have tried something like this before with a student and it isn't going to be
>
> successful.' There wasn't consistent follow through.

When I asked the participant what steps the school could take to prevent this learning road block,

Participant #2 stated that,

> I am very deliberate now when I explain IS to both families and [the] teacher so
>
> they know exactly what it is. We take the time to really go through [IS service]
>
> and I am very clear what [the teacher's] role will be and what the IS role will be.
>
> If everybody understands what everybody is bringing to the table, I think it is
>
> more likely to be a successful [case] and nobody is under the illusion from the
>
> beginning.

Likewise every administrator interviewed echoed Participant #2's sentiment of prepping the teacher right from in-school review committee (ISRC) onward in terms of what the IS program was, what role he or she had, and what he or she could expect from service as a means to open the learning partnership. Participant # 6, a special education teacher, had another suggestion to help build an open relationship. She suggested, "having an opportunity to release a teacher for a period and sit down just with the IS team and build a relationship that way, have a cup of coffee, before it starts so it is not that stressful." Giving time for the teacher to acclimatize to the IS team members in a safe and informal manner could help to reduce the stress the teacher may already be feeling just trying to support the at-risk student. Compounded on top of that, the teacher was being asked to welcome two new adults into his or her classroom and he/she may not have any idea what to expect from IS service. Giving time for the teacher to understand and process what was expected with IS involvement seemed to be an essential step even before the IS team's involvement. From Participant #6's perspective, she felt that most teachers were "very, very open to [IS service]"; however, two reasons why they may be more resistant to a relationship stems from a lack of trust with an external team who will be suggesting that he or she implement or revise certain strategies. These may leave some teachers feeling "judged or worried that there is some kind of evaluative quality to the IS team involvement." Participant #5, a classroom teacher, who is at the same school as Participant #6, mentioned that at the onset of IS service,

> I was really nervous and sometimes things just don't work out between certain people [as] the personalities are different but I think we worked well together. I think everyone really had an open mind and no one's opinion was put down. I felt that we all had a say. It wasn't someone telling you how to do your job, but it was suggestions. It was wonderful.

Relationship building.   Another sub-theme that several participants referenced was the importance of relationship building, as it was perceived that the success of the case's outcome was built upon how cohesive the teams were and how well they shared a sense of responsibility towards supporting the student. By teams, the participants referred to the interprofessional team, which included the school based team combined with the IS team. As stated by Participant #6, a special education teacher,

> by the time IS is called in, teachers have tried everything they know ... to have
>
> people come in that have a wider understanding of what behaviour looks like in
>
> many different scenarios, in many different buildings, is very helpful. I just really
>
> valued having people to talk to about how to support a specific child ... you can
>
> use [a] magnifying lens to really have a good look at it.

When the relationship was cohesive and solid between the school and IS teams, participants noted how well cases turned out. Participant #8, a school-based behaviour teaching assistant (BTA), who was only at her school half days due to another role she had within the school board, appreciated the efforts the IS team made to ensure "everybody knew what was happening and that we all were receiving the information. To me that was really, really important." The role communication played in building positive relationships seemed to be a parallel condition found in many of the participants' stories so much so that I wondered if one was dependent on other. An example to support this interpretation is from Participant #8, who voiced frustration of the IS teams' sometimes lack of communication with her as a BTA and how it impacted the learning relationship. She commented that sometimes she felt that,

> some of the IS teams do not respond so well to the BTA as some of the other IS
>
> teams. Some are great at including the BTA and giving me and everybody
>
> information so no one is left out. I found that it was the IS teacher more so than

the BTA. The IS BTA always called me or left a little note, but I found that the

IS teacher didn't do that at all.

Participant #8 indicated that building positive relationships with all school team members was a vital requirement of the IS team's role, and it was an area of growth for some of the IS team teachers in particular. Her point seemed quite valid from a sustainability of-support point of view for the student, as she went on to suggest that,

for me, I am a big part of [the school team] or I feel like I should be. Between

the BTA, the classroom teacher, and the IS team [we should be] working together.

I feel that the BTA takes on that role after IS has left. If the communication isn't

there, then I find it hard. It doesn't help the student, put it that way. I feel like I

haven't done my best [for] the student.

Participant #8's compelling point was that her role as the BTA was to continue supporting the student after IS left. She suggested if the BTA is not feeling included or engaged in communications, the continued success of the student may be in jeopardy, and she did not want to see that happen. Her comments made me wonder if a student who had steady gains during IS service with the learning supports in place, would regress if stakeholders from the interprofessional team were not included, valued, and invested over the long term.

Another connection discovered in the data was how IS team members should be credible leaders who have the soft skills to build relationships with a wide variety of stakeholders. Participant #4, a principal, used an analogy in which she compared the skills and attributes she models in her role as a school leader to those necessary for IS team members. She stated,

it doesn't matter if I have my name, Principal on the door, how I earn respect is

through credibility. I would say that credibility is very important with the IS team

because you are working with the highest needs kids in the board, you are coming

into situations with staff who are feeling stressed, worried, and concerned, so in

addition to that positive energy, being confident, being well spoken, being open ...

it is about building relationships.

What stood out to me as most significant was her statement about credibility. The principal

related her role as a leader and the importance of honouring and supporting staff by building

relationships with them. Likewise, she indicated that IS team members need to demonstrate

these same skills as credible leaders by prioritizing relationships and listening to staff in a way

that they feel their voices are heard. My conclusions from examining these stories are that IS

teams need to actively embrace an inclusionary model whereby relationships are developed and

sustained with all school team members. All stakeholders need to feel valued, included, and

engaged in solution-focused communicative interactions regardless of their role.

   Shared responsibility.   The notion of shared responsibility was another one of the sub-

themes identified as necessary to successfully build capacity within school teams. Participant

#6, a special education teacher, spoke about a student who had extreme flight risk behaviours.

The student would climb and escape through open windows and leave school property, which

created safety issues, as he didn't have a sense of road safety or awareness of his surroundings.

The teacher stated that the school and IS teams came together with a sense of shared

responsibility to write the student's safety plan protocol. The safety plan outlined specific

strategies to employ when the student began to escalate his behaviours, and it documented when

staff members were activated to respond to a potentially unsafe situation such as him leaving

school property. Participant #6 said,

[developing the safety plan together] was really helpful in terms of sitting down

as a team and brainstorming what that was going to look like, what people were

going to be involved, and to be sure that it was carried out appropriately. It was

very specific, and I think almost explicit in, 'this is who is going to do what and

this is what it is going to look like.' I think that was huge.

A case manager at another school, Participant #7, whose role is to lead and facilitate the IS case, also commented on the strength of the shared responsibility between school staff and IS team members,

when I use the word team, it very much felt like a team because there were

several players. Not in terms of community based or outside agencies but within

such a large organization as ours, it really came together. I think it was just that

communication that flowed from all levels of contact with [this student]. So

teacher, ISSP, administrator, the IS team, everyone was involved. Everyone

really took to heart their role in this. It wasn't just signing off or checking off a

box, people were committed to their contribution to changing as much as they

could … that is why it was like WOW, this is great.

The participants' stories about the power of shared responsibility between the school and IS teams was a constant thread that weaved throughout the data. Participant #7 summed up so eloquently what it looked like to have shared responsibility on a team with her metaphor, "allowing the team to be a living organism as the kid changed, as the teacher changed, and the service support changed, it was reflected in the capacity building ... it flowed, it was fluid, it matured and changed. Everyone was doing their bit."

Critical friend. A fourth sub-theme within the "conditions for learning" theme was the role the IS team had as a critical friend to school staff. Within the literature, the term "critical friend' (Stoll, 2009, p. 522) refers to external team members who listen, engage, coach, and help staff to sort out their thinking about a particular issue or topic. Critical friends contribute to enhanced capacity within schools, as the relationships between school and external team members are

formed through a professional collaboration based on respect, professionalism, trust, and support (Stoll, 2009). Study participants not only referenced the role of critical friends in contributing to relationship building and shared responsibility but also underscored the importance of the knowledge and expertise IS team members shared with them and the relevance of their recommendations. During many participant interviews, participants often spoke of both the emotional and moral support and the knowledge and expertise that the external IS team members brought to a case. Participant #3, a school vice-principal, commented, "when the IS team came in, it was just that support, that moral support to the classroom teacher which was the highlight for me." She also appreciated the expertise of the IS team stating, "[the IS team] brought up new strategies about the need for more space in the classroom for a break or even the idea of a different setting within the school. The rest of the staff learned this." Participant #4, a principal at the same school as Participant #3, echoed similar sentiments about the expertise IS teams offered schools. She stated,

> [as a principal], we get so many updates from different departments ... I think it is
> always hard for us to always keep on top of things in print, so it great to have real-
> life people like IS come to the building ... As a principal, that is probably the
> biggest value I experienced last year from the IS team.

Two teachers from the same school as Participant #3 and #4 also commented on what the IS team shared from both a knowledge and emotional viewpoint. Participant #5, the classroom teacher said,

> I don't know if it was the calmness that the IS team had around them. The way
> [they] dealt with things. I remember telling stories ... and [their] reaction was like
> you'd heard it before, you'd seen it before ... Meanwhile the way IS handled
> [hearing the stories], the suggestions they had right away, that was huge for me.

Participant #6, a special education teacher commented on the power of the dual roles on the IS team.

> the team is usually two individuals who have expertise in similar areas but that expertise looks different. You have a person who is from the teaching role, has more experience around programs and programming, and then you have the BTA individual who has more experience helping students learn strategies, social strategies, or dealing with their emotions more appropriately. That's very positive in terms of hitting it from two different angles.

The role of the critical friend was entrenched across the data with the perception that the IS team comes in with a "bag of tricks" (Participant #10) and "act[s] as a cheerleader" (Participant #4) to support staff and give them a sense of confidence that they can handle the student's challenging needs. Participant #4 insightfully stated that "sometimes a school can become very insular so having that outside voice to give [staff] confidence in what they are doing is helpful." In reading through the stories about critical friends, it re-emphasized for me how complex these relationships can be. Some participants indicated that they wanted a "bag of tricks" and others wanted their thoughts and emotions validated. Through examining the data, I have learned that each IS case requires the development of critical friendships; however, the dynamic between the critical friends is individually unique and continually shifting. IS team members must continuously read the school situation, shift like chameleons to ensure that they are building knowledge, skills, and competencies, while balancing between building alliances, coaching, monitoring, and maintaining momentum with the case. This role of critical friendships is one that school staff continually referred back to in their stories. Most surprisingly to me, it was also the one wish that every participant recommended the IS program re-evaluate as an area for improvement. Specifically, it was their collective wish that the critical friendships developed did

not cease to exist at the end of eight weeks of service. Rather, the connection between the IS team members and the staff either extend to a longer term of service or that service continue on an ad hoc basis with check ins, "pop by" visits, and email communication. Participant #2 said, "having the IS team as much time as possible in the building is a fantastic thing." Many of the participants suggested that more time was needed in IS cases. This reoccurring nuance was one that I did not anticipate since service is already eight weeks long. In my experience as an IS teacher, the service goals a school requests at the onset of IS service are predominantly met successfully within six to eight weeks. So the desire for more time by school staff was a significant finding as it appeared quite frequently in participants' stories. For example, Participant #3 stated, "the only thing I'm thinking about is having the IS team for more time. More time would be really beneficial." Participant #5 echoed the same sentiment and said, "I don't know if eight weeks is long enough. Maybe making it longer. Perhaps something longer than eight weeks, maybe even three to four months of service, that would be beneficial." In addition to the notion of time, there was a request by school staff to return occasionally even after IS service was complete. There was a significant number of requests from staff, in a wide variety of disciplinary capacities, that the IS team needed to stay in touch with the school by being 'on call' even after the eight weeks of IS service. Participant #2 suggested that "every year is a whole new beginning for these kids and it is a challenge every school year so I think once they are on the radar, it would be nice to keep the [IS team] in the loop some how." Participant #8 grounded her reasoning into the need for more knowledge so that IS teams could come back to share new ideas and strategies. She said, "there is more [mental health issues] today than ever before so we need more IS teams to help. It is not going away. We need more IS teams in the schools and there is not enough IS teams to go around. We need them to keep coming back" (Participant #8). Likewise, Participant #10, a principal raised the question, "how do you sustain

something, especially if you get worn down again? The IS team comes back with their bag of

tricks and says here try this. That reinforces not only the teacher but seeing that positive change

reinforces the IS team and all the work they did." This notion of maintaining critical friendships

with IS team members, long after the timeline of IS service, was certainly a nuance that I had not

anticipated, but it resonated strongly throughout my participants' stories.

 Emotions and Learning. The final subtheme was the condition for learning I named

"human dimension of emotions and learning." I wondered if learning could occur under

situations of prolonged duress and escalation. Almost all of the participants discussed how

stressful the school and classroom climate was prior to the IS team arriving. The following

stories are samples of some of the stressful situations staff described prior to IS service. For one

teacher, Participant #5, it was her first time interacting with a student with such significant

mental health needs. She commented about her first time experience with the IS program and

why she needed the support. Participant #5 stated, "I think for me it was IS coming in at a time

of extreme need." She commented on how stressed and emotionally drained she was trying to

support the student prior to the IS team commencing service. To give some background to the

situation, Participant #5 described the student who was struggling emotionally in her grade 2

class,

> right away, first day of school he was new to the school, he walked in and I could
>
> just tell. First day, he was absolutely miserable. He wasn't crying like some of
>
> the students because they are afraid of a new school and soon they adjust very
>
> well, it was a face that almost scared you. You would look at him and be like 'oh
>
> my goodness.' As the days went by, I realized he didn't smile, he didn't laugh …
>
> He would only speak negative thoughts of himself and he would target certain

students … [eventually] it turned into suicidal thoughts and talk that he would

say.

Likewise, a principal at another school, Participant #2, spoke about another stressful situation whereby the child exhibited "a lot of yelling, screaming, talking about self harm" each day for two to three hours at a time. Participant #2 acknowledged and sympathized about the extent of emotional turmoil the student faced and how exhausting it was for everyone involved. Participant #9, a school principal, spoke about a transitioning student from another school board. The Grade 2 student was moving from a congregated behaviour class with little experience in a regular, mainstream class setting. In planning for the student's arrival, the principal commented that,

there was a lot of panic I feel, maybe having lots of information [on the student] is

great, but people worry when the information that is received is challenging ...

there was a lot of worry especially on the part of the classroom teacher.

Throughout the interviews, it became quite common for me to listen to participants' detailed stories of students' behaviour and the stressful situations staff faced. The severity of students' needs certainly varied, but in each case, I was continually compelled to reflect upon how much these children were battling in their young lives. I also truly wondered how staff could manage for so long while under duress before external supports commenced. In some cases, staff mentioned it took upwards of two months from when they began the first ISRC referral to when an IS team arrived at their school. It was very eye-opening to document through my participants' experiences, the reality of what mental health looks like in today's schools and how varied the needs of students are. Through the participants' stories, I realized that until you live through an experience trying your best to support a child struggling with behaviour and mental

health issues, you cannot truly understand the emotional stress with which both the child and the teacher contend.

The role that emotions played on learning was also quite evident after examining the data. In many instances, IS team members entered a situation that was often emotionally charged and in some cases, staff was bewildered on next steps to take. This revelation was echoed by Participant #5, a classroom teacher, who shared that,

the reason why I appreciated IS and any suggestions they had for me as we had

just run out of ideas. We tried things as anyone would and it was exhausting.

When things weren't working, we just didn't know what else to do.

Participant #6, an experienced special education teacher, also shared "teachers have tried everything they know. In my role, I have tried to support the best I can, but often it feels like it is beyond our scope." Participant #6, who has many years' experience in the field of special education working with students with complex needs, shared that, "I just don't feel qualified as a professional to support them maybe the way I would like to … we are just not trained that way." This concept of not feeling qualified or 'needing more' in terms of more training, more learning, more knowledge, more funding, more community supports, more IS teams, and so on, weaved strongly throughout the participants' stories. The prevalence of these 'needing more' constructs were so heavily embedded in staff dialogue that I decided to create a theme, called the iceberg of mental health. This theme will be further elaborated on using participants' experiences.

In terms of the link between emotions and learning, this theme was the one that I was most moved by. Story after story revealed the resiliency of school staff. Even though the school climate was emotionally charged, staff was committed to learning how to better support the student at a pace they could manage. Participant #9, a principal, suggested that the IS team members played an important role in turning the stress level around. She commented,

I think the IS team provided a positive perspective which sometimes is hard to

keep when you are in a difficult situation. The IS team provided strategies,

provided alternatives, provided positive potential to the student. I think that

helped. They were optimistic and positive.

A few other participants mentioned the same emotional de-escalation. Participant #5 stated that the IS team brought to the school "a sense of calm." I wondered if this skill of emotional de-escalation attributed by staff to the IS team was a contributing factor in helping to reduce stress levels and increase staff's openness to learn. Although my research did not investigate how IS teams navigate the road of emotions they face in schools, perhaps further research on the practices and skills necessary to promote learning under these emotional conditions would be valuable information to external teams.

Iceberg of mental health. The second theme I extracted from the data was based upon the "iceberg model" (Hemingway, 1932; Kim, 1999) of thinking. Instead of looking at what is visible, the top one-eighth portion of the iceberg, one must ask about the relationships to the other, more complex factors below the surface. Drawing a connection to mental health, the top portion of the iceberg could represent the student's behaviours and overt challenges while the more complex factors, below the surface, could be the student's medical diagnosis(es), biological predeterminants, environmental issues, developmental factors, among other gaps (Slade, 2012). In the data, the statements of "we've only scratched the surface" (Participant #11) or "I feel like I am very, very far away in my learning about mental health" (Participant #3) were common concerns among participants. The notion that "more" needs to be learned, "more" needs to be understood, as well as "more" supports are necessary, both in the school system as well as in the community, were fearless statements shared by all. To honour the voices of the participants and document their concerns equally, I decided to split the main theme into two sub-themes.

Participants spoke about the "iceberg" challenges from two distinct perspectives. The first was "knowing" the whole child and why seeing below the surface, with all its complexities, helps to better support the student. The second was "needing more" educational and community supports to better assist high needs students in schools. These two sub-themes were respectively called: (1) the whole child education model; and, (2) challenges and barriers to integrate mental health supports in education.

The whole child education model. The "whole child education model" sub-theme captured the participants' statements that as educators, the interprofessional team must understand and know the child in a multidimensional way. Together, the team should keep in mind the concept of seeing the whole child from a health perspective, not just the visible behaviours the student exhibits. This important notion was validated and complemented by the World Health Organization (WHO) which stated "there is no health without mental health" (WHO, 2016b). The WHO further defined health as "a state of complete physical, mental and social well-being, and not merely the absence of disease" (WHO, 2016b, p. 1). The whole child needs to be known and supported. Some ways that this was being accomplished were through the involvement of the school psychoeducational consultant, social worker, classroom teacher, administrator, BTA and parents. Participant #10 stated, "in my experiences, my psych[ologist] and social worker operate as a team, they know the kids." As part of the IS model, either a school psychoeducational consultant or social worker are designated by the school ISRC to serve as the case manager of the IS team. A bridge per se between the school team, IS team, family, and / or community supports. The extent to which these individuals 'knew' the whole child was often quite detailed. The child had likely been presented at ISRC on several occasions before he / she was referred to IS and in many instances, the case managers were involved in meetings with parents prior to IS involvement. In many cases, participants also explained that often a full

psycho-educational assessment was completed on the student through the school board or

through an outside agency or hospital. In addition, some families were involved in the team

dialogue by sharing their knowledge of their child's strengths, triggers and needs. These

experiences, shared by staff, highlighted for me the vital role families had in an IS case. It

provoked me to wonder though, how often parents were involved as equal partners on the

interprofessional team during an IS case. I also thought about whether parents were involved

and included, what impact would their involvement have on an IS case, and whether their

involvement would result in a more successful outcome for the student. In examining the data, I

found that the extent to which families participated with the interprofessional team seemed to

vary from participant to participant. Some participants suggested that parents were included

frequently at team meetings and others stated that families were just aware of IS team

involvement. They actually did not meet the interprofessional team in person. This

inconsistency in parental engagement with the IS program was a nuance I did not anticipate.

With the role of family engrained into the research on best practices in education and weaved

throughout current Ontario Ministry pedagogical documents as an inclusionary benefit, it was

interesting that in the case of a child struggling with mental health issues and often severe needs

and behaviour concerns, parents were not always actively involved with the IS program. They

simply consented to IS service and remained in the background. Following are some of the

participants' statements supporting the contradiction of this finding. Participant #1 mentioned

the value of parental engagement and stated, "[parents] are also a key partner in the success of

that child" but Participant #7 suggested that,

> parents are not as involved in terms of the planning. They agree to it, they
>
> consent, they go through that process and at the end offering any suggestions or

anything that might feed back to home, but the actual period of service often,

other than an update or check-in, there is no other parental involvement.

Participant #10 succinctly replied to my question of "how involved were families with IS?" with

the clear answer, "not so much." Participant #2, a principal, commented on the disconnect that

sometimes happens between home and school when it comes to understanding behaviour and

mental health. She said,

I still think there needs to be more, perhaps more input with the parents because I

think often parents think that the behaviour is a school issue and they think it is

fabulous we are doing these things at school, but I don't think necessarily they see

the connection as a home / school issue.

Another principal, Participant #3, suggested that the IS team could help be a bridge to better

build the home and school connection and dialogue. She stated,

to make the parents understand about where do we go from here, we are so

thankful that we have experts like the IS team who spoke with the family ... it was

great having another support tell [the parents] what we were already saying.

Similarly, Participant #4, another school principal, proposed that "depending on the

characteristics of the IS team members though, I could certainly see myself asking them to build

capacity of understanding with the parent(s)."

Overall, further exploration into why the inconsistencies in parental involvement with the IS

program exists is an area of improvement identified by the participants. Based on my

understanding of the data, since the involvement of families is usually through the case manager

for the purpose of consent to IS service; perhaps moving forward, the administrator or case

manager could additionally invite families into the conversation throughout the eight weeks of

service. This partnership could be considered a requirement of IS service. As supported by the

Council of Ontario Directors of Education (CODE), "effective parent engagement must be comprehensive in nature, with the school consistently interfacing with parents at many points and in many venues over the course of the schooling years (CODE, 2009, p. 2). This consideration for the IS program would be a small change, but one that literature strongly supports for improved outcomes for children. Findings in the current study are in alignment with the current literature. Those few participants who engaged and involved parents throughout the whole IS service acknowledged that the benefits were considerably more impactful on the overall IS case outcome.

    Challenges and barriers to integrate mental health supports in education. The second sub-theme of the "iceberg of mental health" was entitled, "challenges and barriers to integrate mental health supports in education." All participants in the study used the term "need more." This terminology of "needing more" surfaced in their dialogue when discussing availability of existing professional development and mental health services to support high needs students both within the school board and in outside agencies. One participant, Participant #6, a special education teacher with more than seven years experience in the role, wrote a heart-felt and carefully thought out email to me after our interview requesting that her comments be included in her transcript. She commented that one of her biggest wishes for the IS program was a big picture issue, one that falls below the surface of the iceberg. She wrote,

> if we are truly committed to seeing change in the way we provide resources to support mental health in our schools, we need to be able to have access to ERF [also known as behaviour teaching assistant or BTA] support ... In my experience, it is so much easier to find support for children who have physical or safety needs and near impossible to do so for students who have diagnosed mental health concerns. Bottom line: This is completely inequitable ... this needs to change.

This concern was mentioned earlier in this chapter by Participant #4, a school administrator, suggesting that there is a need for more human resources when supporting high needs students. She questioned the allocation of monies by the board for BTAs to support children with mental health issues and has had conversations with her superintendent to learn more. She stated, "the question I still wonder about is why isn't there only one pool of money [for BTAs]. Why is there a different pool for [autism] ASD kids than behaviour and mental health challenged kids?" Within the Peel District School Board, the monies allocated by the ministry for teaching assistants is separate for students with special needs such as autism and developmental disabilities than it is for students with behaviour needs. Participants in administrative positions suggested that the proportion of money is unequal within these pools. There is less money for BTAs to support students struggling with behaviour and mental health needs. This common sentiment of inequality of human resources for students suffering from mental health and behaviour needs was supported by Participant #9. She commented on the lack of extra human resources available to support high-risk students in terms of additional teaching assistants. Participant #9 stated, "I feel like we need more support. It is the human resources aspect." The Peel District School Board does have a small supply of "floater BTAs" which principals can request from their superintendents for short-term use in high-risk student situations. Floater BTAs are BTAs are parachuted into a school for approximately eight weeks, as approved by the superintendent, with a possible request for an extension. The floater BTA is assigned directly to a high-needs student for half a day and works with school staff to develop short-term support strategies often around safety and de-escalation techniques. However, the number of these "floater BTAs" is extremely low in a school board of over 245 schools with each superintendency having only one to two "floater BTAs" available. Therefore, the wait list for additional personnel supports can be quite long. Administrators participating in my study

seemed to realize this and acknowledged that other schools had just as challenging students as they did. Participant #4, a school administrator said, "I have the Floater BTA with me in the afternoon which means other schools are probably in dire straights, so I think that [TA support] needs to be looked at." She went on to state that,

> we need to look at supporting these kids differently ... if we only had one really
>
> needy safety needs kid so that the BTA could be with that kid all day, great, but
>
> the sad reality is that we have multiple kids and how do we manage that?

From the sharing of various student cases, participants described cases whereby the referred student was on a reduced school day due to the extreme safety and flight risk behaviours they exhibited. Moreover, a few students had such complex mental health diagnoses that it was necessary for them to be in and out of hospital, and a few students were briefly supported in the school by community agencies or mental health nurses. In most cases, students exhibited challenging behaviours such as anger outbursts, physical aggression, non-compliance or refusal to take adult direction, use of inappropriate language, leaving the classroom or school property, and disrupting the learning of others. Participants described these behaviours to be episodic throughout the day with peers bearing witness to their struggles on a daily basis. For some students, participants described the student struggling in school year after year while waiting for service from mental health community agencies. Participants commented that some wait lists for service were longer than one year. There was also a common dialogue on how these needs are increasing exponentially in schools which seemed to align with the current Ontario Ministry statistics indicating that one in five students suffer from mental health issues (Canada, 2012). However, regardless of how difficult the situation was for school staff to endure, throughout the participants' stories, there was evidence of a consistent sense of hope or optimism for the future.

This hopefulness appeared to be deeply rooted in the participants' desire to provide the best supports for their students.

The availability of professional development focusing on integrating mental health supports into schools was another challenge referenced by participants. Some of the participants commented that there was an online e-learning tool on the topic of anxiety with ideas and strategies to support students. Many of the participants were aware of this "anxiety chic-let," a school board term for an e-learning module, and some had worked through it. All participants were very open and willing to learn through available professional development opportunities but the term "needing more" still often came up in their dialogue. It was perceived that there was not enough professional learning offered by the board, although many suggested they "have seen growth" (Participant #4). Participant #3, a school vice-principal, stated that she visited the anxiety chic-let on the board's internal website but suggested,

> I have been there on my own but it is just information. Going more deeper [sic] though, we need to hear how to support students from experiences as each situation is unique. I just went to those PowerPoints and read the notes, but I still think more needs to be done.

Another source of learning participants at one school accessed was the ASIST (Applied Suicide Intervention Skills Training) workshop offered by the school board. It is a one-day suicide prevention workshop. There were three participants from my study, from one school, who attended. Their motivation was fueled from their desire to better support the young Grade 2 child who had made numerous verbal threats of suicide. All three participants commented on how much they had learned and appreciated the opportunity. Participant #5, the child's classroom teacher, said,

I remember with this particular student there were three of us who went to a

suicide workshop after. That was offered through the board and we went. We

needed to know what else was happening with this student and we need to know

how to handle his comments. So glad we went. This is huge for me. I feel like I

am so much more aware of mental illness now especially in young kids. It starts

so young and I am looking for it all the time ... I think it should be delivered to

schools though.

Participant #4 and #6 echoed the same appreciation for the ASIST workshop; however,

Participant #6 further stressed that "to help teachers manage the increase in mental health needs,

we have to help them to expand on some of their skills." She continued by suggesting that

training on de-escalation techniques in schools would be helpful to staff in addition to learning

"defensively how to put your body in a way that you will not be harmed ... you can intervene in a

way this is helpful to a child who is in distress." While many participants recognized that efforts

were being made by the school board to provide further professional learning opportunities, it

was noted that "those professionals are stretched very thin" (Participant #6) and to see change,

more funding must be mandated to implement new kinds of programs to front line staff.

Participant #6 was courageous in stating, "I can honestly tell you without a shadow of a doubt

that if PD [professional development] was around supporting the mental health of students over

math or literacy, people would be ecstatic." As a union steward in her school, Participant #6 also

commented about the many conversations she has had with other staff around their training

'wants' and what they would like to see. She stated,

I think you would have 100% support for [PD on mental health] because that is

the biggest area where I think teachers, even experienced teachers and masterful

teachers who are brilliant with the curriculum still have gaps around how to

support our highest needs students. I feel like if the Peel District School Board

could do anything, it would be to bring PD around mental health and supporting

kids. It's huge. I feel inadequately trained.

Again "needing more" in terms of professional learning was at the forefront of participants'

wishes for improved IS support. The notion that the school board "tries to do a good job"

(Participant #9) was evident. Although most participants associated the need for more

professional learning as a direct wish for the IS program itself, many participants suggested that

the need should be more "big picture" (Participant #4) and is a system barrier to overcome.

   Mutual mindset of learning, persistence and energy. The theme of "mutual mindset of

learning, persistence and energy" was prevalent throughout the data when participants spoke

about how they often went beyond their perceived self-limits to support a student who was really

struggling on a daily basis. By self-limits, I am referring to the staff member who has exhausted

all their known supports and knowledge. I determined from the data, that this mindset was

"mutual" in the sense that the partnership between the school staff member and the IS team had

to align so that together they could fully develop and grow new ideas and strategies. In current

educational research on innovation and 21st century learning, the term growth mindset is often

used to emphasize the important process of learning versus simply 'taking in' new knowledge

(Dweck, 2016). It is an active process that asks staff to think deeper and push the limits of their

understanding to explore what may be beneath of the surface in any challenge they face. The

definition of growth mindset is one whereby individuals believe their talents can be developed

through hard work, good strategies, and coaching from others. It is not about the amount of

effort needed but rather the energy put into learning new skills (Dweck, 2016). Although

Dweck's coined term, growth mindset, is the inspiration behind the name of this theme, I felt that to fully honour the participants, I had to give them specific recognition for the innovative 'actions' they exhibited during high needs cases such as learning, persistence and energy. Without these staff qualities and mindset, I wondered how different the outcome of an IS case would be.

I discovered within the data that participants commented on the presence of this mindset in both school staff and in members of the IS team. Participant #1, a school principal, commented on the learning mindset of two different IS teams he had into his school. He said,

> [The IS teams] come in and possess that positive mindset, that positive growth
>
> mindset. They are there to learn themselves about the environment the child is in
>
> and they are there to learn about the particular student. They don't come in with
>
> the attitude that they have all the answers, they come in as a partner in this
>
> equation, as part of the team. There are there to collaborate and that is where I
>
> myself have seen positive things happen.

This notion of learning in a growth mindset model was a highlight for me in the data. To see both teams, the school and IS teams, identified as having this mindset of thinking was thrilling due to its prevalence in the school board's instructional vision and leadership framework. In addition, this mindset is a significant attribute of my own professional character as a teacher-leader, innovator, and researcher.

The theme also was apparent in participants' thick descriptions even when they faced difficult circumstances in trying to support a student with behaviour and mental health issues. In many situations, staff rose to the occasion and persevered as learners as opposed to naysayers or critics. Participant #1 recognized one teacher on his staff who was new to the teaching

profession. She serviced a Grade 2 student who struggled with issues of home instability and bottled up his emotions until they spilled out, impacting his behaviour both in the classroom and school community. The principal described her as a "fairly new teacher" and said,

> I have to hand it to her. I know of veteran teachers who would be frightened by working with this student and would be scratching their head. But again that might be a closed mindset whereas with this teacher, it really exudes the positive growth mindset. When I look at what she has been able to do, she has taken the stance 'I don't know this student yet,' and she put the 'yet' in there and she has not closed the door. She is constantly working with that child.

Staff, like this new teacher, was described by participants as ready to seek help from others. These teachers were willing to try new strategies and capitalize on setbacks to move forward effectively, even with emotions sometimes running high. These staff members took risks, permitted external supports such as IS team members to build a supportive relationship with them, and tried out strategies to see what worked. Based upon Participant #1's excerpt, this "fairly new teacher" gave not only the strategies time to adjust and gain momentum, but she also provided the child with time to demonstrate his learning. With this time allowed, he was better able to cope with his emotions and regulate his behaviours. To me, this was the true definition of a mindset of learning, persistence, and energy as voiced by her administrator.

Additionally, some of the participants' stories demonstrated that a learning mindset in school staff seemed to correlate to the overall learning capacity of the school. When examining the data, I interpreted that the more staff members approached challenging scenarios with a learning mindset, the more learning capacity the school had when supporting a student who was struggling. For me, this tied back to the "conditions for learning" theme discussed previously.

Some of the "conditions for learning" were: (1) open to learning; (2) relationship building; (3) shared responsibility; and, (4) critical friend. If these conditions were present in a school, I wondered were staff more apt to have a mindset of learning, persistence, and energy? I went back to the data for answers. I discovered that several administrators, including principals and vice-principals, commented that most of their staff were learners who were prepared and willing to partner with an external team. These staff members believed in the process of change and knew that they would be supported in their learning for their new attempts. Participant #1, who had several IS cases in his school, commented on the improved learning capacity of his staff members. He was also the administrator who elaborated on the mutual learning mindset of the IS team members. He said,

> I think that the board's focus on collaborative inquiry is adding to that culture of
>
> open mindedness, of working together and of collaboration. So when the IS team
>
> comes in, I think teachers here are eager and accepting of what strategies,
>
> concepts and ideas the IS team brings with them.

Likewise, some of the other administrators commented on the growth of learning in their staff as a result of partnering with the IS team. Participant #3 stated, "teachers' growth in their understanding of these students and what strategies they can try different is more evident now in their practice." This vice-principal was highly complementary of her staff. She noted the increased energy that staff serviced by IS exhibited as demonstrated through their new learning and application of that learning to a variety of new situations. Additionally, Participant #9 credited the learning mindset of IS team members and commented on how responsive they were to the existing skills held by her school staff. She stated,

I had complete confidence in the classroom teacher and BTA to work with the IS

team to create an environment for this student that was safe for him and safe for

others. I think the IS team provided a positive perspective which sometimes it is

hard to keep when you are in a difficult situation. The IS team provided

strategies, provided alternatives, provided positive potential to the student. I think

that helped. They were optimistic and positive.

Another perspective that surprised me in the data was the sense of hope that participants felt

when the IS team arrived at the school. Many participants affirmed that they were "better"

educators in their practice as a result of their involvement with IS. Participant #5, a classroom

teacher, commented that her whole Grade 2 team had become more learning-focused with more

frequent discussions about what challenges were happening in their classrooms. She said, "I

really do feel, even with my colleagues, I have more discussion." She went on to say that she

takes more risks and tries new behaviour management strategies with greater frequency. She is

more open to new ideas and strategies suggested by her colleagues. She even suggested that she

now recognizes her own growth mindset, stating, "before I was very close-minded, oh you know

I can handle this myself and you feel like no it is your class, so you deal with it. But no, now I

feel like it is great to get help and ideas." The enriched capacity for learning not only impacted

her own practice, but as she mentioned, it impacted her Grade 2 team as well. There was a

trickle effect of learning, meaning that her new skills were shared with her colleagues, and

reciprocally, they shared their skills and understandings with her. At the close of our interview,

Participant #6 sincerely thanked me for the opportunity to share her experiences and perspectives

of the IS program. She told me that at the onset of my data collection, her decision to participate

was one she was not sure she had time for due to her busy family life. But in the end she said, "I

really needed to do this as this was huge for me. This experience was so important to me last

year and I feel like I have learned so much from it." I believe, the credit she deserves for her own professional self-growth is to be commended. It is truly a genuine indicator of a teacher's powerful mindset of learning, persistence, and energy and the resultant change that can happen for students.

One final sentiment about the IS program that threaded through the data and was linked to the mindset of learning, persistence, and energy was the appreciation for the service. There was also a wish from participants that the IS program continue to flourish. Regardless of the participants' role in the school board, their comments were that the IS program was a valuable service to increase staff learning as they worked to support students with mental health needs. Along with the improvements participants' suggested: (1) greater communication between all stakeholders; (2) inclusion of the school BTA in all cases; (3) more access to human resources such as BTAs for high needs situations; (4) engagement of families beyond just consent to service; (5) more relevant and focused mental health professional learning for staff within their buildings; (6) extended partnerships with IS beyond the 6 – 8 weeks of service; and, (7) assurances that conditions for learning were present in schools prior to IS service so that teachers were on-board and open to learn with a professional learning mindset. Each participant validated the IS program including Participant #10 who stated, "you give us hope and it helps us to get through to the end of the year. [With IS support] the teacher said 'I can breathe now, I can listen now...' we were done and you gave us hope." Participant #1 spoke about how grateful she was for the IS program stating,

> the IS team is one of those cases I am so grateful for knowing that teams are out
> there. On the flip side, even when I don't have the opportunity or need to use
> them, just knowing that they are there, that option is always available, is helpful.

Participant #6, a special education teacher, concisely commented, "I have been fortunate that I have seen lots of good things that come out of IS involvement." Many participants also commented on their overall experience of working with the IS team. Participant #3 said,

> I would just like to say that working with the IS team was a great experience as an administrator because we see success stories and we know where our students were and that now they are being successful. It was a great working experience working with the IS team. It was a very, very positive experience for me.

There were so many positive comments similar to Participant #3. Participant #8, a school BTA, who had the most constructive feedback to improve the IS program, including improving communication between all invested school team members and the IS team, said,

> I really feel that the IS team is definitely a bonus, a plus for many, many students, so to have them lost or no longer in the school would be really dramatic for many children. That is what I believe. That is what is in my heart. It wasn't until I started working with the IS teams that I realized how crucial they are to the school's success.

Lastly, Participant #9, a principal who only had one IS case to draw her experiences from stated,

> the IS team acted quickly. They were on the scene quickly. They came regularly, they didn't pop in and out. They were there for a half day, spent time getting to know the child, talking with staff members ... I think it was a great support!

As mentioned earlier in this chapter, it was a humbling experience for me to listen to the visible influence the IS program had in staff growth and learning. To realize that more optimistic outcomes for struggling students were evident as a result of a cohesive partnership

between school staff and IS team members was tremendous. The resiliency of school staff to learn under these often highly emotional conditions within the school, while trying their absolute best to support a student with mental health issues, is highly revered from my perspective. It was an honour and a privilege to document the participants' stories. Through their open and honest sharing, I was able to deconstruct and reflect upon the patterns of meaning found throughout their dialogue. I offer my sincere thanks to my respected colleagues and participants who I have had the pleasure of working with and interviewing for this study.

Chapter 5

Discussion and Analysis

Introduction

The purpose of the case study was to identify themes and commonalities of practices and processes which best build sustainable staff capacity on mental health programming and promotion. By investigating the perceived value of the Intensive Support (IS) program through the experiences of staff who received service, this study was aimed at improving program delivery for vulnerable children and adding to the body of existing knowledge (Stake, 1995) on integrating mental health supports in education.

In this chapter, my goal is to succinctly discuss my understanding of the findings (Merriam, 2009) and offer my reflexive analysis (Patton, 2015). To begin, I briefly review my methodology and present and explain the meaning and importance of my findings. Within these findings, I relate key messages to existing literature and practice. Next, I consider alternate explanations as well as acknowledge my study's limitations. Lastly, I state the implications for practice and make suggestions for further research.

Methodology Review

Using a social constructivist paradigm, a case study methodology was used. Case studies allow for the rich, reflective story of the participants to be captured with the "fine grain detail" (Cohen, Manion, & Morrison, 2007, p. 247) needed to fully understand their lived experiences. This case study supported a transactional method of inquiry, where I had a personal interaction with the case (Stake, 1995), in this instance, the IS program and the study's participants. The case was developed in a relationship between the participants and myself as knowledge was discovered and verified through participants' lived experiences (Merriam, 2009) with the IS program.

Through the knowledge and understanding of 12 participants who were serviced by the IS program, their rich and detailed stories were both unique and varied due to the distinct roles they held at their school. Using telephone, semi-structured interviews as the method, the following questions were addressed:

1. *Experiences*:

    a. I want to learn more about your experiences with the IS program. Reconstruct a time that stood out the most to you in your involvement with the IS program.

    b. Tell me more about that. Who was involved? Describe how you felt?

    c. Could you give me a specific example of how your professional practice and capacity changed as a result of this IS experience?

2. *Values and Sustained Capacity Building*:

    a. Was there any specific learning that you value most as a result of being involved with the IS program? Tell me more about that.

        i. How did this new learning occur?

        ii. How was the role of data involved?

        iii. Why is this new learning significant to you?

        iv. How did the IS team assist with gaining this new knowledge? Who from the IS team most contributed to your new knowledge?

        v. How has this new learning changed your teaching practice?

        vi. How will you sustain and share your new knowledge with other members of your school team?

        vii. What was the family and/or community agency's role in your learning?

        viii. What else do you still want to learn about mental health promotion and programming?

3. *Interprofessional Team*:

    a. The IS team is comprised of an IS teacher, IS behaviour teaching assistant, case manager, administration and school team members. How would you describe the working of this team?

    b. Were there specific qualities of the team that you noticed and valued? What were they?

    c. How did these qualities impact the outcome of the IS case?

4. *Wishes*:

    a. If you had three wishes for the IS program, what would they be?

5. *Other Comments*:

These questions guided my analysis and permitted me to present the key messages that staff shared. I also embed my interpretation of the findings and understandings with connections to the literature on building capacity in school staff related to mental health supports.

Connections to Literature and Analysis of Findings

According to the World Health Organization (WHO), 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" (WHO, 2016a, p. 1). However, in the education system in Canada, it is reported that "approximately 15 to 20 percent of children and adolescents suffer from some form of mental disorder – one in five students in the average classroom" (Kutcher, Venn, & Szumila, 2009, p. 44). Since student mental health is clearly an emerging issue in schools, determining what staff value about the IS program, which is the system initiative that the Peel

District School Board formed to help build capacity in staff supporting the social, emotional, and behavioural well-being of students, was a significant inquiry to investigate .

Staff experiences. Of the 12 staff interviewed, each one openly shared their narrative about their IS experience. Through these stories, it was evident how increasing the demands are on them to deal with the myriad of mental health needs of the students in their care. The emotion they most often expressed when talking about student mental health issues was frustration with "needing more." It was clearly evident that they wanted to do the best for their students, and they expressed their concern when they felt they were not able to support students with mental health issues as well as they would like. Although each one acknowledged the efforts of the IS program to aid in providing front line, in-school supports for students and the staff that support them (Children's Mental Health Ontario, 2014), participants also expressed significant concerns over the impact of the short term service model of eight weeks, lack of follow up or informal check-ins by the IS team, and the need for more relevant and on-going learning provided by the school board about mental health. According to Kutcher, Venn, and Szumila (2009), "for such [mental health] programs to be successful, teachers need to be provided with training to understand mental disorders and basic supportive counselling skills within the context of a well-conceived and cohesive framework that involves collaboration among organizations and institutions from all sectors of society" (p. 45). Further investigation on how the IS program could embed these much needed parameters on the service may provide a more cohesive and lasting framework, resulting in improved positive outcomes for students as well as on the system itself.

Sustained capacity building. Although most participants, especially the teachers, case managers, and BTAs, expressed that they felt unprepared to address student mental illness within the context of school board offered professional development; each participant stated that through their own partnership with the IS team members, they were better informed and felt

more confident to implement supportive strategies for struggling students moving forward. As validated by Hargreaves (2000), school staff learn best in their own professional community with the integration of everyday school situations. Achieving improved school capacity for mental health programming and promotion requires that external experts, such as members of the IS team, live and breathe the school life alongside the teachers and support staff. This alliance as critical friends, through application, coaching, monitoring, and exchanging ideas (Fullan, 2008), was the most transformative condition described by participants when sharing what they valued most about the IS program. Through safe, trusting, and open to learning relationships between participants and IS team members, staff stated that they felt more empowered to continue the mental health dialogue and intervention strategies learned so that they become solidified in practice. As supported by Bushe (2013), this "generative" (Bushe, 2013, p. 3) practice, whereby experiences, thoughts, and conversation are developed cohesively between the two teams, may contribute to a more on-going, enabling cycle in which schools continue their capacity for learning and generativity (Bushe, 2012) long after the IS team leaves. Further longitudinal research on the value of critical friendships developed with IS team members and its lasting impact on professional learning and sustainability could be an area of further exploration.

Interprofessional team. Participants noted the need for collaboration within and between all stakeholders, at every level of school, in order to best support a student struggling with mental illness. This also included the need for parents to be more engaged and invested in the IS program. As supported by Mellin et al., (2010), the importance of interprofessional collaboration among all staff members, regardless of their role, is integral to the success of any quality intervention program (Mellin et al., 2010). Additionally, since "mental health problems can seriously impair children's ability to be successful at school" (Ontario Ministry of Education, 2013), the cohesion and communication between members of the interprofessional team is

critical so that a combination of preventative and responsive strategies can be implemented in a concise and timely manner (CODE, 2012). One unexpected finding was the inconsistent role of the family as part of the interprofessional team. Pelletier and Corter (2005) reported in their research that when families missed specific learning supports presented, or they had irregular attendance during meetings where such supports were shared, the positive outcomes for children were considerably reduced. The Canadian Teachers' Federation (CTF) (2012), also supports this premise and states that "the involvement of families in planning and implementing interventions and school wide approaches to supporting students' emotional and behavioral needs is important" (p. 4). Further investigation on how parents can be more formally engaged with the IS program is a crucial area for deliberation by the IS program (CODE, 2009). By engaging both students and families at the onset of early intervention strategies, research has shown that results are beneficial, cost-effective, and reduce the need for more costly, intensive interventions (Canada, 2012; Children's Mental Health Ontario, 2014; Ontario Ministry of Education, 2013).

   Wishes. One of the most predominant wishes extended by participants was the wish that the IS program continue to flourish as a board wide initiative. Although many improvements were suggested, school staff, regardless of their role in the school board, unanimously agreed that the IS program was a valuable service to increase staff learning as they worked to support students with mental health needs. This corresponds to the finding by the Canadian Teachers' Federation (2012) research on mental health supports that,

   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. (p. 19)

Another unexpected message from participants was their appeal for larger, more systemic

wishes beyond what the IS program offers.   For example, study participants articulated the

serious need for more resources, especially for teachers and BTAs. The shortage of mental

health resources, especially qualified human resources such as nurses, BTAs, and psychiatrists,

in addition to access to timely hospital and community treatment spots, were a recurring theme

throughout the responses. These were the systemic barriers to which participants urged solutions

over and above what could be offered within the school setting. The integration, not

fragmentation, of supports from the school system, community agencies, hospital settings, and

the inclusion of student and family voices, was the wish for which most participants pleaded.

Their urging was for access to timely, integrated, responsive, and equitable mental health

services for students across Ontario (Canadian Teachers' Federation, 2012).

Along with these systemic wishes, participants also had wishes for the IS program. Most

could be easily be implemented with straightforward changes to the IS program service protocol.

There were seven improvements participants' suggested in total, some of which have already

been discussed as key findings. They were: (1) greater communication between all stakeholders;

(2) inclusion of the school BTA in all cases; (3) more access to human resources such as BTAs

for high needs situations; (4) engagement of families beyond just consent to service; (5) more

relevant and focused mental health professional learning for staff within their buildings; (6)

extended partnerships with IS beyond the 6 – 8 weeks of service; and, (7) assurances that

conditions for learning were present in schools prior to IS service so that teachers were on-board

and open to learn with a professional learning mindset. These conditions for learning included

the importance of relationship building, shared responsibility, and forming critical friendships between school staff and IS team members.

Limitations to my study

From a transferability standpoint, meaning the degree to which the study's findings were applicable or useful to theory, practice, and future research (Lincoln & Guba, 1985), I am confident that many of my findings were bounded and supported by current research. However, due to the small sample size, further research on the IS program involving more school staff from the continuum of Kindergarten to Grade 12 versus Kindergarten to Grade 8 would be useful to understand new ways the findings may be applicable (Creswell & Miller, 2000). In addition, a longitudinal study on the IS program, after suggested wishes have been implemented, would serve to corroborate the original findings (Lincoln & Guba, 1985) and determine if the IS program continues to be a valued support initiative by the Peel District Board.

Implications for Practice and Future Research

There are a number of significant implications that can be drawn from this research study. Firstly, my findings strongly support the understanding that preventative and early intervention mental health programs need to be embedded within the natural school setting (Nastasi 2004; OECD, 2014) for extended periods of time. For the more severe cases, timely access to service should be a priority. Moreover, cross sector policy partnerships between the Ministries of Health, Education, and Family Services, the school boards, and hospital settings need to increase availability of treatment spots and expedite admittance to higher level support programs for the most high risk and unstable students. Additionally, frontline school staff need to know their students will be efficiently supported and they will receive timely professional learning on applicable strategies to best support their at-risk student. With 70% of mental health challenges having their onset in childhood and youth (Children's Mental Health Ontario, 2014), school

systems need to develop early identification and intervention programs which build staff learning capacity so that these students can have more positive academic and social-emotional outcomes (Ontario Ministry of Education, 2006). The Intensive Support program is one such program, however, the necessary improvements would need to be considered so that it provides a more effectual and on-demand service than is currently being offered.

With research on mental health supports in education growing at a exponential rate, the IS program will need its founders to keep abreast of current best practices and network with other school boards, perhaps even investigating partnerships with university level mental health research programs, to share initiatives, open the dialogue and stay current. According to Kutcher et al. (2009),

> mental health is a fundamental component of student health and well-being. By integrating mental health policies and programs into the education system, we can improve knowledge and reduce the stigma that still surrounds issues of mental health. However, it is only by listening to and working with students, teachers, guidance counsellors, school health nurses, and administrators, and by properly evaluating what we do, that we can make sure such programs are successful.
>
> (p. 45)

Student mental health needs to be prioritized on the educational agenda and kept on the forefront of active discussion in Ontario's wellness policies.

Conclusion

In summary, this study asked participating school staff, through a telephone interview, about their lived experiences with the IS program. This dissertation intended to help uncover the best practices, positive learning opportunities, and value of the IS program. Although the IS program was considered a valuable service initiative by all the participants, there were still many

suggested improvements that were recommended and could be addressed by senior administration. I will summarize these recommendations and share them with senior administrators at the Peel District School Board for consideration so that continual advancement can be made to the IS program. This research may be of interest to other school boards wishing to take steps to implement a similar system-level program for their schools. It is anticipated that further research in the mental health field will be increasing and become more well-developed and evidence-based as Ontario Ministry wellness initiatives continue to be expanded.

As a teacher involved in the IS program and a reflexive researcher, I have developed a deeper understanding and appreciation of what staff value most about IS service. I am grateful to my participants who allowed me to gather a rich perspective into their classrooms and their learning about supporting students struggling with mental health issues. It was a highly emotional journey for me to document due to the extreme situations both the students and staff faced on a daily basis. Their perseverance astounded me and I am very proud to share their ups and downs in their stories. Moving forward, I anticipate sharing my learning with colleagues and uncovering further advancements in the field of mental health and education which I can embed into my own leadership practice.

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Appendix A

Email Script

Subject Line: Invitation to participate in research on the Intensive Support program.

You are being invited to participate in a study that we, Dr. Melody Viczko and Erin Keith are conducting because you have just been serviced by the Intensive Support program at your school. Briefly, the intent of the study is to allow you the opportunity to respond descriptively to questions about what specific strategies and collaborative work you valued most about the Intensive Support service you received in helping you to build your own capacity and the long-term capability of the school itself. This study will provide an interrogation of the collaborative practices and processes of the Intensive Support program and will examine what are the best experiences staff feel about their engagement with the Intensive Support program; what specific supports for learning do staff identify and value as contributing most to increasing their capacity for change; and how can the Intensive Support program supports be enhanced to build capacity for sustained change. If selected, you will be asked to participate in a telephone or Skype interview taking approximately 45 minutes at your choice of location. You will have the opportunity to book the interview at a time convenient to you and you will receive a written transcript of the interview itself.

If you would like to participate in this study please answer the following questions on the questionnaire attached. You will be notified if you have been selected to participate in the study by mid-October 2015.

{Provide attachment. (see Appendix C)}

Thank you,

Erin Keith

University of Western Ontario

Appendix B

Details of Proposed Information email and Consent

Project Title: An Investigation on the Value of Integrating Mental Health Supports

in Education to Build Capacity for Change

Principal Investigator: Dr. Melody Viczko, Assistant Professor, University of Western Ontario

Letter of Information

1. **Invitation to Participate**

   You are being invited to participate in this research study. The intent of this study is to
   allow school staff the opportunity to respond descriptively to questions about what
   specific strategies and collaborative work school staff valued most about the Intensive
   Support service they received in helping them to build their own capacity and the long-
   term capability of the school itself. This study will provide an interrogation of the
   collaborative practices and processes of the IS program and will examine to what extent
   do school staff value the IS program in build capacity towards improving student mental
   health programming and promotion in schools; what are the experiences of staff members
   serviced by the IS program; which supports for learning that staff identify and value as
   contributing most to increasing their capacity for change to support students' mental
   health programming, and how can the IS program supports be enhanced to build staff
   capacity. You have been invited to participate in this study because you have been
   serviced by the Intensive Support program at your school.

2. **Purpose of the Letter**

   The purpose of this letter is to provide you with information required for you to make an
   informed decision regarding participation in this research.

3. **Purpose of this Study**

The purpose of this study is to: 1). offer an interrogation on of the collaborative effects and actions of the Intensive support program which staff value most; 2). identify themes and commonalities of practices and processes which best build sustainable staff capacity on mental health programming and promotion; 3). contribute to the body of literature that exists on building capacity within schools by an external team.

4. **Inclusion Criteria**

Individuals who are members of the school team and who were directly serviced by the Intensive Support program in an elementary or middle school (e.g., Kindergarten to Grade 8) are eligible to participate in this study.

5. **Exclusion Criteria**

Individuals who left the school for reasons such as transfers to other schools, medical leave, maternity / paternity leave, personal needs while being serviced by the Intensive Support team will be excluded from the study.

Individuals who were serviced by the Intensive Support team at a secondary school level are not eligible to participate in this study.

Individuals who administrate and/or teach in congregated classrooms (e.g., Section 23, interval behaviour class, kindergarten intensive support class, communication, general learning disability class, etc.) are not eligible to participate in this study.

6. **Study Procedures**

If you are selected for the study's sample, you will be asked to participate in a telephone or Skype interview. It is anticipated that the entire task will take 45 minutes. The interview telephone or Skype call will be conducted at your location of preference. The researcher may call you to question or clarify any of your responses. You will be provided with a transcript of the interview. There will be a maximum of 15 participants.

7. **Possible Risks and Harms**

    There are no known or anticipated risks or discomforts associated with participating in this study.

8. **Possible Benefits**

    You may not directly benefit from participating in this study but information gathered may provide benefits to society as a whole which include development of more detailed descriptions of the practices and processes that teachers and other school personnel feel best supported in their learning about mental health promotion and programming. These descriptions will benefit how future school-based mental health service programs offer their services to schools and build staff capacity for sustainable change.

9. **Compensation**

    You will not be compensated for your participation in this research.

10. **Voluntary Participation**

    Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your future employment.

11. **Confidentiality**

    All data collected will remain confidential and accessible only to the investigators of this study. If the results are published, your name and school name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database. While we will do our best to protect your information there is no guarantee that we will be able to do so. Representatives of The University of Western Ontario Non-Medical Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

12. Contacts for Further Information

If you require any further information regarding this research project or your

participation in the study you may contact the Principle Investigator, Dr. Melody Viczko

and/or Student Researcher, Erin Keith.

If you have any questions about your rights as a research participant or the conduct of

this study, you may contact The Office of Research Ethics.

13. Publication

If the results of the study are published, your name will not be used. If you would like to

receive a copy of any potential study results, please contact Erin Keith. Thank you.

14. Consent

If selected for the study, a separate written consent form will be emailed to you for

completion.

This letter is yours to keep for future reference.

Appendix C

Consent Form

Project Title: An Investigation on the Value of Integrating Mental Health Supports

in Education to Build Capacity for Change

Principal Investigator: Dr. Melody Viczko, Assistant Professor, University of Western Ontario

Letter of Consent

I have read the Letter of Information, have had the nature of the study explained to me and I

agree to participate. All questions have been answered to my satisfaction.

Participant's Name (Please print):

Participant's Signature:

Date:

Person Obtaining Informed Consent (Please

print):

Signature:

Date:

Appendix D

Details of the Semi-Structured Interview

Timeline of interviews: January 2016 – April 2016.

Number of interviews: approximately 15

Introduction:

At the conclusion of IS service, the researcher will send out an email to each staff member who received direct IS service. This information is readily available as it is tracked by the IS consultants and coordinator. The email will have information about the purpose of the study and the participant's requested role. There will be a request by the researcher to complete an attached questionnaire with phase one sampling questions. If you are selected for the study, a consent form will be emailed to you. Upon receiving the consent form, the researcher will arrange a suitable interview date and time at the conclusion of IS service.

Should participants have any questions prior to or during the interview, or wish to remove their consent at any time, the researcher will provide her work email and telephone number on the initial email and on the attachment itself.

Phase One Sampling: Questionnaire attachment in initial email:

1. What is your full name?

2. What is your school name?

3. What is your job title?

4. Has the student serviced by the IS program been referred to outside mental health community agencies at any time during IS service?

5. Is it anticipated that the student serviced by the IS program will leave the school to attend an interval behaviour class, kindergarten intensive support class, section 23 class, or day treatment / residential / hospital facility at any time during IS service?

6. Is it anticipated that the student will remain in the same mainstream classroom with the same Teacher who was serviced by IS?

7. Would you be willing to participate in a semi-structured telephone or Skype interview to discuss your experiences with the IS program?

Phase Two Sampling: Purposive Criteria

The purposive sampling criteria are: (1) at least three staff members from the same school consent to the interview; and, (2) the student attended the same school and remained in his/her mainstream class after IS service was complete.

Semi-Structure Interview Questions via Telephone or Skype:

1. *Experiences*:

    a. I want to learn more about your experiences with the IS program. Reconstruct a time that stood out the most to you in your involvement with the IS program.

    b. Tell me more about that. Who was involved? Describe how you felt?

    c. Could you give me a specific example of how your professional practice and capacity changed as a result of this IS experience?

2. *Values and Sustained Capacity Building*:

    a. Was there any specific learning that you value most as a result of being involved with the IS program? Tell me more about that.

        i. How did this new learning occur?

        ii. How was the role of data involved?

        iii. Why is this new learning significant to you?

        iv. How did the IS team assist with gaining this new knowledge? Who from the IS team most contributed to your new knowledge?

        v. How has this new learning changed your teaching practice?

      vi.   How will you sustain and share your new knowledge with other members of your school team?

     vii.   What was the family and/or community agency's role in your learning?

    viii.   What else do you still want to learn about mental health promotion and programming?

3. *Interprofessional Team*:

   a. The IS team is comprised of an IS teacher, IS behaviour teaching assistant, case manager, administration and school team members. How would you describe the working of this team?

   b. Were there specific qualities of the team that you noticed and valued? What were they?

   c. How did these qualities impact the outcome of the IS case?

4. *Wishes*:

   a. If you had three wishes for the IS program, what would they be?

5. *Other Comments*:

Conclusion:

  Once the interview was complete, a written transcript was documented and shared with the participant. If participants had any questions after they read the transcript, I provided my work email and telephone number so that we could discuss their questions further.

Appendix E

Description of Acronyms

Acronym	Description
BSERT	Behaviour special education resource teacher
BTA	Behaviour teaching assistant
ERF	Educational resource facilitator (same as a BTA)
IS	Intensive Support
ISSP Teacher	In-school special education teacher
ISRC	In-school review committee
PSSP	Professional student services personnel
SERT	Special education resource teacher

Appendix F

Glossary of Terms

Term	Definition
case manager	the school staff responsible for overseeing the IS case and who serves as the moderator between the school team, IS team, parents and community agencies (if any); this individual is either the school psychologist or social worker
chic-let	a school board created e-learning module open and accessible for all staff to use
congregated	a self-contained classroom that services students with similar medical diagnoses or severe emotional needs
interprofessional collaboration	a team of professionals with various knowledge backgrounds who come together to discuss and collaborate on a common issue
interprofessional team	a team including the school team (administrator; case manager either the social worker or psychoeducational consultant; classroom teacher; special education teacher; behaviour teaching assistant) and the IS team (IS teacher and IS behaviour teaching assistant)
floater BTA	floater BTAs are BTAs who are parachuted into a school for approximately eight weeks. They are requested by the school principal and approved by the superintendent. The floater BTA is assigned directly to a high-needs student for half a day and works with school staff to develop short-term support strategies often around safety and de-escalation techniques.

Curriculum Vitae

Name:	Erin Keith

Post-secondary Education and Degrees

Western University (UWO)
Doctor of Education
2013 – 2016

State University of New York, Buffalo, NY, USA
Master of Education, Elementary Education with a
Specialty in Early Childhood Education
1994 – 1995

Queen's University, Kingston, ON
Bachelor of Arts, Psychology
1989 - 1992

Honours and Awards

Western University, Instructor of Excellence, ASPIRE
2015 - 2016

ETFO-AQ, Instructor of Excellence
2013 – 2014

State University of New York, Buffalo, NY. USA
Graduate Assistant Scholarship
1994 – 1995

Related Work Experience

Ontario Certified Teacher
Peel District School Board
1995 – 1996; 2004 – Present

University Sessional Lecturer: Special Education and
Mental Health
Ontario Institute for Studies in Education (OISE)
2016 - Present

Instructor: Additional Qualifications
Queen's University, Western University (UWO) and
ETFO-AQ
2004 – Present

Publications:

McMillan, Erin (1994). *Camp Animal Crackers*. Buffalo,
NY: ERIC.