

SECONDARY SCHOOL STUDENTS' PERCEPTIONS AND EXPERIENCES OF SCHOOL
MENTAL HEALTH CLIMATE

by

ALEXANDRA MICHELLE RUDDY

M.Sc., University College London Institute of Education, 2015

B.A. (Hons), Queen's University, 2013

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The following individuals certify that they have read, and recommend to the Faculty of Graduate and Postdoctoral Studies for acceptance, a thesis entitled:

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submitted by Alexandra M. Ruddy in partial fulfillment of the requirements for the degree of Master of Arts in School Psychology.

Examining Committee:

Dr. Laurie Ford, School Psychology
Supervisor

Dr. Janet Jamieson, Special Education
Supervisory Committee Member

Dr. Bill McKee, School Psychology
Additional Examiner

Abstract

As 10-20% of Canadian youth will experience a mental illness at some point, many efforts have been made in recent years to prioritize adolescent mental health across Canada, including British Columbia. Given the unique advantages schools have in reaching a large number of adolescents, the school has been identified as an essential setting in which to address and support students' mental health. The school climate is an important component of a student's school experience and much is known about the relationship between school climate and student mental health. On the other hand, the climate particularly towards mental health in Lower Mainland secondary schools has largely been unexplored. As a school climate towards mental health may have significant implications on students' mental health, including their help-seeking behaviour, it is important to determine how schools are addressing and supporting students' mental health from the student perspective. Using Interpretative Phenomenological Analysis (IPA) as the methodological framework, the purpose of the present study was to explore and understand students' perceptions and experiences of the current climate towards mental health in Lower Mainland secondary schools. Seven Grade 11 and 12 students from secondary schools across the Lower Mainland of British Columbia participated in semi-structured interviews about their perceptions and experiences surrounding how mental health is addressed and supported at school. Following the step-by-step data analysis procedure outlined within IPA, five broad and 14 subthemes were identified. While participants generally reported being supported at school when it comes to academic support and the availability of individuals to talk to about mental health challenges, they also acknowledged certain limitations about mental health support at school. Conversations surrounding mental health reportedly rarely occur; however, participants discussed the language used by students when it is talked about and the importance of

relationships when disclosing mental health problems. Furthermore, students' perceived mental health literacy and the stigma associated with mental health problems varies across schools. Findings are discussed within the context of the existing literature. Finally, future directions for research and for school-based practices as reported by participants, and implications for the practice of school psychologists are also discussed.

Lay Summary

The purpose of the present study was to explore and understand students' perceptions and experiences of the current climate towards mental health in Lower Mainland secondary schools. Interviews with seven high school students highlighted the positive efforts made by high schools to support student mental health including the provision of available supports and academic support for students struggling with mental health problems, spreading awareness of mental health, and a supportive school climate. However, students also discussed limitations within the school including negative perceptions of available support, a lack of conversation about mental health and formal mental health education, as well as the continued presence of stigma among students. Findings from the present study may provide high school personnel, including school psychologists, with a better understanding and valuable insight into key components that contribute to a supportive, as well as non-supportive, school environment towards mental health.

Preface

This thesis is original, unpublished, independent work of the author, A. Ruddy, under the supervision of her research supervisor, Dr. Laurie Ford. The graduate student was responsible for the data collection, and primarily responsible for the analysis and writing components of the present study. This research study involved human participants and was reviewed and approved by the University of British Columbia's Behavioural Research Ethics Board (BREB) under certificate H17-02521.

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Chapter 1: Introduction

1.1 Overview

Fourteen percent of youth in British Columbia will experience a mental illness at some point. However, only one in four youth in need of mental health services will receive treatment (Canadian Mental Health Association, 2014). If left untreated, mental health problems can lead to many negative short- and long-term consequences including school drop out, difficulties with relationships and personal functioning, drug and alcohol abuse, and even suicide (Derdikman-Eiron et al., 2011; Hjorth et al., 2016; Suldo, Gelley, Roth, & Bateman, 2015; Winstanley, Steinwachs, Stitzer, & Fishman, 2012), which is the second leading cause of death among 15-24-year-olds in British Columbia (Canadian Mental Health Association, 2014).

As a result of the magnitude and severity of this public health concern, many efforts have been made in recent years at federal, provincial, and local levels to make adolescent mental health a priority. Given the unique position of schools in their ability to offer support and services to a large number of young people who may be experiencing mental health problems (Rickwood, Deane, & Wilson, 2007), the school has become an important setting in which to target these efforts. In 2012, the Mental Health Commission of Canada published *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* (the ‘Strategy’). The purpose of this pivotal document was to highlight and prioritize key issues in the current Canadian mental health system and more importantly, to suggest recommendations for change. The ‘Strategy’ aims to improve mental health and well-being for individuals across Canada by creating a mental health system that works for everyone. Throughout the ‘Strategy,’ the school is emphasized as a place in which to promote mental health and reduce stigma, prevent mental health problems, and foster recovery by providing access to the necessary services and supports

for those in need. In addition, one particular recommendation for increasing the capacity of schools in the promotion, prevention, and early intervention of mental health problems is to “increase comprehensive school health and post-secondary initiatives that promote mental health for all students and include targeted prevention efforts for those at risk” (Mental Health Commission of Canada, 2012, p. 27).

At a provincial level, the Select Standing Committee on Children and Youth in British Columbia created a special project to investigate youth mental health in the province. In 2014, the Committee published its first report of the initial phase of the project that involved public consultations with key stakeholders including youth and their families, health professionals, service providers, academics, Aboriginal groups, government representations, and other stakeholders. Following these public consultations, the Committee determined “that while excellent practices exist in areas, the evidence clearly indicates that the overall [mental health] system is disjointed and fragmented, and lacking in inter-ministerial coordination and leadership” (Select Standing Committee on Children and Youth, 2014, p. 30). Furthermore, the Committee identified high priority areas within the mental health system that warranted further attention including improving youth mental health services, assigning ministry leadership, integrating service delivery, enhancing community-based services, ending the stigma, and improving education and school supports (Select Standing Committee on Children and Youth, 2014). Among other areas, mental health education, and school services and supports were identified as needing improvement. More specifically, the Committee determined that greater “mental health education, enhanced transition supports for youth moving into and out of the school system, and peer support services” (Select Standing Committee on Children and Youth, 2014, p. 31) were areas on which to focus within schools.

In addition, British Columbia implemented the key initiative, Healthy Schools BC, in 2011 to support the overall health needs of students (Healthy Schools BC, 2015). By adopting a Comprehensive School framework, Healthy Schools BC aimed to improve students' academic and health outcomes (Healthy Schools BC, 2015) by creating "healthy schools," ones that promote students' health in various areas including their social, emotional, mental, and physical health through education, policies, community partnerships, and the surrounding school environment (Healthy Families BC, 2012). As part of, as well as external to, this provincial framework, many high schools across the province have implemented various mental health programs such as Beyond the Blues Day, Girlvana Yoga, peer counselling, and a Mental Wellness for All initiative (Healthy Schools BC, 2018). Together, the goals of these school-based initiatives, programs, and supports are to raise awareness of and decrease stigma surrounding mental health problems, prevent the occurrence of mental health problems, develop healthy ways to cope with mental health problems, increase help-seeking behaviour and knowledge of mental illness, and improve access to mental health services by reducing barriers. As a result, it is hoped that a safe and supportive environment is created for students to come forward and talk openly about and seek support for mental health challenges. Although such frameworks, initiatives, and programs are a step in the right direction towards the promotion, prevention, and early intervention of adolescent mental health challenges in schools, student perspectives of the ensuing change, or lack thereof, in the school's climate towards mental health are rarely collected. It is optimistic to think that since more attention has been paid to adolescent mental health in schools in recent years that the school climate towards mental health has subsequently improved. However, few studies have been conducted to assess high school students' perspectives regarding their school's current climate around mental health. As a result,

a discussion with secondary school students will provide valuable insights into how mental health is currently being discussed, learned about, addressed, and supported in school. Through a qualitative approach, students have the opportunity to provide more detailed information about how schools are currently meeting students' mental health needs and in which ways this may be improved.

School climate refers to “the quality and character of school life” and “reflects [a school's] norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures” (Cohen, McCabe, Michelli, & Pickeral, 2009, p. 182). School climate domains, particularly teacher and peer relationships, a sense of belonging and school connectedness, and safety are important for students' mental health, including their knowledge and stigma about mental health problems (Kohoulat, Dehgani, & Kohoulat, 2015; Lester & Cross, 2015; McLaughlin & Clarke, 2010; Townsend et al., 2017). Despite the number of studies examining the relationship between school climate and student mental health, there are far fewer studies examining the school's climate *specifically* regarding mental health.

Parents, school staff, and youth who have successfully received mental health treatment are key sources of much of what we know about how adolescent mental health problems are identified and addressed in schools (DeFosset et al., 2017). Although youth perspectives concerning mental health have been integrated into Canadian mental health reports including *The Mental Health Strategy for Canada: A Youth Perspective* (Mental Health Commission of Canada, 2015) and *Evergreen: A Child and Youth Mental Health Framework for Canada* (Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010), as well as youth perspectives concerning mental health (Askill-Williams & Lawson, 2015; Buchholz, Aylward, McKenzie, & Corrigan, 2015; Rickwood et al., 2007) and

more specifically, school-based mental health (DeFosset et al., 2017; Huggins et al., 2016) have been highlighted in the current literature, there is a lack of knowledge regarding high school students' perceptions of the school climate towards mental health and more specifically, how mental health is addressed and supported at school regardless of whether they experience a mental health problem.

1.2 Rationale for the Present Study

Schools have become increasingly important settings in which to address student mental health. Despite the development and implementation of several school-based mental health efforts, initiatives, and strategies in recent years across Canada and British Columbia, little is known about students' perceptions and experiences of their school's current climate towards mental health and the extent to which schools provide caring environments that are supportive of students' mental health. As students are the primary stakeholders within discussions of adolescent mental health, this qualitative exploration of school mental health climate will give adolescents a voice in the mental health conversation to share their personal accounts of how mental health is addressed and supported at school. Furthermore, given the importance of school climate on students' mental health, exploring the construct of mental health climate, particularly in secondary schools, may help to understand its significance within the larger school climate and its potential implications for students' mental health.

1.3 Definition of Key Terms

Mental health. For the purpose of this study, mental health refers to a person's emotional, psychological, and social well-being (Keyes, 2006).

School climate. School climate involves students’ and staffs’ school experience and “reflects a school’s norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures” (Cohen et al., 2009, p. 182).

School mental health climate. School mental health climate refers to aspects of overall school climate that are specifically related to mental health (Bruns et al., 2004) and can be understood as a school’s norms, values, goals, and expectations that specifically address students’ mental health (Cohen et al., 2009). Furthermore, it is the extent to which students feel mental health is addressed and supported at school.

Secondary school students. For the purpose of this study, secondary school students are those in Grades 11 and 12.

1.4 Chapter Summary

Given the number of youth that will be affected by mental health challenges in British Columbia, immediate action must be taken to find ways to promote and support young people’s mental health. Schools have been identified as an ideal setting in which to address and support adolescents’ mental health for obvious reasons. As school climates have important implications for students’ mental health, schools should aim to create safe and supportive climates towards mental health for students. It is important that adolescents perceive that they are comfortable and safe in their school when learning about mental health, when talking openly about mental health with adults and peers, and when seeking support and trying to find appropriate resources, as this type of environment may lead to greater use of mental health services (Sontag-Padilla et al., 2016), and thus better mental health outcomes. Adolescent mental health has been given increased attention in recent years including the development of mental health policies, strategies, and initiatives, and programs across Canada and British Columbia. However, we

cannot assume that the increased attention that has been paid to adolescent mental health in recent years has led to a school climate that is necessarily a positive and supportive one towards mental health. The only way to know if schools are cultivating a supportive and caring environment towards students' mental health is to gather this information directly from the current experiences and perceptions of secondary school students.

Chapter 2: Review of the Literature

2.1 Overview

The purpose of this chapter is to provide a review of the relevant existing literature surrounding adolescent mental health and how it is currently addressed and supported at school, so as to identify and understand important factors that may contribute to a mental health climate at school. In this chapter, a brief description of adolescent mental health challenges and their implications, and a snapshot of adolescent mental health in British Columbia is included. Adolescents' understanding of mental health, as well as mental health stigma among adolescents is also reviewed. The role of the school in supporting student mental health is also discussed including school-based programs that address mental health stigma and literacy. Finally, this chapter includes a brief review of school climate and its relationship to student mental health, as well as an introduction to school mental health climate and its potential implications for the mental health of secondary school students.

2.2 Adolescent Mental Health

Mental health challenges can be defined as “any psychological, social, emotional, or behavioural problem that interferes with the students’ ability to function” (Reinke, Stormont, Herman, Puri, & Goel, 2011, p. 4). Most mental disorders initially manifest in adolescence or young adulthood (Kessler et al., 2005) and can have a significant impact (socially, emotionally, behaviourally, and cognitively) on an adolescent’s life, including disruptions to education and career opportunities, relationships, personal functioning, and identity formation that have long-term negative effects (Bhatia & Bhatia, 2007; Kessler, Foster, Saunders, & Stang, 1995; Rickwood, Deane, Wilson, & Ciarrochi, 2005). Of particular importance in the school setting is the significant impact of mental health challenges on the student’s ability to learn (Pate, Maras,

Whitney, & Bradshaw, 2017; Schulte-Körne, 2016). As a result of both the short- and long-term challenges that can occur from experiencing a mental health difficulty in adolescence, it is critical for adolescents to recognize and identify symptoms early and seek help to improve their mental health.

2.3 Adolescent Mental Health in British Columbia

Every five years, the British Columbia Adolescent Health Survey (BC AHS) is administered to adolescents across the province between the ages of 12 and 19 years. The BC AHS is a comprehensive survey that was completed by over 38,000 youth in 58 of British Columbia's school districts during its latest administration in 2018 (Smith et al., 2019). The BC AHS covers a range of topics including young people's mental health. According to the most recent findings, the majority of participating students (73%) rated their mental health as good or excellent; however, fewer students in 2018 reported their mental health as excellent compared to findings from the 2013 survey, and were more likely to rate their mental health as fair or poor (Smith et al., 2019).

Fifteen percent of students reported having a mental health condition, some of which included anxiety disorder/panic attacks, depression, Attention-Deficit Hyperactivity Disorder, and Post-Traumatic Stress Disorder. Compared to 2013 results, 2018 findings indicated that more students reported experiencing a mental health condition, including increases in the prevalence of these specific conditions (Smith et al., 2019). Interestingly, not all students who reported having depression or anxiety identified themselves as having a mental health condition.

Mental health challenges were also reported to impact student functioning at school. While 15% of students reported missing at least one day of school in the past month due to mental health challenges such as depression or anxiety, five percent of students reported missing

three or more days in the past month (Smith et al., 2019). Furthermore, mental health challenges such as anxiety and depression prevented 14% of students from participating in sports or extracurricular activities in the past year (Smith et al., 2019). It is significant that 17% of students indicated suicidal ideation in the past year, an increase from 2008 and 2013 findings; however, fewer students in 2018 reported attempting suicide compared to 2013. Overall, these findings suggest that while most young people between 12- and 19-years-old in British Columbia consider themselves to have good mental health, the prevalence of self-reported mental health challenges is increasing and their impact on student functioning is worsening.

2.4 Adolescents' Understanding of Mental Health

The knowledge that is required to identify, understand, manage, and prevent various mental health issues is broadly understood as mental health literacy (Jorm, 2012; Kutcher, Bagnell, & Wei, 2015). Mental health literacy aims to improve the understanding of how to optimize and maintain good mental health and the understanding of mental disorders and their treatments, to decrease stigma, and to enhance help-seeking efficacy. Mental health literacy is foundational for the prevention of mental health issues, as well as the promotion of help-seeking behaviour (Kutcher, Bagnell, & Wei, 2015). This makes mental health literacy a critical factor not only in the mental health of adolescents, but also towards shaping a safe and supportive school climate towards mental health.

Most of what we know about adolescents' understanding of mental health is derived from the use of questionnaires and vignettes (Leighton, 2010). Based on these findings, adolescent mental health literacy is an area in need of improvement (Coles et al., 2016; Melas, Tartani, Forsner, Edhborg, & Forsell, 2013). For example, in a sample of 1,104 high school students in Grades 9 to 12, less than 50% of participants were able to identify symptoms of depression in a

vignette. More concerning, however, was that only 1% of adolescents accurately identified social anxiety (Coles et al., 2016). The need to address mental health literacy among Canadian youth was also a prominent and recurring concern among young people who participated in the formation of *Evergreen: A Child and Youth Mental Health Framework for Canada* (Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010), citing that young people lack information about mental health and need to learn more about mental illnesses. Further, participants who consulted on the youth mental health special project created by the Select Standing Committee on Children and Youth also acknowledged a lack of public awareness and education around mental health, particularly among young people (Select Standing Committee on Children and Youth, 2014). The lack of understanding and education among youth “was described as a significant issue impeding early identification and treatment” (Select Standing Committee on Children and Youth, 2014, p. 10).

Fewer qualitative studies have assessed adolescents’ mental health literacy, but they offer many significant insights into young people’s understanding and knowledge of mental health (Chandra & Minkovitz, 2007; Leighton, 2010). Given the varied definitions and labels of mental health challenges, Leighton (2010) examined adolescents’ conceptual confusion around their understanding of mental health problems versus diagnosable mental illnesses in a mixed method study. Among 208 adolescents aged 12-15 years in the United Kingdom, Leighton used a vignette-based questionnaire in which participants responded to open and closed questions about five scenarios. The most prominent finding was adolescents’ apparent confusion regarding the severity of each situation. Although most participants correctly identified the problem in each scenario, the severity of depression in particular was not rated as highly as other scenarios. Leighton explained that among young people, depression may not be as well understood in terms

of its severity compared to other mental illnesses such as psychosis. Further, adolescents may perceive depression as less serious than other disorders because they view it as a normal reaction to adverse life events (Jorm et al., 2006). Although adolescents, to some extent, may identify and recognize symptoms of certain mental illnesses, they may not have a true understanding of its pervasive impact on an individual's life, particularly if left untreated.

In another qualitative study, Chandra and Minkovitz (2007) conducted in-depth interviews with 57 Grade 8 students to learn more about adolescents' mental health stigma. Participants were asked to define mental health and mental health disorder. While many adolescents provided accurate definitions that reflected correct understandings of each term, nearly half of these Grade 8 participants compared mental health with intellectual ability and described mental health in derogatory terms. Further, many adolescents expressed a sense of hopelessness and lack of options for others their age experiencing mental health difficulties. Unsurprisingly, the authors found that students with limited or inaccurate mental health information held more stigmatizing attitudes about individuals with mental health disorders. Additionally, these students also had more negative views of using mental health services.

Addressing adolescents' understanding of mental health challenges is critical, as misunderstandings or misinformation often lead to stigma surrounding mental health disorders, and thus a more stigmatizing environment at school. Given the more recent attention towards adolescent mental health in Canada and British Columbia, student perceptions and experiences of the current mental health literacy at school have not yet been studied. As improving mental health literacy is a priority cited by Canadian youth, it is important to first assess the perceived attitudes towards mental health of students in the secondary school setting to determine to what extent they are impacting the overall school climate towards mental health.

2.5 Mental Health Stigma Among Adolescents

Stigma refers to the negative attitudes and behaviours directed toward people with mental health challenges. Stigma is the most commonly reported barrier to seeking mental health treatment among youth (Gulliver, Griffiths, & Christensen, 2010) and can have a major impact on adolescents' identity, self-esteem, and well-being, resulting in long-term negative outcomes (Corrigan & Watson, 2002; Hinshaw, 2005; Kaushik et al., 2016).

Young people who presented to the Special Standing Committee on Children and Youth concerning youth mental health described how stigmatization presented as a barrier to early identification and support due to feelings of shame and embarrassment about their mental illness (Select Standing Committee on Children and Youth, 2014). Similarly, participating youth involved in the *Evergreen: A Child and Youth Mental Health Framework for Canada* (Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010) specifically commented on the stigma of mental health challenges within the school environment, where jokes, teasing, and bullying commonly took place. They also identified stigma as a powerful force “contributing to a culture of silence and shame in the school regarding mental health” (p. 20). This sentiment was also echoed in a qualitative study involving semi-structured interviews with 60 secondary school students (ages 12-18 years) exploring youths' experiences of being stigmatized by family, peers, and school staff after being diagnosed and treated for mental health disorders (Moses, 2010). While a significant number of adolescents did not report feeling stigmatized by their peers or school staff, the majority of students felt stigmatized by some peers or felt they were treated negatively by school staff. Students who felt stigmatized by peers reported losing friends as a result of their mental illness. There was also a minority of students who felt alienated and socially isolated, and experienced rejection,

harassment, and bullying. Students either experienced positive or negative treatment from school staff. Those who reported positive treatment described that teachers were supportive and flexible in their attitudes and behaviours. On the other hand, the majority of students felt they were treated negatively, and described feeling academically underestimated, unfairly blamed, avoided, excluded, disliked, or feared. Relatedly, in a study previously described involving Grade 8 students (Chandra & Minkovitz, 2007), participants perceived that while some peers would be supportive, most peers would react unfavourably to hearing that a peer was receiving mental health services. In addition, Grade 8 students expressed the desire for teachers to be more considerate of students' emotional distress in the classroom.

These findings are concerning, as stigmatizing attitudes and behaviours are a significant barrier for adolescents seeking mental health services (Gulliver et al., 2010). Furthermore, it is imperative to address stigma within schools in order to create a supportive environment for students experiencing mental health challenges. As adolescent mental health has been made a priority in Canada and efforts to promote mental health have been implemented in schools across British Columbia, these findings highlight the need to explore students' current experiences and perceptions of stigmatizing attitudes and behaviours in secondary schools in the Lower Mainland. Student voices will assist in determining to what extent experiences of stigma continue to occur in the school setting.

2.6 School-Based Mental Health Literacy Programs

School-based mental health literacy, anti-stigma initiatives, and mental health promotion activities were also emphasized by youth in the *Evergreen: A Child and Youth Mental Health Framework for Canada* (Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010). More specifically, suggestions were made to

embed mental health literacy in the school curriculum and integrate mental health programs and promotion in the school environment (Kutcher, Bagnell, & Wei, 2015; Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010).

Further, in a document of best practices and recommendations for promoting mental health literacy among British Columbia's youth and young adults (BC Mental Health & Addictions Services, 2010), youth engagement in the development and implementation of these programs is essential. By doing so, schools, with the involvement and leadership of students, can create climates that accept, normalize, and support mental health challenges among students (Kutcher, Bagnell, & Wei, 2015).

Given the importance of addressing adolescents' mental health literacy, particularly in schools, efforts, although in their early stages, have been made to implement school mental health literacy programs worldwide. In a systematic review of 27 studies examining the effectiveness of these school-based programs in increasing knowledge, reducing stigma, and improving help-seeking behaviour among youth (Wei, Hayden, Kutcher, Zygmunt, & McGrath, 2013), the authors concluded that due to many methodological flaws across studies, there was insufficient evidence to indicate that the programs in the review were effective. Given the necessity of these school-based interventions, improvements to mental health literacy programs are required in order to have a long-lasting impact on students' knowledge, attitudes, and behaviours when it comes to mental health.

In Canada, the Mental Health and High School Curriculum Guide (the Guide) is one resource that aims to teach students about various mental health disorders in order to be able to recognize and prevent symptoms, and to seek help when they occur. It is meant to integrate seamlessly within the existing curriculum, delivered by educators, rather than as a standalone

program delivered by external mental health experts (Kutcher, Wei, & Morgan, 2015). As the Guide is a relatively newly developed manual, the number of empirical studies addressing its effectiveness by the program authors as well as researchers not involved in the program development is limited; however, the results of the studies by the program authors that have been conducted are promising (Kutcher et al., 2015; McLuckie, Kutcher, Wei, & Weaver, 2014; Millin et al., 2016). More specifically, using pre- and post-quiz data at three time points (before the curriculum implementation, immediately after, and at a 2-month follow up), researchers found that students' knowledge and attitude scores significantly increased compared to baseline, and this improvement was sustained two months later in all three studies. Despite these positive results, two of the three studies did not have a control group, and follow-up assessment was limited to only two months. As a result, the authors cannot conclude that knowledge and attitude improvement were sustained for a longer period of time. Moreover, these findings are limited to data collected through quizzes and do not necessarily provide a realistic picture of how the apparent increases of mental health knowledge and more positive attitudes towards mental health translate to the everyday experiences of secondary school students. Finally, all published studies to date are from the team of researchers that developed the program.

2.7 Mental Health in Schools

Schools are an ideal environment in which to address the mental health needs of children and adolescents (Atkins, Cappella, Shernoff, Mehta, & Gustafson, 2017). The unique advantages schools provide in addressing, promoting, and supporting student mental health cannot be stressed enough. Integrating schools and mental health services is beneficial for youth because schools can address and promote social-emotional well-being to the entire school population and allow for the access to a greater number of adolescents in need of mental health education and

services (Wisconsin Department of Public Instruction, 2015). In addition, school-based interventions may reach students who are unable to access formal mental health services (Kratochwill & Shernoff, 2003), and students may be more likely to receive and continue needed treatment, given attendance expectations in school (Kadzin et al., 1997). Furthermore, school-based mental health programs are associated with a host of other benefits including better student emotional and behaviour functioning, and academic performance (Durlak et al., 2011; Greenberg, Domitrovich, & Bumbarger, 2001).

In some communities, schools may be the only viable option that can respond to children's mental health needs (Atkins et al., 2017). Although schools are becoming increasingly essential to the mental health of youth, many are currently unequipped to be in this position (Atkins et al., 2017). Given that 14-25% of Canadian youth suffer from mental health difficulties (Waddell, Offord, Shepherd, Chen, & Boyle, 2013), it is crucial that a school's climate reflect an understanding and sensitivity towards student mental health and that schools are able to effectively address and support students' mental health challenges.

Having the tools to respond to youth's mental health needs is one important aspect of cultivating a supportive climate towards mental health; however, simply talking about mental health is a necessary first step. Given the research, media, and governmental attention adolescent mental health has been given in Canada, it is surprising to think that even the discussion of mental health would not be occurring in secondary schools today. While not a Canadian study, in one study involving four focus groups with middle and high school students, participants reported a lack of discussion on the topic (Buchholz et al., 2015). This research could inform Canadian initiatives. Students reported that the discussions that did take place occurred during health classes, but that even those discussions were vague, and formal knowledge about mental

health was not presented. In addition, students noted that discussions of mental health difficulties that took place outside of class were negative in nature and students often used offensive terms. Creating a non-stigmatizing and supportive school environment towards mental health starts with the discussion of mental health. Although it may be assumed that these discussions are taking place in Canadian secondary schools, there is currently a lack of knowledge about how mental health is formally or informally discussed by students and school staff in secondary schools across the Lower Mainland of BC. Given how important these discussions may be to creating safe and supportive environments towards student mental health, it is important to determine, from the student perspective, how secondary school students are learning about and discussing mental health in schools.

2.8 School Climate

School climate is a multidimensional construct that has been shown to have an impact on students, teachers, and other school personnel within the school environment (Loukas & Murphy, 2007; McLean, Abry, Taylor, Jimenez, & Granger, 2017; Wang, 2009). According to Cohen, McCabe, Michelli, & Pickeral (2009), school climate involves “patterns of people’s experiences of school and reflects norms, goals, and values, interpersonal relationships, teaching and learning practices, and organizational structures” (p. 182), as well as “expectations that support people feeling socially, emotionally, and physically safe” (p. 182). School climate not only reflects one individual’s experience, but also refers to the collective experience shared by everyone within the environment (Cohen et al., 2009). As a result, a whole school approach that involves all members of the school community including adults, students, parents/guardians, and other members of the community, needs to be taken in order to create a positive school environment (Ontario Ministry of Education, 2013). School climate is an important area of study

because it has major implications for every individual within the school, particularly students. Schools not only influence children's experiences and self-perceptions while they are there, but have the potential to influence children's life courses (Baker, Dilly, Aupperlee, & Patil, 2003).

A positive school climate encompasses several characteristics including “a supportive academic, disciplinary, and physical environment” (US Department of Education, 2018, para. 1) that promotes “respectful, trusting, and caring relationships throughout the school community” (US Department of Education, 2018, para. 1) that are free from discrimination and harassment where students, staff members, and parents feel safe, included, and accepted (Ontario Ministry of Education, 2013). An important part of an overall positive school climate and its characteristics is its role in creating an environment that addresses and supports students' mental health. It is important to examine and understand school-level implications for student mental health as it is at this level and through a whole school approach where change to the school environment will occur (Fowler & Lebel, 2013; Roeser, Eccles, & Strobel, 1998).

Although the measurement of school climate and its specific dimensions varies across studies, several school climate domains that affect student mental health have been well documented, including school connectedness and a sense of belonging, relationships with teachers and peers, safety, and discipline and order (Denny et al., 2016; Gase et al., 2016; Kohoulat et al., 2015; Lester & Cross, 2015; McLaughlin & Clarke, 2010; Ottawa Public Health, 2011; Pate et al., 2017; Wang, 2009). According to results from the Ontario Student Drug Use and Health Survey (2011), students in Grades 7 to 12 who reported better mental health also reported feeling as part of their school and feeling close to people at their school, and indicated feelings of safety.

In another study with secondary school students in the United States (U.S.), Gase and colleagues (2016) examined the relationship between student perceptions of school climate (i.e., student engagement and school safety) and student academic and health outcomes, including depressive symptoms or suicidal ideation and tobacco, alcohol, and marijuana use. Higher levels of perceived student engagement and safety were associated with less depressive symptoms, suicidal ideation and drug and alcohol use. Pate and colleagues (2017) explored the relationship between adolescent emotional distress, school connectedness, and academic achievement. As part of a longitudinal study, the authors collected data from 7,276 participants at two time points. Participants were between the ages of 13 and 16 years during the first wave and older adolescents or young adults during the second wave. School connectedness was found to both mediate and moderate the relationship between emotional distress and academic achievement. Adolescents who reported higher levels of emotional distress had more negative perceptions of school connectedness, and thus lower academic achievement. In terms of its moderating effect, as levels of school connectedness increased, levels of academic achievement also increased depending on students' level of emotional distress. Together, the findings suggest that school climate can have major protective implications for student mental health, particularly students' emotional well-being.

School climate not only has an impact on students' mental health, but their mental health literacy as well. In a study that explored whether school climate (i.e., safety, engagement, and environment) was associated with students' depression literacy and mental health stigma beliefs, Townsend and colleagues (2017) found that a positive school climate, characterized as a safe, high quality educational environment, with connectedness among teachers, parents, and peers, is also associated with better depression literacy and fewer stigmatizing beliefs among a large

sample of Grade 9 and 10 students in the U.S. Therefore, not only does school climate affect the psychological health of students, but their knowledge and beliefs surrounding mental illness. While school climate and its relationship with student mental health is well established, less is known about secondary schools' mental health climate.

2.9 School Mental Health Climate

School mental health climate refers to aspects of overall school climate that are specifically related to mental health (Bruns et al., 2004). Considering Cohen and colleagues' (2009) school climate definition, school mental health climate can be understood as a school's norms, values, goals, and expectations that specifically address students' mental health. In one of the few studies that uses the term mental health climate on college campuses, Sontag-Padilla and colleagues (2016) operationalized it as "students' perceptions of whether or not their campus was supportive of mental health issues (p. 893)."

While the term mental health climate is not widely used within the school-based mental health or school climate literature, it has been used, albeit very infrequently, to explore post-secondary campuses in the US regarding mental health. Across 39 college campuses in California, Sontag-Padilla and colleagues (2016) examined factors influencing the use of mental health services by students. Students were more likely to seek mental health services, particularly those offered on campus, on campuses they perceived to be more supportive of mental health challenges. A supportive campus was characterized as one that was "emotionally supportive for students with mental health needs" (p. 891) and one that provided students with adequate support services.

Given the positive, yet limited implications of the mental health climate on post-secondary campuses, it would be beneficial to extend this line of research to secondary school

climates surrounding mental health. School mental health climate is an unexplored construct and there is a lack of knowledge regarding current Canadian secondary school students' perceptions of how mental health is addressed and supported at school. Students' perceptions and experiences will shed light on the ways in which students feel supported at school when it comes to mental health and how schools can respond to students' unmet needs.

Given the increasing severity of adolescent mental health, school mental health climate is an area worth exploring as a school culture that is supportive and caring towards student mental health difficulties is essential for improving students' knowledge and early identification of mental health problems, as well as their attitudes towards mental disorders and help-seeking behaviour.

2.10 Chapter Summary

A review of the literature stresses the importance of addressing and supporting adolescent mental health in schools and the impact of school climate on the mental health of young people. The existing literature also suggests that adolescents have a limited understanding of mental health. Further, Canadian youth have expressed the need to address mental health literacy in schools. Mental health literacy is important to address, as knowledge of mental health challenges is associated with less stigmatizing attitudes and behaviours and a greater use of mental health services, and can create a more supportive school climate towards mental health. As the current school climate surrounding mental health has largely been unexplored in secondary schools in the Lower Mainland of BC, a qualitative approach that allows for greater discussion and elaboration of the experiences and perceptions of secondary school students about how their school addresses and supports student mental health will allow for the exploration and better understanding of this construct.

Chapter 3: Methodology

3.1 Overview

In this chapter, the purpose and research question are stated, and the methodological framework of the current study, Interpretative Phenomenological Analysis, and its epistemological and theoretical underpinnings is reviewed. Participants involved in the study and how they were recruited is discussed, as well as data collection procedures. The ethical considerations, data analysis procedures, and how research quality was maintained throughout the study is also described.

3.2 Purpose and Research Question

The purpose of the present study was to explore and understand students' perceptions and experiences of the current climate towards mental health in urban secondary schools in the Lower Mainland of British Columbia. Talking to students about their daily experiences at school is the first step in determining the extent of how schools are creating safe and positive environments that promote and foster the mental health of their students. Student perceptions and experiences of school mental health climate will be explored by asking the following research question:

What are secondary school students' perceptions and experiences of how mental health is addressed and supported at school?

3.3 Epistemological, Theoretical, and Methodological Framework

The goal of the present study was to explore the perceptions and experiences of secondary school students regarding the mental health climate of their school. Interpretative Phenomenological Analysis (IPA; Smith, Flowers, & Larkin, 2009/2012) was the methodological framework employed in the present study to facilitate the exploration and

understanding of this construct through the perceptions and experiences of secondary school students. IPA not only aims to obtain an in-depth and detailed account of one's experience, but the meaning one attributes to this experience, and further, how they make sense of that experience (Smith, 2011; Smith & Osborn, 2008). Employing IPA, researchers strive to examine the subjective perceptions of a first-person account rather than construct an objective picture of the phenomenon in question (Smith & Osborn, 2008) and is thus concerned with how experiences are interpreted by the individual (Pietkiewicz & Smith, 2014). IPA was therefore chosen for this study because, through in-depth individual accounts, it allowed for the exploration and interpretation of how secondary school students make sense of their experiences and perceptions of their school's climate surrounding mental health. Consistent with the IPA framework, the ontological and epistemological assumptions of the social constructionist perspective guided the present study.

Within social constructionism, knowledge and reality are constructed through lived experiences and social interactions. Further, understandings of the world are informed and shaped by the social and cultural contexts in which we live (Braun & Clarke, 2013). As a result, there are multiple realities that are reliant on human interpretation as opposed to a single reality that is independent of human practices and understandings (Braun & Clarke, 2013). Within IPA, social constructionism is reflected through its emphasis on how sociocultural and historical processes impact our experience and understanding of our social and personal world (Eatough & Smith, 2008). In relation to the present study, each secondary school student's perceptions and experiences of their school's mental health climate are a construction of their own reality. The aim of the current study was to acknowledge and interpret their multiple realities rather than attempt to determine a single true interpretation of participants' perceptions and experiences.

The main fundamental principles that underpin IPA include phenomenology, hermeneutics, and idiography (Smith et al., 2009/2012). Phenomenology, first developed by Husserl, refers to the study of the lived experience. Rather than create an objective representation, phenomenology focuses on understanding a phenomenon through the perceptions and lived experiences of individuals (Patton, 2002) and is concerned with identifying the essential components of a given phenomenon (Pietkiewicz & Smith, 2014). For example, in the present study the aim was to understand secondary school students' perceptions and lived experiences of how mental health is addressed and supported within their school environment. While Husserl's phenomenology aims to produce a rich *description* of the essences or more generalizable aspects of a phenomenon based on individuals' lived experiences, IPA ascribes to a more interpretive approach in line with Heidegger's hermeneutic phenomenology.

Hermeneutics is the methodology of interpretation. Building upon Husserl's phenomenology, Heidegger believed that the description of a phenomenon was not sufficient, but that "description itself is an interpretive process" (Kafle, 2011, p. 187). As such, the hermeneutic approach recognizes that the researcher and their preconceptions or bias cannot be entirely removed from the research process (Sloan & Bowe, 2014) and stresses the importance of "making the researcher visible...as an interested and subjective actor" (Lester, 1999, p. 1). Consistent with the hermeneutic perspective, IPA acknowledges the complication of the many layers of how one's experience is interpreted not only by the individual themselves, but by the researcher as well, as this methodology actively involves the researcher through a process of engagement and interpretation (Smith, 2011; Smith & Osborn, 2008). More specifically, "the researcher is trying to make sense of the participant trying to make sense of what is happening to them" (Smith, 2011, p. 10). This process is described as engaging in "double hermeneutics" and

is central to IPA's theoretical roots in hermeneutics. As the current study aimed to go beyond the description of students' perceptions and lived experiences, the researcher played a key role throughout each step of the research process, including the analysis and interpretation of students' accounts.

The final theoretical principle of IPA is idiography, which refers to the study of the individual. IPA's idiographic underpinnings are demonstrated through its in-depth and detailed analysis of each individual's account, treating them as single cases (Pietkiewicz & Smith, 2014). Once each case is examined and explored on an individual basis, then shared or diverging themes and patterns across cases can be explored and further exemplified through individual narratives (Pietkiewicz & Smith, 2014; Smith, 2011). This case-by-case examination of the in-depth and detailed accounts of students' perceptions and experiences at school was employed in the current study.

3.4 Role of the Researcher

I, as the researcher, played an active role in the analysis and interpretation of each student's account of their school's mental health climate. As the researcher, it is important to disclose and reflect upon my own experiences that have led me to pursue this research project and to be aware of the knowledge, perceptions, and influences that may impact my role as the researcher in one way or another.

Having completed my undergraduate degree in Psychology, I have a keen interest, knowledge, and understanding about mental health and illnesses. Throughout my undergraduate degree and thereafter, I have also worked as a research assistant on several projects involving adolescents and projects related to adolescent mental health including one that focused on secondary school students' mental health literacy. As much of my research experience has

involved youth and mental health, I was motivated to continue working with this population on such an important topic.

Following my undergraduate degree, I completed a Master's in Child Development and I am currently completing my second Master's degree in School and Applied Child Psychology. In addition, I have had several opportunities working with youth in both clinical and school settings. Working in schools has provided valuable insight into how mental health is addressed and supported in this setting and it is important to acknowledge the observations and perceptions that I have brought to the current research as a result of these experiences.

Lastly, my personal experiences with close friends and family members coping with mental health challenges and mental illness has provided me with a unique perspective and understanding of what it means to live with and to support someone with a mental illness. These experiences have informed my perception of the importance of feeling supported, as well as the challenges and barriers involved in disclosing a mental illness to others and seeking appropriate support.

My relevant past experiences, academic, research, professional, and personal, have informed and shaped my perceptions of youth mental health in schools, as well as my approach towards the current research. Given my background, particularly in the field of psychology, it was important to keep in mind my particular position as someone who is educated about mental health and illnesses and aware of the issues around it, including the stigma associated with mental illness. It was important to acknowledge that not everyone has the same understanding, experience, and exposure that I have had, particularly adolescents. By acknowledging this, I was able to become more sensitive to my position as the researcher in speaking with adolescents, as

well as more aware of my perceptions around the topic and what has shaped those perceptions, and my own biases.

3.5 Data Collection Procedures

3.5.1 Recruitment. Participants were initially recruited through community youth engagement programs such as those organized by the Young Women's Christian Association (YWCA). Through the help of the manager of the youth programs at the YWCA, information about the research project (see Appendix C and H), as well as the researcher's contact information, was distributed to secondary school students who participate in these programs. Students who were interested in participating in the study directly contacted the researcher to obtain further details about how to get involved. In addition to recruiting participants through the YWCA, snowball sampling was also employed. With each participant that was recruited, the researcher asked if they knew other secondary school students who may also be interested in participating. Furthermore, participants were recruited through personal contacts (e.g., friends, family members, supervisor) of the researcher who knew secondary school-age students who may be interested in participating in the study. Within IPA, a homogenous sample is recommended and homogeneity is dependent on the purpose of the study (Smith et al., 2009). Although the majority of recruited participants attended different secondary schools, the sample in the current study may be considered homogenous based on their age and grade, and their similarities of being a secondary school student in the Lower Mainland of British Columbia

3.5.2 Participants. A small sample size is recommended within an IPA framework (Smith et al., 2009). However, there is no hard and fast rule regarding what constitutes a "small" sample size and IPA has been employed in studies involving a number of different sample sizes (Pietkiewicz & Smith, 2014). A sample of seven Grade 11 and 12 students who were enrolled in

Lower Mainland high schools participated in the present study. One of the students had just completed Grade 10 and was entering Grade 11 in September 2019. Consistent with IPA’s idiographic nature, the relatively small sample size also allows for the capturing of a more in-depth and detailed account of each participant’s experience and its analysis (Smith et al., 2009).

Students were between the ages of 15 and 18 years. Older secondary school students were recruited as they had, assumingly, attended their school for the longest period of time compared to younger students, and thus had more experience at their school, and may have had a better understanding of their school’s climate towards mental health.

Three participants identified as female and four participants identified as male. Given the gender differences within the experiences of mental health and related factors (WHO, 2002), a gender balance among participants was intended to not only provide more balanced perspectives, but allow for interesting observations of whether male and female students experienced and perceived mental health school climate differently from one another.

Each participant spoke English proficiently in order to partake in the interview about their perceptions and experiences of their school’s climate surrounding mental health. Table 1 describes participants’ characteristics.

Table 1

Participant Characteristics

Name ¹	Gender	Age	Grade	Number of Years at Secondary School
Jennifer	Female	17	12	5
Maria	Female	17	12	5
Skylar	Female	17	11	4
Sam	Male	16	11	4
Liam	Male	18	12	5

Felix	Male	15	11	3
James	Male	17	12	4

¹*Pseudonyms used to protect participant confidentiality.*

Jennifer. Jennifer is a 17-year-old female student who, at the time of the interview, had just recently started Grade 12. She is involved in several mental health-related initiatives at school and in her community. Jennifer is a member of her school district’s Student Advisory Council, as well as a member of the Youth Advisory Council for both YWCA and Foundry BC. In addition, she is a student advisor for the Bounce Back program created by the Canadian Mental Health Association.

Maria. Also in Grade 12, Maria is a female student. She reported feeling “really good” about her school and has a very positive relationship with school. In her school’s mentoring program, Maria is a student mentor to younger students.

Skylar. Skylar is attending a mini enriched program within her secondary school. As a student within this program, she feels there is a strong sense of community where students demonstrate acceptance and understanding of others. Skylar was involved in organizing Mental Health Week at her school and she is also involved in Here4Peers, a program developed by the Vancouver Police Department that trains older high school students in Vancouver to facilitate mental health workshops for students in Grade 7. The interview took place towards the end of her Grade 11 year.

Sam. A 16-year-old student, Sam is in Grade 11. Although he reported he does not necessarily enjoy school, he likes the people there, including his teachers. Sam is a strong athlete who plays in several baseball leagues and participates in other sports including hockey and rugby.

Liam. Liam is an 18-year-old male student who was days away from completing Grade 12 at the time of the interview. He reported having a “pretty good” experience at school and although boring at times, he also likes his school and described it as “progressive.” Liam is continuing on to post-secondary school in Vancouver in September.

Felix. Fifteen-years-old, Felix is entering Grade 11 this September. He described a positive attitude towards school and stated that he prefers shop-type classes as he is interested in engineering. Felix reported that he is also a “volunteer first aider” in his community.

James. James described his experience at school as positive. He is entering Grade 12 this September and is 17-years-old. He reported going to school happy, finding his courses relatively easy, and the teachers helpful.

3.5.3 Measures.

Student Background Questionnaire. Prior to recording the interview, the participant was asked to complete a short background questionnaire consisting of five questions inquiring about the participant’s gender, age, grade, number of years the student had attended their current secondary school, and where within the Lower Mainland of British Columbia their secondary school was located (see Appendix A).

Semi-Structured Interviews. After initial contact via email, a time to meet privately to take part in a one-on-one semi-structured interview was scheduled. All interviews were confidential and took place in various locations that were convenient for the participant including private study rooms at a public library and University of British Columbia and quiet locations in coffee shops. Prior to starting each interview, informed consent was discussed and written consent was obtained from the participant. The participant also completed the background

questionnaire. Interviews were audio recorded and ranged in length from 35 to 80 minutes, with the average interview lasting 49 minutes. Interviews were later transcribed by the researcher.

Semi-structured interviews are a common data collection method when employing an IPA framework (Smith et al., 2009/2012). Semi-structured interviews facilitated rich, in-depth, personal accounts of secondary school students' experiences and perceptions of their school's mental health climate. An interview schedule consisting of several open-ended questions (see Appendix B) guided the interview; however, as the schedule was meant to be used in a flexible manner (Smith et al., 2009/2012), additional questions and probes were modified or added when necessary based on participants' responses.

Reflexive Journal. A reflexive journal was kept by the researcher throughout the research process to record notes, thoughts, and personal reflections. Following interviews with participants, notes were recorded by the researcher concerning impressions of how the interview went including the researcher's perceptions of interview skills and rapport with the participant. In addition, initial thoughts about the content of the interview and possible themes were also recorded. The researcher continued to keep notes throughout the recruitment process describing its challenges, as well as during the analysis process, including ongoing interpretations of the data. The reflexive journal also contained notes about other general challenges that arose throughout the process, as well as entries about the researcher's personal role (e.g., biases, personal experiences) and its impact on the study. Notes written in the reflexive journal throughout the research process provided contextual information, as well as a way to organize the researcher's thoughts, ideas, and interpretations, throughout data analysis and write up of findings, but were not formally transcribed or systematically analyzed.

3.6 Ethical Considerations

Prior to recruiting participants, ethical approval was obtained from the Behavioural Research Ethics Board (BREB) at the University of British Columbia. As the majority of participants were of appropriate age to provide informed consent (i.e., 16-years-old) and interview questions did not inquire about personal experiences in dealing with mental health challenges, informed consent was obtained from students. Informed consent detailing the purpose and outcomes of the study, as well as the student's role, was explained in detail to students. It was also emphasized that they could withdraw their consent at any time throughout the process and by doing so, any data gathered from that participant was not to be used in the study. As a result, a request was made to the BREB that we only receive student (participant) informed consent and were not required to obtain parent consent. As one participant was not yet 16 years of age, parent, as well as student consent were obtained for this participant. Along with a student recruitment letter, a letter for parents informing them of the study was also sent to potential participants (see Appendix D).

Confidentiality and its limits were also discussed with participants in person and their parents in a letter. To ensure confidentiality and anonymity, each participant was given the opportunity to choose a pseudonym that was used throughout the analysis and the completed written document. In addition, any identifying information was not disclosed in the written document, and was stored separately from the data.

Although the purpose of this study was not to explore students' experiences of mental health challenges, the topic of mental health in and of itself may be sensitive for some students and personal experiences may be disclosed in the process of the interview, which can be distressing. In the event that a participant required additional support, the researcher compiled a

list of local mental health resources in the community that participants could access. This list of resources was provided to all participants at the beginning of the interview so no one had to request it if they were not comfortable doing so. Further, the researcher was available to assist participants in accessing any resources.

3.7 Data Analysis

Data was analyzed using the step-by-step process outlined by Smith and colleagues (2009/2012). Rather than a linear process, analysis was an iterative and inductive cycle within IPA (Smith, 2007), as researchers inevitably move back and forth between transcripts, themes, and the extant literature, and repeatedly follow the same steps of analysis for each case. Despite the provision of a guide to conduct IPA analysis, Smith et al. (2009/2012) maintain that it is a flexible process. Moreover, and most importantly, researchers should aim to preserve its analytic focus, which for the purpose of IPA, “directs our analytic attention towards our participants’ attempts to make sense of their experiences” (Smith et al., 2009/2012, p. 79). Given IPA’s idiographic underpinning, the analytic process began with a detailed examination of a single case, before moving on to a second case, and so forth.

Step 1: Reading and Re-reading. Once the researcher had listened to and transcribed the interview, the first step of the analysis process involved the researcher’s immersion with the original data. It involved reading and re-reading the interview transcript several times with active engagement, which allowed for the focus of analysis to shift solely onto the participant and their world. Further, this step also involved taking initial notes about the data or about the interview experience. Initial notes recorded in the researcher’s reflexive journal following interviews including impressions of the interview, its content and how it relates to the research question, as well as the researcher’s role and position and its impact on the interview were helpful and

contributed to data analysis. In addition, following transcription and multiple readings of the transcript, key points and summative notes of the interview continued to be recorded in the reflexive journal.

Step 2: Initial Noting. While remaining engaged with the data, the second step involved producing initial exploratory, yet comprehensive and detailed notes and comments on the transcript. The purpose of initial noting was for the researcher to begin to understand how the participant talked about, understood, and thought about their experience and its meaning. Smith and colleagues (2009/2012) differentiate between three different exploratory comments: descriptive, linguistic, and conceptual. The researcher's initial noting involved these types of comments. Descriptive comments are those that are surface-level and describe the content of the interview. For example, the researcher commented on key words or phrases that were frequently used by the participant. Linguistic comments focus on the language that is used by the participant. For example, the researcher noted when participants laughed or seemed hesitant or uncertain when responding to certain questions. Lastly, conceptual comments move beyond what is explicitly said by the participant towards a questioning and interpretative perspective of the participant's understanding of the phenomenon. For example, the researcher noted and highlighted similarities and differences within the interview, as well as participants' contradictions. This initial noting was accomplished by hand in the margins on a hard copy of the transcript.

Step 3: Developing emergent themes. During this next step of data analysis, emergent themes were identified through primarily analyzing the exploratory comments, but also the original transcript itself. A theme is a concise statement that represents the interrelationships, connections, and patterns among the exploratory notes and attempts to capture the important

elements of the participant's account. Themes are a combination of the participant's description and the researcher's interpretation and "should feel like they have captured and reflect an understanding" (p. 92) of the participant's experience. The identification of emergent themes was also accomplished by hand on a hard copy of the transcript. During this process, the researcher also highlighted excerpts from the interview that reflected emergent themes so as to continue to stay as close as possible to the participant's original words and thoughts. Once emergent themes were developed for a transcript, the researcher compiled a list of the themes and transferred this list to a table created in a Word document on the computer.

Step 4: Searching for connections across emergent themes. The fourth step involved the examination of the patterns and connections between the identified emergent themes in order to determine how the emergent themes fit together to represent the important and interesting aspects of the participant's experience. Although there are many ways to accomplish this, Smith and colleagues describe several methods that were used by the researcher including abstraction, subsumption, and polarization. Abstraction involved grouping similar themes together to create a new super-ordinate theme, an overarching theme that captures the emergent themes. Once a list of emergent themes from each transcript was compiled, the researcher was able to more clearly identify similar themes that may be encompassed by a super-ordinate theme. The researcher then created by hand several different lists of similar emergent themes with a new super-ordinate theme. Subsumption occurs when an emergent theme becomes a super-ordinate theme, as it is discovered as bringing together related themes. Through the same process as abstraction, the researcher was also able to identify emergent themes that were better suited as super-ordinate themes. Polarization, on the other hand, focuses on the differences between emergent themes as opposed to the similarities. Once patterns and connections between emergent themes were

finalized and super-ordinate themes created, they were added to the table created in a Microsoft Word document.

Step 5: Moving to the next case. Following these four steps with one transcript, the process was repeated with each of the remaining transcripts. Consistent with IPA's idiographic underpinnings, it was important to treat the following cases as individual ones, without being influenced by the emergent themes of the previous cases.

Step 6: Looking for patterns across cases. During the final stage of analysis, the researcher then moved on to identifying similarities and differences among emergent and super-ordinate themes across interviews. This process involved the reorganizing, relabeling, and restructuring of themes as common or different themes across interviews started to emerge. This process was initially completed by hand and then transferred to the table created on the computer. Once patterns across cases were identified, a hierarchical structure resulted that encompassed emergent themes subsumed under super-ordinate themes and excerpts from participant interviews that reflected each theme. A table was used to present these results.

Throughout data analysis, the researcher continued to record personal reflections, notes, thoughts, and ideas concerning emerging and super-ordinate themes, theories, key points and points of particular interest, questions, and future directions of research. The researcher also made a point to personally reflect on and raise awareness of her own role in the analysis process and the impact of biases (personal or research-related such as confirmation bias) on the identification of themes and interpretation of data.

3.8 Research Quality

The researcher ensured quality had been established throughout the present research study by primarily following Yardley's (2000) four broad guiding principles as applied to the IPA framework (Smith et al., 2009/2012).

Sensitivity to context. Demonstrating sensitivity to context was accomplished during the early stages of the research process, during data collection and analysis, and was applied to the existing literature on the topic (Smith et al., 2009/2012). In the present study, the researcher demonstrated sensitivity to context by giving youth an opportunity to contribute their voice to the critical conversation about their own mental health and the ways in which they perceive it to be addressed and supported at school. The researcher also demonstrated sensitivity to context during the interviews with secondary school students by utilizing good interview skills such as ensuring the participants felt comfortable, as well as demonstrating empathy and good listening skills. During analysis, the researcher showed sensitivity to context by dedicating time and effort to immerse herself in the participant's account in order to produce a close and accurate representation of the participant's experience and its meaning. Further, these interpretations were supported by participants' voices using verbatim extracts in the written work (Smith et al., 2009/2012).

Commitment and rigour. Similar to a sensitivity to context, the researcher demonstrated commitment to the present study by investing time, attention, and effort into each stage of the research process. In doing so, the researcher ensured that engagement was maintained, as well as an immersion and thoroughness with the data. Rigour refers to "the thoroughness of the study" (Smith et al., 2009/2012, p. 181). Rigour requires an in-depth engagement with the topic and can be implemented in a number of ways throughout the research process. While conducting in-depth

interviews, the researcher employed good interview skills such as being empathic, being attentive to important cues from the participant, and probing where appropriate. During data analysis, ensuring rigour involved thoroughly and systematically engaging with each individual case to provide an interpretative and meaningful account of the participant's experience. In addition, the researcher moved beyond description to interpretation of each participant's account.

To ensure a systematic and thorough analysis, several steps were taken that involved the assistance and discussions with others outside the research project. The goal of discussing the analysis with others outside the research project was not to corroborate a single "true" interpretation of participants' accounts, but to ensure that it was a credible and plausible interpretation (Smith et al., 2009/2012). For example:

Debriefing. The researcher debriefed with her research supervisor individually and in a group setting with other graduate students completing research studies using IPA to discuss and review themes identified within and interpretations of the data. In addition, challenges that arose throughout the research process were also discussed as they occurred and the supervisor and group had periodic debriefs after some of the interviews were conducted.

Critical friend. The researcher also employed the use of a "critical friend," with whom to review and discuss the data and their analysis. The researcher met with another graduate student who was familiar with the IPA methodology to discuss the analysis process and to review and confirm themes and super-ordinate themes that were identified throughout the data analysis process. The graduate student read over the researcher's chosen participant excerpts and the emergent and super-ordinate themes that reflected these excerpts to confirm whether the analysis and interpretation was logical and remained grounded in interview data.

Member checking. Once the interview was transcribed and analyzed (emergent and super-ordinate themes were identified), the researcher sent the transcript and analysis table to each participant via email for review. The participant was then given an opportunity to comment on the accuracy of the researcher's interpretation of the interview and their own responses. However, only one participant responded to the request for feedback.

Coherence and transparency. According to Yardley (2000), coherence can be demonstrated in two ways. First, the researcher ensured that coherence exists between the research question, philosophical underpinnings, methodological framework, method, and data analysis. For example, careful thought and consideration was taken to ensure that the sample selected (i.e., secondary school students) was suitable for the research question and that the tenets and underlying assumptions of IPA were apparent throughout the processing of writing this report. Second, it was also important to put forth a coherent and meaningful interpretation of participants' accounts.

Transparency refers to the clear description of each stage of the research process (Yardley, 2000). The researcher ensured transparency by keeping detailed notes of each stage of the research process and clearly describing and rationalizing decisions throughout the process (i.e., sample selection and recruitment, how codes and themes were determined, etc.). Another important aspect of transparency is the researcher's ongoing examination of the role they played in the research process, also known as reflexivity (Yardley, 2000). As it is essential, the researcher identified and disclosed how their personal experiences, values, beliefs, and assumptions impacted the research process and how the resulting data were collected and analyzed. To engage in reflexivity, a reflexive journal was kept in which reflections and thoughts about various aspects of the research process were documented. Contents of the reflexive journal

provided contextual information during analysis, and provided a means to record the researcher's ideas and interpretations of the transcript, translating into emergent and super-ordinate themes.

Impact and importance. The final principle by which a qualitative study is judged to be valid is through its impact and utility (Yardley, 2000). The findings and applications from the current study are relevant, useful, and have a potential impact on school communities, and on the way mental health is addressed and supported in these communities.

3.9 Chapter Summary

Interpretative Phenomenological Analysis (IPA), the methodological framework and method of analysis used to explore secondary school students' perceptions and experiences of how mental health is addressed and supported at their school, was described. Procedures for data collection including participant selection and recruitment methods, participant information, and the measures used to collect data (i.e., student background questionnaire, semi-structured interviews, and a reflexive journal) were described. A detailed description of the steps involved in analyzing each interview transcript was included, as well as the steps taken to ensure quality had been established. Lastly, ethical guidelines and considerations including parental and student informed consent, confidentiality, and measures taken to ensure participants were comfortable were outlined. Using the carefully described step-by-step process of data analysis, the following chapter outlines the super-ordinate and sub themes identified to better help understand secondary school students' perceptions and experiences of how mental health is addressed and supported at their school.

Chapter 4: Findings

4.1 Overview

The purpose of this research was to gain a better understanding of secondary school students' perceptions and experiences of how mental health is addressed and supported at their school. Seven secondary school students were interviewed and interview data was analyzed using Smith and colleagues (2009/2012) step-by-step process involved in the Interpretative Phenomenological Analysis methodology. This chapter presents the findings resulting from this analysis. Five super-ordinate or broad themes and 14 emergent or subthemes were identified (Table 2).

Table 2

Broad and subthemes identified through data analysis

Broad Themes	Subthemes	Number of Participants
Conversations Around Mental Health	Lack of conversation	7
	Language around mental health	5
	Relationships matter	7
Mental Health Support	People to talk to	7
	Academic support	6
	School climate	3
Limitations of Mental Health Support	Pressure and expectations	4
	Negative perceptions of available support	7
	Insufficient and infrequent advertisement of support	4
Mental Health Literacy	Formal and informal education	7
	(Lack of) Understanding and education	7
Stigma	Fear of others' negative perceptions	5
	Bullying and teasing	4
	Barrier towards seeking support	3

4.2 Contextual Considerations

Of the seven secondary school students that were interviewed, six of them reported liking

school or having a positive relationship with school. Many of them enjoy going to school and generally reported liking their teachers and their school community. While one student, Sam, reported not liking school because of being “forced to go there every day and work and do notes and homework and stuff,” he still reported that he had good teachers and that he liked the people at school. Furthermore, each student agreed that it was very important for their school to address and support student mental health.

4.3 Conversations Around Mental Health

The first broad theme represents how mental health is discussed informally among students and staff members at school and the conversations about mental health that do or do not occur at school. Conversations surrounding mental health and the way it is talked about also speaks to how mental health is being addressed at school to a certain extent. Within this broad theme, three subthemes were identified: 1) lack of conversation around mental health, 2) language that students use when talking about mental health, and 3) how relationships matter when talking about or disclosing mental health-related information.

4.3.1 Lack of conversation. When it comes to talking about mental health, particularly informally among students, each participant reported, in a matter of fact way, that it’s not really discussed around school, especially in much detail, and this lack of conversation around mental health was explained in several ways. While Sam and Jennifer specifically explained that they personally do not like to share their feelings with other people, it was also described generally that “some people are just like not used to talking about their mental health at all” and that “people would rather not talk about it,” suggesting that mental health is a topic that students want to avoid. There were also two students who generalized this sentiment to adolescents in general, beyond the student body at their own school. Jennifer described how she has “noticed that even

outside of school, just with teenagers in general with everyone for the most part, who I've met, it's just not something that people are open about and people want to talk about." Furthermore, Felix observed that "high school is generally kept to yourself, so there's not a lot of talking about [mental health] with people" and "it's kind of just an assumption that people don't talk about their feelings around other people."

Another important reason why participants do not openly discuss mental health-related issues at school is a result of stigma and therefore, wanting to be "quiet" so that other people do not know about one's mental health challenges. Some participants also described that the topic of mental health is uncomfortable for students and relatedly, that it is a sensitive or touchy subject. James explained mental health as "a sensitive topic" and continued to say that "I don't think the people who have mental health would be relatively comfortable uh expressing how they feel...in like an open classroom, I really don't think they'd be comfortable." In addition to students not wanting to share their own experiences around mental health, it seems that students also avoid the topic because students don't know how to respond or to support others when they do share their feelings. Maria commented that she "feel[s] like it makes people uncomfortable talking about it as well, I feel like people get awkward when they talk about it cause they don't know how to react or what to say." Similarly, James stated that:

It's a touchy subject I think, like mental health is um like it can be really hard for people who have it, to cope with it and people who don't necessarily, cause some people don't know how to help, or some people don't know how to support people if you have it.

4.3.2 Language around mental health. While participants reported that there is a lack of conversation at school surrounding mental health for a number of reasons, some participants spoke about the language students use when it is talked about. Sam and Felix described that "the

terms are kind of used like lightly” or that students “make light” of serious mental health issues and that mental health terms “like depressed isn’t used properly a lot.” Jennifer described the language as “ironic, sarcastic kind of, trying to be funny, but like really meaning it” and used the example that students often will say “I hate my life, I can’t deal with this anymore.”

Relatedly, several participants agreed that students will communicate about mental health through humour such as memes and jokes, and say things like “I’m so depressed or something like I want to kill myself.” Another participant mentioned that the term OCD is also used lightly or jokingly. Liam went on to explain that he perceives students use humour to protect themselves and to avoid talking about the topic seriously:

they use humour...I guess it’s like a shield like if someone calls them out for saying, for being depressed or whatever they can be like hey I was just kidding, it was a joke, I think it’s kind of like that.

Finally, Skylar described how students at her school talk a lot about stress, which is a shared feeling among students; however, she went on to comment that “anything beyond like regular stress is not really talked about.” While Skylar acknowledged that it was good that people are talking to each other about stress, she reported that students “would never really be like oh if you’re like really stressed then you should go talk to a counsellor,” suggesting that students wouldn’t necessarily suggest seeking support for feeling certain levels of stress or they may not recognize the severity of too much stress.

4.3.3 Relationships matter. While participants reported that mental health is not a topic that is openly talked about among students, many participants explained that it would more likely be discussed privately. When students do choose to talk about mental health, particularly their own experiences with mental health challenges, the support they seek when disclosing this

information depends on the relationship with that person, as it wouldn't be with just any person. Skylar commented on how her school is "not the type of environment where you just go up to anyone and say like I need to talk to someone" and several participants mentioned that who you talk with depends on how comfortable you are with that person and your relationship with them. For example, Sam related that:

I think, like it wouldn't be like a group discussion it would be more like with one person probably like someone they, like maybe not even their best friend but someone they just feel like comfortable like talking to it about.

Students also described how their relationship specifically with friends, teachers, and their counsellor matters when it comes to disclosing mental health-related information. In terms of talking to a friend about mental health, the dynamics within a friendship are important and most students described that they felt that students would feel comfortable talking about mental health to close rather than distant friends. James perceived this to be a result of mental health, particularly experiences with mental health challenges, being such a sensitive topic among adolescents:

[mental health is] a touchy subject, like it's a closed thing, so students wouldn't talk about that to other students, they talk about that to close friends and relatives, so um the topic of mental health, students I guess would talk about that but past experiences of those students, I guess that would be more close friends.

Participants seemed to describe a close relationship as a prerequisite for disclosing mental health-related issues. Skylar related this when she commented that, "as long as anyone has a friend or like one or two or a group of trustworthy friends that they've like built connections with then a lot of people would feel comfortable talking to them." Felix even found this to be a

general assumption among students when he said, “it’s just generally known through teenagers that you don’t talk to other teenagers about [mental health] unless you’re really close” and Liam distinguished between disclosing to a close rather than distant friend: “I think if they’re a friend then they’ll understand, right and they’ll try and help you out but if it’s just like a distant friend then they wouldn’t really care.”

In addition to friendships, the type of relationship a student has with a teacher determines whether they seek mental health support from them. Several participants mentioned teachers with whom they had the type of relationship that they felt comfortable discussing mental health. Skylar described a specific teacher whom she felt “pretty much everyone feels comfortable with”:

one of our business teachers who’s like fresh out of university...I think...he did like four years of business degree and then a co-op and then he did the one year teaching thing and now he’s a teacher so like really young pretty close in age to us cause he teaches mostly 10, 11, 12s so...just cause his personality too like he was very, he really engages us and then he really connected to us like right off the bat so I think like in that case people would feel like just because they have almost like a friendship and like just like some type of relationship.

Sam also discussed how while he would feel comfortable talking to his English teacher, he would not feel comfortable with most other teachers; however, he would be okay with them knowing he was experiencing mental health challenges. Skylar also highlighted the importance of student-teacher relationships and speculated that “teachers who have like zero relationships with any students like no, like I can’t see anyone ever talking to them.”

Several students discussed student relationships with the school counsellor and the role

this relationship plays in students seeking support for mental health challenges. As every participant identified school counsellors as the only formal mental health support offered at school, students' relationship with the counsellor in particular can determine whether students feel supported at school when it comes to their mental health and this sentiment was expressed by Sam:

I think [feeling supported] depends with like the relationship with the counsellor, like I know one of my friends like doesn't...like the counsellor cause she screwed her over with like a math class or something like that and...it's kind of a, you have one option to talk about it. If you don't like that option like there's not much else.

In addition, the type of relationship a student has with their counsellor can have an impact on whether the student will turn to them for mental health support. While Jennifer described her relationship with her counsellor as "a close working relationship," she was still hesitant to seek help for mental health reasons from her counsellor:

there are so many times I've wanted to go and talk to my counsellor and then I've thought about it and thought about it and I don't, I've never had that type of, like relationship with my counsellor. It's always can you write a reference letter, can I talk to you about a course. It's always, it's not, oh I'm feeling, I haven't been feeling, um, totally 100 percent, um, in wellness, like for past few weeks. It's not a conversation that I feel comfortable bringing up, although I have wanted to before.

Much like this participant, many other participants, including Skylar, endorsed that students typically seek support from their counsellors for academic reasons rather than mental health reasons, describing that students at her school "don't necessarily have a relationship with the counsellors...the average student would probably just talk to their counsellor to switch their

courses or like ask about um university things.” While it’s important for students to have an academic relationship with their counsellor, it seems equally important to students that counsellors try and build close and trustworthy connections with students in order to increase students’ comfort with seeking help, particularly for mental health-related issues.

Close relationships with others, particularly friends, is an important factor for each participant when disclosing mental health challenges; however, Jennifer and Sam questioned whether it is more comfortable for students to talk to someone with whom they do not have a close relationship or with someone that knows them well. Jennifer was unsure whether students would want their friends to know about what they were going through and Sam expressed that a balance between someone knowing them too well and not knowing them at all might be preferable:

I think that’s also like people don’t want to talk to their friends about it as much because they know them too well...and they know everyone you know and stuff, but you also don’t want to say it to a stranger, like you kind of have to, it has to be somewhere in the middle.

Relatedly, Jennifer described uncertainty about whether students would feel comfortable talking to a new counsellor at her school, citing anonymity as a positive factor but also discomfort with talking to someone new:

We also had a new counsellor come in this year and so I think definitely that would kind of change the dynamics...either making it, making someone more likely or less likely based on that of the anonymity factor like oh you don’t know me, I can feel, I feel more comfortable telling you this. But also feeling not very comfortable telling someone who’s um very new to the school, so I’m not sure how that, if that has affected people because

I've never actually really spoken to the other counsellors.

4.4 Mental Health Support

The second broad theme represents how students perceive and experience mental health support at school. All but one participant reported feeling supported at school when it comes to their mental health and participants discussed feeling supported as a result of available formal and informal support and academic support. Within this broad theme, three subthemes were identified: 1) people to talk to at school if students needed help, 2) academic support for students struggling with mental health issues, and 3) the perception of a supportive school climate surrounding mental health.

4.4.1 People to talk to. Fortunately, when discussing available support for mental health at school, every participant described how there were people available to talk to at school including friends, teachers, counsellors, school liaison officers, and for some students, their vice-principal or principal. There seem to be several options for students and who students seek support from first differed across participants. Generally, many of the participants described how they've heard, particularly at assemblies for example, a blanket statement such that "if you need anyone to talk to, there's...places in our school that you can go and talk to people" or "if you're experiencing like depression or something along those lines, you can always come and see a counsellor or a principal or a teacher or something." Maria explained her perceptions of the different roles at her school of the counsellors, social services worker, police officer, and teachers and why students might seek support from each one:

I feel like counsellors you go for really anything, um, if you're like, um maybe not everything, I feel like if you're really, really upset you can go to them and if you have a real problem you have to talk to, you can go to them and they'll talk to you about it and

maybe they'll give you like different resources you can use. Um, social services worker I feel like if you're in trouble or if you're having like a problem with another person or someone else is bullying you or something you can go to them. Police officers maybe you should go to them if like if you found out someone is doing something illegal and you don't want to keep it to yourself, um and then teachers I feel like if you're just having a bad day, you're allowed to go talk to them and they wouldn't mind, they'll just be supportive and stuff and tell you like what you do to make yourself feel better.

In addition to staff members, most participants felt they were able to talk to their friends about mental health experiences. When discussing whether she talked to her friends about mental health, Jennifer described being incredibly supported by her friend group and remarked:

I'd say my friends they know that I'm someone who um struggles with, when it comes to stress and coping with how much like I have on my plate and so my friends would definitely be very, very supportive because already they're, they're like asking like how are you? You don't seem like you're doing okay, um, is there anything we can do to help you? And so uh with my close friend group definitely um, and even with friends I'm close with outside my friends group, they would very much be very supportive and see what they can do to help me.

Maria also described her and her friend group as being really supportive of one another and explained why friends may be the go-to support for mental health for some students, highlighting the importance of trust and being nonjudgmental:

they're the people you're closest to and you can trust them the most and you know that they won't judge you, I guess hopefully they don't judge you, so um, ya I think it's cause they're the easiest to talk to.

Conversely, James indicated that his friends would not be supportive and described his friends as “bullies” who “would make fun of you or whoever came out as you know having an issue with mental health.”

Beyond one’s group of friends, some participants described that students at their school in general would be understanding and supportive. At her mini school, Skylar noted that “no one would really be anything but welcoming like open and like positive” and “it’s like very, very like accepted and encouraged to talk about um by the students at least.” Similarly, James related how there were people to talk to at his school because he perceived them to be “generally understanding, there are a lot of people that are really nice. Mostly everyone understands um mostly everyone if you have uh this kind of issue, they’re understanding, nice, and they’re all supportive.” Therefore, while students may not feel comfortable discussing mental health problems with their peers, some participants perceive that students would be receptive and understanding.

Teachers were also perceived as people to talk to at school and most teachers were generally portrayed by participants as caring and understanding. While not every participant felt this way, Skylar noted this as a given amongst teachers when she stated that, “I think there’s an expectation for teachers now to be like understanding of it so I think they are for the most part.” Liam also believes that teachers want to help students and stated that “if the student like outright went up and told them that you know they weren’t feeling right or whatever, I think the teacher would try to do something.”

For Maria, teachers “definitely” talk about mental health and make themselves available to talk if students need support. She described two teachers with whom she is comfortable seeking support:

I have a choir teacher and my Psychology teacher from last year, both of them are really like open about it and they're like if you ever need anything, just come to us and my choir teacher...outside of choir, she always like talks to people, so there's always someone in her office talking to her.

Other participants also discussed how some caring teachers go “beyond the class setting” to support students by offering to talk to them about anything. Jennifer related a story about a teacher who reached out to one of her friends:

one of her teachers in the past did actually approach her when it came to a friend group that she was hanging out with and said I don't think this...will be good for you and I don't think like that's the people you should be hanging out with and so I, I have heard stories of teachers who have tried to speak to their students about um topics related to like kind of lifestyle choices or personal choices and um then related to mental health as well.

Although there are exceptions, most classroom teachers were described as supportive, caring, and understanding. However, three participants perceived that support teachers and other support staff such as educational assistants may be even more understanding. Sam explained that “usually a support staff will, they'll work closer with certain students so like they'll have, they'll build more of like a closer relationship with a student than a teacher would.” Felix, however, rationalized it differently and explained that for support teachers and EAs, “it would make sense for it to be part of their schooling to learn about that sort of thing” and James related it to “the position of their job and like the fact that, as support staff it's kind of the same thing as the counsellors, right, like you're there to support the students and make sure that they have a good experience at school.”

Felix found that although students could talk to their teachers, seeking support

directly from the counsellor might be more effective as teachers “might help a bit but in the end you’ll probably be best off going to the counsellors cause they know more about it.” Every participant discussed their school counsellors as available support with whom students can talk about their mental health experiences and many students reported feeling supported knowing their counsellor was a source of support and someone they could talk to. Liam described it as “comforting knowing that I can talk to like the counsellors whenever I need to.” In terms of receiving support from their counsellor, another student explained that at her school “there’s like a certain level of understanding that you can go ask them or talk to them.” Sam also noted that “I think if it was like if I knew it was pretty bad I definitely would go see the counsellor.”

Participants discussed how they were supported by their counsellor and what they perceived their counsellors do well. In the following excerpt Jennifer described how simply checking in with her and asking how she is doing makes her feel supported by her counsellor:

generally when [the counsellor] checks in with me um and when I go in and she’s like how are you doing and how are you feeling um, and so I feel supported in that way in that she cares enough to ask about it.

Skylar highlighted a positive characteristic about most counsellors at her school when she described them as “really good about being approachable um if you ever do feel overwhelmed by school” and another participant emphasized his counsellor’s availability to students when he commented that “there’s always like doors open and stuff like I know my counsellor’s pretty good about, like she’ll talk to you and stuff...she’ll always find time for people who...need like time to talk.” Similarly, Felix also perceived counsellors’ availability as a positive factor, especially when choosing to seek support between the counsellor or a teacher as “you will be able to talk to someone in the counselling office most of the day, as for teachers, it’s kind of on

and off cause they can be busy with other things.” In addition to their availability, their professional experience was perceived as a reason to seek support from the counsellor rather than friends. As Liam put it, “counsellors have experience dealing with kids and stuff and like a friend may not be able to give you the best advice.”

While James had reservations about how helpful his counsellor could be for mental health support, he still acknowledged that

the easiest place to go [for support] is obviously your counsellor...cause the counsellor oversees all students, it's kind of just suggested that the counsellor is supposed to help you and the counsellor like even though it isn't that effective, the counsellor does you know try their best

and recognized that “if you're at like the beginning stages of having this issue of mental health, the counsellor seems like the best idea for you to seek help.” Overall, Liam praised his counsellors for being supportive to students and explained that

I think the counsellors do a really good job with like addressing mental health and stuff cause I know some students who are like, who love their counsellors pretty much cause they have like helped them do things and stuff.

Friends or peers, teachers, and counsellors were commonly discussed among all participants as people to talk to within their school regarding mental health challenges. The school liaison officer, the school services support worker, and vice principals and principals were also described as sources of support by some students. Sam and Maria mentioned their school liaison officer and Sam described his officer as “a really good guy, like I know if I had a problem, I would talk to him definitely and my counsellor.” Jennifer and Maria also talked about

the school services support worker. When describing his role at her school, Jennifer said he “basically kind of deals with issues where there’s problems with bullying, or I’m sure he would also deal with mental health problems as well, or stuff like that.” She perceived her school services support worker to be a positive mental health support whom students go to see “because he’s been very open about his mental health problems both as a teenager and as an adult. And so he’s always very welcoming, very open to talk to him about it.” Liam and Jennifer also perceived that students would be comfortable talking to the vice principal or the principal at their school about mental health.

4.4.2 Academic support. In addition to having people available to talk to at school, participants discussed the types of academic support that were provided by staff members to students who may struggle with mental health problems. Each participant agreed that most teachers, often it depended on the teacher, would be open to providing academic accommodations to students struggling with mental health problems, but as one student put it, “you kind of have to ask for it, it’s not really just given out.” Felix discussed how their school has an academic support room to which students can go “if [they’re] having problems in the class to work with like a support teacher one-on-one.” Similarly, Maria described that her school has a Learning Centre where students go and she noted that

[students] get help from teachers and I know some people with mental health, they have teachers there who they regularly go to and they can catch up on work slowly and they don’t have to go as fast-paced as other students and they may have a note from a counsellor or something that can excuse them from class if they’re not comfortable.

Acknowledging that students work differently, Skylar explained how students who struggle with timed tests are also able to leave their classroom and go to another room or the “counselling suite” at her school:

I know some people who have anxiety so like time limits on tests are really uh stressful so if you do go talk to a counsellor generally you’ll like be able to do it in the counselling suite maybe or a different room and you won’t have that time limit on you because some people like just don’t work well that way.

Teachers were described as open to providing students with academic accommodations as a result of mental health reasons. As Liam noted, “I think [teachers] would give extra time and maybe just be understanding, like if they had...maybe give them like extended due date if they talk to them about it...I think most teachers would be open to that.” Skylar also described how students that she knows who have approached a teacher “with a reason...why [they] need to postpone something like everyone that [she] can think of has had good experiences with that.” Teachers were also portrayed as accommodating with scheduling deadlines and tests if students mention to them they have other assignments or tests that day.

4.4.3 School climate. There were a few participants who felt supported as a result of the climate of their school, with Maria describing her school community as “very strong.” Skylar also commented that her school “has really strong values of like community and being accepting of a lot of different things and because that’s promoted so much like we like really have those values.”

Maria strongly agreed that there was a sense of community at her school, but also recognized that not every student agreed. She went on to express how her school promotes inclusivity, however:

I think we do [try and do everything to be inclusive of all students] cause we have like mentoring programs and stuff where we mentor the younger grades, I think a lot of schools have that...and then they're, we're always like if you guys need help then just come to us and ask us or if you don't have anyone to sit with you can come sit with us and then we have...like a guidance, a social support worker and he always does presentations about bullying and anti-bullying and how we should include everybody and every year all the grades go to that. So, I think that really helps with like how people know that they're not se-, that we're supposed to include everybody.

Jennifer, who is a member of her district's Student Advisory Council, finds the administration, including her principal and vice-principal, at her school to be supportive and described how they "would really care about [mental health], um, and be very receptive to trying to um improve it or make it more of a conversation to be had." She also explained how the school district identified student mental health as "continuously becoming a problem, an even greater problem than in the past" and that the district was making an effort to improve the current situation surrounding student mental health. She noted:

they were trying to see what can we do, what can we offer for students to help them cope with mental health and find healthy ways to deal with stress, and also how can we educate them about ways that are not the best to deal with mental health.

Finally, Maria and Skylar reported that they perceived mental health to be a priority at their school and while Sam and Liam discussed that mental health may be a priority at their school, they perceived academic excellence to be the number one priority. Conversely, Jennifer, Felix, and James either reported that they did not think it was a priority at their school or they were unsure as "there are very little discussions about it" and "people are very quiet about it."

4.5 Limitations of Mental Health Support

While participants discussed ways in which they felt supported at school when it comes to their mental health including having people to talk to, receiving academic accommodations, and a supportive school climate, participants also explained that there were limitations to this support and ways in which they felt their mental health was not being supported at school. Overall, Liam commented on the “lack of resources” at his school, citing it doesn’t “have like enough assemblies or lessons in any classes or anything particularly to talk about mental health or even to reach out to where you could like have help.”

Within this broad theme, three subthemes were identified: 1) students feeling a lot of pressure and expectations at school, 2) negative perceptions of available support, and 3) infrequent and insufficient advertisement of available support.

4.5.1 Pressure and expectations. When talking about school, the majority of participants indicated that they were stressed at some point in the school year or experiencing pressure and expectations to do well. Some participants perceived that their school’s number one priority is academic excellence and one participant felt that, as a result, “the counsellors and staff are more worried about like, like helping people with academics than mental health.” Participants particularly in Grade 12 indicated a pressure to do well on tests and provincial exams or feeling stressed about upcoming deadlines and applications. In relation to stress, one participant stated that she “always [has] something to be working on.” Jennifer, who had recently started Grade 12, was already experiencing the stress of her senior year:

This year started to get a lot, a lot more difficult, um, compared to everything else. I think the, um, not only the difficulty of the courses but also the course load has increased a fair amount. And so, um, personally I’ve also like seen the effects of stress and, I mean, I’ve

never wanted to turn to anything like substances but um definitely trying to look for like the coping mechanisms or what to do to stop it because it's um, really, really hard to deal with.

A big source of stress for Jennifer was the workload and she also reported that homework was a big source of stress for students in her district. Similarly, Skylar, who attends an enriched mini program, also perceived that her school puts pressure on students to succeed, and even sends mixed messages. She described it as “kind of conflicting cause they tell you like you know don't overload yourself but then there's obviously this expectation of getting very high marks and doing sports and extra-curriculars otherwise you're not like living to your fullest potential.” While emphasizing that this wasn't “the general mindset of most of the teachers,” Skylar went on to describe a younger friend's experience with a teacher who had high expectations of students in her program:

a friend of mine in Grade 9 was just telling me about an incident where one of the head teachers was teaching their math class and was really disappointed in the class because 8 people got less than 70% on the test and this is just a very specific incident but then he was just saying like oh um this is like unacceptable you know like you shouldn't be doing this poorly we have a high standard in the mini school but that's just one incident you know.

Relatedly, Liam, who also has an enriched program at his school, described the “super high expectations” students and friends who are in this program experience, attributing the stress to both the program and the individual.

In the following excerpt, Jennifer expressed uncertainty of how to address the stress, particularly stress from the workload and its impact on mental health, and she presents a solution:

The problem for me has always been I'm not sure exactly how we can address it because there's, there's always um you know healthy coping mechanisms but sometimes the stress is just too much and no matter what you do that nothing is going to be able to stop that and so I think even addressing the amount of stuff assigned because a lot of teachers don't take into account this is not the only class we're taking and it's not, school is not the only thing we have in our lives, and so as important as it is to address mental health, one part of addressing it is addressing the workload...what's causing it and that if you, if you can't um kind of stop that or tailor it make it just a little bit more easy, um, it's not going to, overall, negative, or mental health will still be negatively impacted.

4.5.2 Negative perceptions of available support. The majority of participants generally reported that they were supported at school with their mental health. However, participants also held negative perceptions of the sources of support including negative perceptions towards people they can talk to at school, towards principals, and towards the mental health-related clubs organized at school. These negative perceptions and for some students, negative experiences, may hinder their perceived support at school.

When talking to and disclosing mental health experiences with friends, Liam expressed concerns that while a counsellor or principal will respect a student's privacy and confidentiality, "[a friend] might tell people." He also shared that friends may not want to help a student if they disclosed mental health information to them and may say they don't care.

Teachers were also portrayed as being uncaring by some. As Jennifer explained "you can

really tell when there's a teacher who cares and one who doesn't." James also described this sentiment further when he explained that "most of the teachers, not all of them, um most of them don't necessarily care...a lot of them just don't uh see [mental health challenges] as an issue. He also described "a lot of the teachers" at his school as "old grumps" and commented that by saying mental health is not an issue and conveying they don't care, this message "turns students away from talking to the teacher." Jennifer also perceived that some teachers "don't want to talk about the topic," because she is unsure whether teachers "know how to deal with conversations like those." While Jennifer did not perceive this negatively, she commented that teachers may not "want to be involved in it."

Further, Jennifer and Maria perceived that some teachers do not believe it to be part of their responsibility as a teacher as "they're more like okay we're here to teach and after we teach it's your responsibility to do your work." Jennifer does not "think it is [a priority] for a lot of teachers because there's a lot of teachers who just focus on teaching and then getting out of the school."

Counsellors are often the only formal source of mental health support for students at most participants' schools. However, Skylar and James, either through their own or through friends' experiences perceived the counsellors to not be very helpful. While describing the one time she talked to her counsellor, Skylar explained that her counsellor "was just kind of there to listen which is good but it didn't really like help me at all um like it didn't really provide me with like advice for like the future it was more like just in the moment." Further, James related how "[counsellors] do help with um like stress and classes but from what I've heard from my friends that have issues with mental health, they're not actually helpful...in terms of finding support and just actually generally being helpful." Despite what he heard from his friends, however, James

would still seek support from his counsellor as he said he would feel “safe” and “comfortable” talking to his counsellor even though the “counsellor won’t necessarily be able to help me.”

Skylar also highlighted the importance of her counsellors’ personal characteristics and how that may influence students’ support seeking. While she liked her own counsellor, she described the other counsellors at her school as “very unapproachable.” Skylar spoke specifically about the male counsellor at her school and how “there’s a common consensus that he should not be a counsellor.” She also perceived him to be “very unprofessional” and as “not giv[ing] off a counsellor vibe at all.” In the following excerpt, she continued to describe her negative perceptions of the male counsellor and explained what characteristics a school counsellor should possess:

if you’re a counsellor in a high school setting you kind of have to be friendly and like you have to seem like you want to talk to kids um so like the one that’s mine is super nice and we’ve all had like good interactions with her but then the other two, like the man is just like, he used to be a PE teacher so like imagine like a stereotypical like PE teacher, I guess like not the most warm hearted.

Sam, Skylar, and Felix had adverse perceptions of their principals, with Sam perceiving his principals as “kind of more distant to the students” and for that reason, would rather go talk to his counsellor over his principal. Felix described that while his principal did roam the halls and interact with students, he perceived this as “almost like a PR thing” as if his principal was obligated to do this at school. Skylar sometimes perceived her principal or administration in general was “ingenuine” which made it difficult for students to believe they really care and are open about making changes related to student mental health. She also perceived that district-level pressures about prioritizing student mental health “kind of funnels down to the principals who

sometimes say it just cause they're obligated, um, so like the base of the conversation is there because of that."

Finally, most participants mentioned different initiatives at their schools including a mental health fair and mental health week, as well as student-organized mental health clubs such as the Trust Club or the Peace and Wellness Society. Sam described how as part of the mental health club at his school students "put like a sticky note with a compliment on everyone's locker at school." While many students reported hearing about these clubs or seeing posters for these clubs around the school, some were unable to recall the names of the clubs or any specific details about them. Maria explained that her school organized these kinds of clubs, but that not many students attended them. By having these clubs, schools are trying to be supportive to students. However, students reportedly hold negative perceptions of these clubs. Jennifer also described the clubs at her school, but also mentioned the caveat that

those types of clubs are actually mocked by students and um, you know, it's always like I would never want to go to that club or something like that, like that's kind of the general attitude, that's because it's not um like really spoken about and...kids haven't been educated about it, so their kind first reaction to it is to just kind of make fun of it.

4.5.3 Infrequent and insufficient advertisement of available support. A final limitation for students' mental health support at school is the infrequent and insufficient advertisement or promotion of the available mental health support at school. Many participants stated that mental health support is advertised at assemblies at the beginning of the year, but then at some schools, it's not frequently advertised thereafter. Jennifer, Felix, and James discussed how counsellors were promoted at their school. Jennifer described how counsellors at her school

were presented as career or academic support rather than mental health support and she went on to explain that

I can't recall ever hearing you can go talk to your counsellors about any issues or any problems you've been having...in any of the five years, even starting as a Grade 8, it might have been mentioned offhand once, but it's not something that's brought up or mentioned.

Felix and James also stated that counsellors were not publicly advertised to students at their schools. While Felix described how a teacher might tell a student they have the option of seeing the counsellor if they perceive to be struggling, he described that wasn't any more helpful than the announcement at the beginning of the year. Additionally, Maria and James reported they didn't even know they had a counsellor for the first two or three years of high school and James stated that "I think it's something you have to seek out, like you have to look for help."

Referring to posters and announcements advertising mental health clubs and initiatives at their school, Jennifer described how the posters weren't very noticeable at her school and James stated that these morning announcements were rare. Finally, Felix reported the lack of advertisement surrounding external resources at his school, citing that "[Outside support is] not publicly advertised around the school but if you were to ask for it or go into a counsellor or the office then you'd be able to find it."

4.6 Mental Healthy Literacy

The fourth broad theme, Mental Health Literacy, represents students' awareness and understanding of, as well as their formal and informal education surrounding mental health. Participants' perceptions of students' awareness and understanding of mental health appeared to differ across schools. Students' and staff members' mental health literacy is important for how

mental health is addressed and supported at school as knowledge and an understanding of mental health may contribute to a more supportive school climate. Within this broad theme, two sub-themes were identified: 1) the formal and informal education students receive about mental health and 2) the understanding and education (or lack thereof) students demonstrate towards mental health.

4.6.1 Formal and informal education. When discussing how students learn about mental health at school, all but one participant reported that they couldn't recall ever having a class about it or a formal mental health lesson taught by a teacher. Liam reported, "I don't recall learning about mental health and why it's important. I mean it may have been talked about in assemblies and stuff but um ya I don't think like, we didn't have a lesson." Jennifer also stated that in her experience, "there's nothing, there's no formal education about [mental health] and there's not consistency about it when it is mentioned."

Although participants did not receive a formal curriculum about mental health, they explained other ways in which they have learned about mental health. However, this did not always seem sufficient for the majority of participants. Sam and Skylar mentioned that the topic of mental health was "touched upon" in class or during yearly presentations from her counsellor. Jennifer discussed what she called "collaboration" in Grade 8 and 9 at her school and its limitations:

they have presentations for the 8s and 9s at that time and so when I was in Grade 8 and Grade 9, what they'll do is they have a mental health presentation and so it's run by our...in-school safety counsellor, um, and...he speaks about like how important sleep is and um, you know, why it's not always the best to cope with taking drugs and a lot of things like that. And then he also, he also speaks about his experiences, but the only thing

is...it's not really long-lasting. It's just, yes, we've um listened to this and we've participated in this, um, assembly.

Learning about different topics related to mental health in an AP Psychology class was discussed by Maria and Jennifer while Sam and Jennifer also discussed a class called Planning 10.

Describing how mental health was covered in this Grade 10 class, Jennifer recalls how “it focused on healthy eating and forming healthy habits, but it, it doesn't, as far as I can remember when I did it two years ago, it didn't really speak about mental health.” Sam, who also referred to this class, mentioned how “there was like some small units about like mental health and stuff” and explained that students completed projects about mental health and presented this to the class, but highlighted that students had to choose this topic. Others recounted learning about mental health through informal discussions in class, in-class presentations, or guest speakers.

James explained how one class, Career Life Connections, was “the only course that ever kinda came close to mentioning mental health,” but that “it never actually crossed the line to um fully give us a lesson on it.” While his teacher mentioned “stress and other courses and stuff like that...there [was] nothing like big about um like support like where we could find help for all that stuff.” He recalled, however, what his teacher in that class did to focus on student mental health:

the biggest thing that my teacher focused on was like our mood um so we would take like a mood card every day after we'd come in and I remember at the beginning of the semester for this course we would um write about how we feel and like how stuff during our day affects us.

4.6.2 (Lack of) Understanding and education. Students' understanding of and education about mental health differed among participants. While the majority of participants

reported a lack of understanding and education around mental health among students at their school, few participants reported that students had a good understanding of mental health. Felix explained that students at his school do not have “a broad understanding” and their information about certain mental illnesses including anxiety is “not very accurate.” Participants who reported a lack of understanding among students described different areas in which students are not educated.

The misunderstanding about the causes of mental illness, where students tend to attribute mental illness to the personal traits of the individual was discussed by Liam and Jennifer. Jennifer explained how she perceived students misconceptions about the cause of a mental disorder:

[it’s] attributed more to oh that person’s a freak or they’re so, they’re so weird instead of oh you know it’s actually like, like it’s an illness, like there’s something wrong with someone’s brain, like the chemicals, it’s not necessarily, like it’s not just them as a person, there’s nothing wrong with them as a person and so I think people get those two, they get that mixed up.”

Liam also discussed students’ misconceptions surrounding the cause of mental illness and how he thinks “a lot of students would think that it’s their fault like they’re the reason they’re thinking this right, like, but in some cases it can’t really be reversed right like some people’s chemical balances in their brains just isn’t right so they gotta be depressed like there’s nothing they can really do about it right.”

In addition to misunderstandings of the causes of mental illness, participants shared their perceptions of students’ misunderstandings around the severity and treatment of mental illnesses. When discussing academic accommodations at school for students struggling with mental health

issues, Jennifer explained the misunderstanding among of mental illnesses among staff members and why she thought there are more accommodations for students experiencing problems with their physical health as a result:

I think it's an education thing that it's you can choose to feel like that and you can choose not to [feel] like that, so it's really oh you can overcome this when really it's not something that can just be overcome with mindset....if you're dealing with mental health oh you're just sensitive or you're not trying hard enough, or, it's something like that.

Skylar described a time at school when students conveyed a misunderstanding of the severity of anxiety and how to treat it. Upon hearing one of her friends has anxiety, students “were saying like oh I wish I had that like it would be an excuse to get out of class type thing or like oh like just use these simple like common methods and it'll go away but it won't because it's anxiety.” Skylar also discussed students' misconceptions following a presentation from a guest speaker who experienced complex Post-Traumatic Stress Disorder (PTSD). She reported students questioning how the guest speaker could have PTSD if she wasn't a war veteran and how she was able to speak about mental health without a university degree. Skylar commented, however, that students' attitudes and knowledge had changed since this presentation.

Many participants attributed a lack of education about mental health to these common misunderstandings. Jennifer echoed this sentiment and blamed the lack of understanding on the lack of education, a lack of speaking about it, just making it a general topic of conversation. It's not, it's something that is not spoken about on a daily basis so um I think even if it is brought up...it's kind of like made to be more of a bigger deal than it is. Similarly, Maria shared “like if [students] were more educated about [mental health]...they would understand.”

Skylar related a lack of understanding and education to the language students tend to use when talking about mental health. In the following excerpt, she explained how a lack of education contributed to the misuse of mental health terms and jokes:

I think like no one has really taught us generally like why it's not okay to say that, like the difference between depression and like sadness and same with anxiety and...stress, so because people [are] not really learning about it...a lot of times it's not uncommon to hear oh like that's so depressing like I feel so depressed right now um and also just like with the kill yourself jokes.

As a result of not being educated about mental health and mental disorders, Liam suggested that “most students don't really wanna address mental health directly...cause...they might be like confused by it or scared by it” and therefore, students “might choose to ignore it even, not really think about it” and might even think it's just a phase and if students ignore it, then they won't seek treatment.

Jennifer also believed that a lack of understanding stems from not having previously experienced mental health challenges. Compared to people who have first-hand experience coping with “mental health struggles,” whom Jennifer described as “much more educated about the topic, much more receptive and understanding about it,” those who have not experienced mental health challenges, “the support is there but the understanding is not.”

Maria perceived students at her school have a “regular understanding” of mental health and explained “they know what mental health is and they know that what types of things are mental health like anxiety, depression.” However, she thought students lack knowledge about the number of people who are affected by a mental illness and more importantly, students don't know how to react or respond appropriately when someone else experiences a mental illness.

James also conveyed that “teenagers wouldn’t know how to like be supportive, they wouldn’t know what to say” and Sam perceived students lack the knowledge to recognize symptoms in other students.

On the other hand, Skylar and James reported that students at their school possess a good understanding of mental health. Skylar described the understanding of those in the mini enriched program as “pretty high...and accepting of different mental illnesses and people are more aware of how like comments and like things can be hurtful and because of that they’ll be more conscious of it and also like more likely to seek out their own information.” Even though students do not formally learn about it in school and it’s rarely mentioned at school, James perceived that “everyone like now a day has a really good understanding of it” and attributed this good understanding to “how the world is, like how society is” and to the availability of this kind of information on the internet.

Additionally, Skylar and Sam reported that students demonstrated an awareness of “mental health and mental illnesses.” Skylar attributed this to the increased education students have received in the mini school (compared to the typical high school program) and Sam explained that although students might not know what mental health is, students have “heard it so many times like mental illness, like [they] kinda know what that is.”

4.7 Stigma

The fifth and final broad theme represents participants’ perceptions and experiences with stigma towards mental health at school. While Skylar and Sam did not perceive there to be stigma towards mental health among students in their school, the other students all reported perceptions and accounts of stigma. Stigma towards mental health and seeking support presents as an obstacle for schools when trying to address and support student mental health. Within this

broad theme, three subthemes were identified: 1) the fear of others' negative perceptions of you if you struggle with mental health problems, 2) bullying and teasing towards those who struggle with mental health challenges, and 3) stigma described as a barrier towards seeking mental health support..

4.7.1 Fear of others' negative perceptions. One reason participants indicated as why secondary school students may not be comfortable disclosing their own mental health challenges is the reactions of others and the fear that other people will now hold negative perceptions of them. A fear for Jennifer is that talking to someone about her mental health would change their opinion of her. Liam explained that because people are not educated about mental health and do not understand mental illness that they may perceive those struggling with mental illness as a wimp or weak, or as doing it for attention. He also described how "it might be scary [for students] to talk to the teachers" because students might fear that teachers may think less of them.

Liam and Felix also discussed the negative consequences that might occur if a student were to disclose to others that they were seeking mental health support. While Liam noted that "most people they wouldn't really care that much," he also commented that some people "might even distance themselves from that person." Further, Felix reported that he wouldn't tell any of his friends because of "a fear of what consequences it might have on yourself" such as losing friends and having friends "look at you differently."

4.7.2 Bullying and teasing. Contributing to the stigma towards mental health is the bullying and teasing that occurs or is perceived to occur around mental health. Students fear they might get made fun of or teased by others if they talk about their mental health. Maria described

how some students at her school may act towards someone with a mental illness. She noted that students

would be more judgmental about it and they may make fun of people with mental health, like if somebody has anxiety and they're really quiet and didn't want to talk, people might make fun of them and just be like why are you talking like that or can't you speak louder or just make fun of them.

At her school, Jennifer predicted that people would react negatively towards students who were open about their mental health problems. She believed that students would not be very respectful or sensitive about it as "topics like [mental health, LGBTQ] aren't treated very respectfully by um people, like just...offhand comments that I've heard from people." Jennifer also explained how she thinks students would try and hide their own mental health struggles and in doing so, would make fun of other students who are more open about it. She also commented that while students may be "open and receptive" to students directly who talk about their mental health, she thinks students would laugh about it with their friends behind the individual's back. James described his friends as bullies and noted that "they would make fun of you or whoever came out as you know having an issue with mental health."

4.7.3 Barrier towards seeking support. Jennifer, Maria, and Skylar identified stigma towards seeking support for mental health challenges among students at their school, which creates a barrier for students. Jennifer articulated "a general stigma around counselling and therapy in general" among students and described how talking to adults in particular was stigmatized. She commented on how students "just considered [it] so uncool to go and tell someone else your problems" and how students might perceive talking to the counsellor as "so lame." Maria explained that although students do see their counsellors for mental health support,

they may prefer to see them for academic reasons due to the perceived stigma of seeking support from the counsellor at school. She commented that:

[students] do see [the counsellors] for mental health but I feel like not as much cause I feel like people are scared to be like oh I'm going to the counsellor to talk to them cause I feel like they might be scared they're going to be made fun of and I feel like they'd rather do that outside of school than do it in school, so I think that most people just go for academic [reasons].

Although her views have changed, Skylar previously perceived that “people don't talk to their counsellors ever because like that's just not something that you'd want to do or you wouldn't want your friends to know, that type of thing.”

4.8 Chapter Summary

This chapter summarized the broad and subthemes identified during the analysis of seven secondary school students' interviews regarding their perceptions and experiences of how mental health is addressed and supported at their school. Throughout these interviews, participants emphasized five important topics that represented their perceptions and experiences at school when it comes to mental health support, including *Conversations Around Mental Health*, *Mental Health Support*, *Limitations of Mental Health Support*, *Mental Health Literacy*, and *Stigma*. The following chapter will discuss the present findings in the context of extant literature. Strengths and limitations of the current study as well as directions for future research are also discussed.

Chapter 5: Discussion

5.1 Chapter Overview

The purpose of the present study was to gain a better understanding of secondary school students' perceptions and experiences of how mental health is addressed and supported at their school. Seven interviews with Grade 11 and 12 students were conducted and analyzed using Interpretative Phenomenological Analysis. Following the step-by-step process of data analysis outlined by the IPA methodology, five broad and 14 subthemes were identified that described how mental health is addressed and supported at school for these adolescents.

5.2 Discussion of Findings

5.2.1 Conversations Around Mental Health. Participants in this study discussed the lack of conversation around mental health at their school, mostly among students. Buchholz, Aylward, McKenzie, & Corrigan (2015) reported similar results among a sample of youth, parents, and school professionals, some of whom described the topic as being “actively avoided as a taboo topic” (p. 162), which was also raised in the present study. Among some of the other reasons cited for the lack of conversation, participants reported that students do not want to talk about mental health because they were uncomfortable and because mental health was described as a “touchy” subject. Furthermore, it was also assumed that teenagers do not want to share their feelings. Consistent with these findings, participants in a qualitative study exploring the understanding of mental health and illness among teens described how it was common for adolescents to cope by “bottling up” their negative feelings (Armstrong, Hill, & Secker, 2000). Adolescents may prefer to internalize their feelings or, since it is not talked about among others their age, have learned to internalize their feelings related to their mental health. A young person who participated in the formation of the *Evergreen: A Child and Youth Mental Health*

Framework for Canada explained how they do not encounter many other youth with the same mental disorder “because no one feels comfortable discussing their mental illness” (p. 20). Not talking about one’s own experience with mental illness can have detrimental effects on youth and can make young people feel alone when they are coping with mental health challenges (Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010).

Participants also highlighted stigma as a reason for not discussing mental health at school, which has support within the extant literature (Buchholz et al., 2015; Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010; Mulfinger et al., 2019; Teng, Crabb, Winefield, & Venning, 2017). This finding was not surprising as stigma was also described in the *Evergreen: A Child and Youth Mental Health Framework for Canada* (Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010) as a major causal factor towards a “culture of silence and shame in the school regarding mental health” (p. 20). Stigma associated with mental illness contributes to the lack of discussion and the discomfort among students in secondary schools. Consistent with this finding, adolescents between the ages of 13 and 18 years with mental illness collectively discussed in focus groups how the fear of discrimination prevented them from talking about it with anyone, specifically at school (Mulfinger et al., 2019). Similar to the participants in the present study, these young people reported that they would disclose their mental illness to close friends and family, and even teachers, including that trust was an important factor for disclosure.

Findings from previous research indicates that for some teenagers, mental health should not be openly discussed and negative perceptions are held towards those who did talk about their

mental illness. Sixteen teens (aged 12-18 years) who were interviewed in a qualitative study conducted by Teng and colleagues (2017) explained that adolescents who talk openly about their mental illness are doubted and perceived as “less credible or truthful” (p. 183) because of the belief that teenagers would be hesitant to explicitly talk about a “real” (p. 183) mental illness they were experiencing. One young person in the same study also believes that dealing with mental illness is a personal thing that should not be shared. As suggested by these findings, a major downfall of the prevalent lack of conversation around mental health is that teens are becoming skeptical of those who do discuss their mental illness.

In contrast to the lack of conversation, other teenagers shared how young people have become “desensitized” (p. 187) to the term mental illness (Teng et al., 2017). The term is overused as it seems that almost everyone experiences a mental illness in some form. The desensitization and overuse of the term mental illness seems to convey young people’s lack of education and understanding of mental health, as the term mental illness, as well as more specific mental health terms may be used improperly among young people. For example, as raised by participants in the present study, teens tend to use mental health terms such as depression lightly. In addition to the incorrect use of language around mental health, participants discussed how students will be sarcastic and will try to be funny, but at the same time really mean it, and will often make jokes or even use memes as a way to avoid talking about their mental health seriously. While jokes and memes can be considered insensitive, it may be a way for people, including adolescents, to cope with and open up about their mental health, especially for those who feel uncomfortable talking about it seriously (Guled, 2016). Memes can provide a sense of community for those coping with mental illness; however, they can also diminish the seriousness and significance of mental illness (Guled, 2016).

Although not talking about one's mental health may be the norm among adolescents for many understandable reasons including discrimination from others, there are disadvantages that stem from not disclosing mental health problems to others, including losing friends due to isolation and the weight of secrecy, which can also lead to worsening symptoms as a result of not seeking help (Mulfinger et al., 2019). Youth have also discussed the advantages of disclosing mental health challenges to others including reducing the negative impact of stigma, challenging stigma by normalizing the experience of mental health challenges, and opening the conversation about mental health (Buchholz et al., 2015). There are a number of important reasons as to why mental health is not currently discussed among adolescents at school, and for teenagers, disclosing mental health challenges presents many benefits and risks, but as does not disclosing these experiences. These findings highlight the important roles school can play in opening up the conversation about mental health by identifying and resolving these issues. While schools can emphasize the advantages of talking about mental health and illness, they can also diminish the fear of stigma among adolescents as the lack of conversation can lead to short- and long-term negative consequences for students including isolation, secrecy, loneliness, internalizing feelings, and can prevent students from seeking support.

5.2.2 Mental Health Support and its Limitations. A key finding from the present study is that most participants described feeling supported at school when it comes to their mental health. Most significantly, participants spoke the most in depth about how they believed there were people to talk to for support whether that was a friend, teacher, counsellor, or another staff member. Previous studies have also highlighted the importance of having someone to talk to at school when experiencing mental health challenges (Armstrong et al., 2000; Kidger, Donovan, Biddle, Campbell, & Gunnell, 2009). While participants reported that there were friends and

adults in the school to talk to, they also discussed some limitations regarding these sources of support including confidentiality among friends, teachers perceived as uncaring or uninvolved, and doubts about the effectiveness of counsellors' ability to help.

Several participants described their friends as people they can talk to at school as they are supportive, understanding, nonjudgmental, and trustworthy. Previous studies have found that friends are a preferred source of help for mental health problems among young people compared to professional help (Rickwood, Deane, & Wilson, 2007; Rickwood, Deane, Wilson, & Ciarrochi, 2005; Rickwood, Mazzer, & Telford, 2015), especially as adolescents get older. The presence of trusting and supportive relationships is important for adolescents' help-seeking behaviour (Rickwood et al., 2005). However, while friends can provide a valuable support system for adolescents, many of them do not have the knowledge and training to support their friends with serious mental health challenges (Leighton, 2010; Melas, Tartani, Forsner, Edhborg, & Forsell, 2013). Another concern conveyed by participants in the present study is that teens do not necessarily know how to respond or react when someone discloses mental health challenges and they do not know how to be supportive. This particular finding highlights the need for increased mental health literacy in schools. The implementation of programs such as *Mental Health First Aid Canada* (Mental Health Commission of Canada, 2019) can provide students with accurate knowledge about mental illnesses and appropriate training that increases their self-efficacy when they find themselves in situations where they need to support others experiencing mental health issues.

In addition to peers, participants reported that there were adults at school to talk to as well. The majority of participants discussed talking to teachers and counsellors. Young people's help-seeking behaviour may be influenced by their relationships with adults in social

environments in which adults are actively present and engaged with youth, such as school (Pisani et al., 2012; Rickwood et al., 2007). Participants described most teachers as people to talk to about mental health challenges and were portrayed as understanding and supportive. As it has been well-established that student-teacher relationships play a central role in students' emotional well-being (e.g., Murray-Harvey, 2010; Reddy, Rhodes, & Mulhall, 2003; Suldo et al., 2009), it is important that teachers present themselves as supportive figures in the school environment. While students may be comfortable approaching teachers about mental health challenges, much like students, teachers may not perceive they are well equipped to deal with these situations and believe they lack the necessary training, experience, and confidence to support students experiencing mental health challenges, a concern also expressed by a participant in the present study (Graham, Phelps, Maddison, & Fitzgerald, 2011; Phillippo & Kelly, 2014; Reinke, Stormont, Herman, Puri, & Goel, 2011). As students continue to depend on their teachers for mental health support, the need to increase teachers' capacity to support struggling students by providing teachers with adequate education and training is highlighted.

While the majority of teachers at participants' schools were perceived as caring and wanting to help students, some participants in the present study also commented on those teachers who seemed they didn't care about students' mental health and perceptions that some teachers do not believe it is their responsibility. While the majority of teachers in one study reported that mental health education was very or extremely important, some teachers also acknowledged the complexity of balancing their role as a teacher and supporting students' mental health (Graham et al., 2011). Some perceived the roles as distinct from one another and believed it was not their responsibility to provide mental health support to students, citing that they were not mental health workers and that funding should be allocated to mental health

departments or professional support (i.e., counsellors, nursing care) within the school (Graham et al., 2011). Teachers' responsibilities towards students are becoming increasingly complex, with many teachers unprepared and even unwilling to provide such support (Phillippo & Kelly, 2014). While teachers may not want to fulfil the role of a mental health professional, the reality is that they are often the first point of contact for some students or may be the first to observe apparent symptoms in students, and for that reason, should be knowledgeable about signs and symptoms of mental illness and how to support struggling students.

When seeking mental health support, it is well documented that young people turn to informal support such as friends and family, as well as teachers in this case, first, before seeking professional help (Rickwood et al., 2007). Therefore, friends and teachers can be essential in guiding adolescents towards seeking professional care. While it is significant that adolescents feel they have someone to talk to concerning their mental health at school, including friends and teachers, they should be encouraged to seek professional help, such as their counsellors or external sources of support.

Participants also discussed feeling supported by their counsellors and reported being comforted in knowing that they could always go and talk to them if necessary. Their availability and experience working with young people were positive perceptions shared by participants. In addition, while students largely see their counsellor for academic purposes, participants reported that students at school also take advantage of this source of mental health support and seek help from the counsellor when they need it. Findings from previous studies have also demonstrated a satisfaction among students towards their school counsellors. In a qualitative study exploring adolescents' perceptions of their school counsellor, high school students discussed how school counsellors prepared them for transition after high school and provided them with many valuable

life skills. In addition, school counsellors provided valuable emotional and social support, individual attention, and students commented on the positive personal qualities of their counsellor including: trusting, encouraging, caring, motivating, having a positive attitude, and creating a personal connection (Ohrt, Limberg, Bordonada, Griffith, & Sherrell, 2016). In contrast, a participant in the present study described unfavourable qualities of her counsellors that deterred students from seeking help including being unprofessional, unapproachable, and not warm hearted. Gulliver, Griffiths, and Christensen (2010) also found that a mental health professional's personal attributes, including race, credibility, ability to provide help, familiarity, negativity, and being judgmental can discourage young people from seeking professional support.

Based on their own or friends' experiences with the school counsellor, Skylar and James described the counsellors as not being helpful in terms of not providing the support students were seeking. The existing literature on young people's help-seeking behaviour has also found that young people hold negative perceptions of mental health professionals (Armstrong et al., 2000; Corry & Leavey, 2017; Gulliver et al., 2010; Rickwood et al., 2005; Rickwood et al., 2007). In addition to being perceived as unhelpful, Rickwood and colleagues (2005) found that students believed that professionals worsen problems. Much like the participant in the current study, negative experiences with professional help result in negative perceptions about their ability to provide useful support. Students also perceived that their problems were not being taken seriously by mental health professionals. Young people also have concerns regarding trust and confidentiality (Armstrong et al., 2000; Corry & Leavey, 2017; Gulliver et al., 2010) and are more comfortable talking to someone who they know is familiar, trustworthy, and keep personal information confidential (Armstrong et al., 2000; Buchholz et al., 2015). With school counsellors

in particular, students worry that counsellors might disclose their problems to teachers and commented on the public location of the counsellor's office as a barrier to seeking support (Rickwood et al., 2005). In contrast, a participant in the current study cited confidentiality as a reason to seek professional support rather than support from friends as friends are not bound by the same regulations. These findings highlight that while teens are seeking support from school counsellors, adolescents also hold negative perceptions toward their counsellors either from their own or others' experiences, which may ultimately discourage some teens from getting professional help.

Participants in the present study also discussed mental health support in the form of academic support for those struggling with mental health challenges. Participants described academic accommodations such as time extensions and extra time for assignments and tests were provided to students who asked for it. In addition, teachers allow students to leave the room and complete assignments and tests elsewhere such as the counselling office or academic support rooms where they can receive one-on-one academic support from support teachers.

While participants reported how accommodating and flexible teachers are, some participants still reported being particularly stressed this school year, especially students in Grade 12 who felt the pressures of their senior year. Participants discussed pressure and expectations they felt to do well at school. Workload, provincial exams, upcoming deadlines and applications were cited as sources of stress among participants. One participant found that stress associated with coursework could be difficult to manage and felt strongly that teachers should address this source of stress in order to alleviate its effects on students' mental health. Stress is apparently common among young people in British Columbia as 86% of students who participated in the most recent BC Adolescent Mental Health Survey (Smith et al., 2019)

reported feeling stressed in the past month. The importance of stress management is underscored by the well-established negative impact of stress on students' mental health (Shankar & Park, 2016; Suldo, Shaunessy, & Hardesty, 2008).

Participants discussed informal support offered by teachers to those struggling with mental health issues. However, in British Columbia, students diagnosed with a mental illness may receive documented special education support and services under one of two categories, depending on the severity: Category H, Student Requiring Intensive Behaviour Intervention and Students with Serious Mental Illness and Category R, Students Requiring Moderate Behaviour Intervention and Students with Mental Illness. Students who meet the criteria for either category have an Individual Education Plan (IEP) developed in which their strengths and needs are identified, and measurable goals and ways to reach those goals are stated. Students who have an IEP under these Special Education categories may receive specialized academic support. In addition, students may be placed in alternative education programs that are better suited to meet their mental health needs by offering a self-paced approach with fewer classes, flexible schedules, and individualized learning.

Finally, there were a few participants who discussed support in the context of the school climate, describing a sense of community and strong values within their school; however, other participants felt differently about their school and commented on how mental health was not perceived as the number one priority. Further, due to the lack of discussion around mental health, it was unclear whether schools prioritized mental health. As a secondary aim of the present study was to gain a better understanding of the understudied concept of school mental health climate, it warrants a brief discussion. Very few participants discussed school climate specifically. However, other possible indications of students' perceptions of their school's positive or

negative climate, particularly towards mental health included: an overall sense of support, stigmatizing attitudes and behaviour towards mental illness, lack of conversation about mental health, and a need for improved mental health literacy. It is significant that students perceived different forms of mental health support at school and described *individuals* within the school environment as supportive and caring; however, students rarely mentioned whole-school efforts towards addressing mental health that reached the entire student body. While schools were described differently to a certain extent, overall, students did not convey very positive or supportive mental health climates within their schools.

5.2.4 Mental Health Literacy. Mental health literacy has been identified as a key component to increasing knowledge and understanding of mental illnesses and reducing stigma associated with it (Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010). The majority of participants in the present study discussed how they have not had a formal lesson about mental health at school. Although they have had student-led presentations or guest speakers, or discussions in class about mental health, many participants conveyed that this was not sufficient education about mental health. British Columbia introduced a newly redesigned education curriculum for Kindergarten to Grade 9 that took effect in 2016-2017, Grade 10 that took effect in 2018-2019, and the new curriculum for Grades 11 and 12 will take effect in 2019-2020. As these participants are in Grades 11 and 12, it is important to note they have not been exposed to the new curriculum in earlier grades or at all. The new BC Physical and Health Education curriculum for Grades 11 and 12, which is a voluntary course in these grades, continues to place a strong emphasis on physical rather than mental health. While the stated rationale and goals of this curriculum cover a range of topics related to mental health including nutrition, healthy relationship skills, mental well-being, and

substance use, as well as the development of knowledge and skills that promote mental and emotional well-being, the learning standards surrounding mental well-being are unclear. The specific curricular competencies and content seem to only refer to mental well-being in relation to physical health. Students are only expected to know the role of nutrition and its impact on health and performance, potential short- and long-term consequences of health decisions, and benefits of physical activities for health and mental well-being. Fortunately, there is a stronger emphasis on mental well-being in earlier secondary school grades in which the new curriculum focuses on the promotion of mental well-being; managing problems related to mental well-being; and discussing signs and symptoms of anxiety, depression, and stress; and while it is logical that students will learn about mental well-being prior to Grade 11 and 12, it is still important to convey this information in these later grades as it may be the most stressful time for these students. Furthermore, the new curriculum failed to integrate any information about mental illnesses specifically (other than depression and anxiety), and relatedly, does not discuss stigma or where and how to seek mental health support. As Grade 11 and 12 students are at a vulnerable age in which first symptoms of mental illness often manifest (Kessler et al., 2005), it is critical that students receive a comprehensive education that includes a curriculum about mental illness and how and where to seek support at this age, if not earlier.

Mental health literacy is important as it can contribute to the prevention and early recognition and identification of symptoms of mental illness, and can improve help seeking behaviour. In addition, mental health literacy aims to reduce stigma associated with mental illness. The majority of participants in the current study described students as not having a good understanding of mental health, and therefore, lack mental health literacy, which may be attributed in part to the lack of formal education. Consistent with these findings, adolescent

participants in Mulfinger and colleagues' (2019) research acknowledged a widespread lack of knowledge and understanding of mental illness and consistent with the present findings, young people cited the lack of personal experience with mental illness as a factor. Reasonably, young people who have experienced a mental illness are perceived to have a better understanding of it.

A lack of understanding regarding mental health and mental illness among young people has also been found in the extant literature (Chandra & Minkovitz, 2007; Coles et al., 2016; Leighton, 2010; Teng et al., 2017). As part of their research exploring adolescents' conceptualization of mental health and how young people interpret, perceive, and speak about mental health related attitudes and behaviours, Teng and colleagues (2017) asked adolescents to define mental health, mental illness, and well-being. The authors found that adolescents were unsure of how to specifically define these terms. Similarly, participants in the current study were also hesitant and uncertain about their response when defining mental health, many seemed to have and even expressed difficulty explaining their definition. Teng and colleagues also found however, that adolescents conveyed a conceptual understanding of these terms, acknowledged the complexity and severity of mental illness, and were able to express "tolerant, accepting, and sympathetic" (p. 181) attitudes towards people with mental illness. Interestingly, however, adolescents also portrayed skepticism and doubt about others' mental health problems when discussing mental health and illness in the context of their own lives. Therefore, while young people may communicate some level of understanding of mental health and illness and may portray sympathetic attitudes on an abstract level, they have more trouble applying this understanding of mental illness in real life towards people they know, including their peers.

Participants in the present study also discussed that students have a misunderstanding concerning the severity and treatment of mental illness. For example, one participant mentioned

that students have never been taught the difference between sadness and depression or stress and anxiety. Further, this participant also commented on how while students talk about stress, it is rare that other students would recommend seeking help. Consistent with this finding, Leighton (2010) also found a significant confusion about the severity between mental health problems and diagnosable mental illnesses among adolescents between the ages of 12 and 15 years. If students do not recognize the severity of mental illness, or any of the symptoms of a mental illness for that matter, they will likely not be able to seek the appropriate treatment. Melas and colleagues (2013) presented a large sample of Swedish adolescents with two different vignettes, one portraying an individual with depression and the other with schizophrenia. Only 42.7% and 34.7% of adolescents identified depression and schizophrenia, respectively. Furthermore, even fewer respondents recommended professional help for each mental illness. Other findings in the literature have indicated young people's inability to recognize symptoms of mental illness and suggest appropriate support (Burns & Rapee, 2006; Coles et al., 2016; Kelly, Jorm, & Rodgers, 2006; Melas et al., 2013). Together, the current findings and those from previous studies demonstrate that adolescents may not have an in-depth understanding of how signs and symptoms of mental illness present in different contexts and the seriousness of its impact on an individual's functioning. It is important for teenagers to be able to accurately recognize and identify symptoms within themselves and others in order to recommend and seek appropriate support.

There is clear evidence to suggest that mental health literacy needs to be addressed among adolescents and schools are an ideal environment in which to do so. Increasing mental health literacy should be a priority as demonstrated by the current findings and those in the existing literature. Not only is it important to increase understanding of mental health and illness

among young people, but raising students' mental health literacy is ultimately important for recognizing symptoms and subsequently seeking appropriate professional support. Finally, improving secondary school students' mental health literacy may result in the reduction of stigma associated with mental illness.

5.2.5 Stigma. Findings from the present study demonstrate the continued presence of stigma among students in Lower Mainland BC secondary schools, which was also a prominent point of discussion among adolescents who participated in the development of *Evergreen: A Child and Youth Mental Health Framework for Canada* (Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010). These teens emphasized the particular stigma associated with mental illness that was experienced at school, citing teasing, bullying, and jokes as common occurrences (Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010). Some participants in the current study also noted that students may be bullied and teased for disclosing their own mental health challenges, and this finding supports existing research that young people are commonly stigmatized and excluded among peers (Buchholz et al., 2015; Elkington et al., 2012; Mulfinger et al., 2019; O'Driscoll, Heary, Hennessy, & McKeague, 2015). In one qualitative study, experiences of being bullied, ignored, and excluded by peers at school as a result of their mental health challenges were also shared by teenage participants who experience a mental illness (Mulfinger et al., 2019). Although participants in the present study did not experience or perceive discrimination from teachers, these particular adolescents also described special treatment from their teachers which took the form of lower expectations, less pressure, over-protection, and particular attention (Mulfinger et al., 2019). Discrimination from peers and school staff was also discussed among a third of adolescent students in a qualitative study

investigating the stigma experiences among adolescents with mental disorders (Moses, 2010). Students in this study described how they were underestimated, unfairly blamed, avoided, excluded, disliked, or feared by staff members. In relation to their peers, adolescents experienced a shift in or loss of friendships, fear and worry during interactions with friends, and at its worst, social isolation, rejection, and harassment.

O'Driscoll and colleagues' (2015) research involving group interviews with adolescents explores reasons why teenagers might exclude others with such conditions as Attention-Deficit Hyperactivity Disorder (ADHD) or depression. Reasons for exclusion included concerns with reciprocity (e.g., that a friend with ADHD or depression would be unable to participate in the friendship and provide emotional and social support) and risks associated with maintaining a relationship with that person. These risks included the idea that the condition is contagious (i.e., others in the peer group would also present with symptoms of depression such as low mood), that one's social reputation would be tarnished, as well as prejudicial reactions of being associated with the individual such as embarrassment, anger, and frustration.

Unfortunately, stigmatizing attitudes and behaviour directed towards those with mental illness continue to occur in the school environment, by both students and staff members. Bullying, teasing, ignoring, and excluding students with mental health issues are likely a contributing factor to why students do not want to disclose their mental health problems. The finding in the current study that bullying and teasing towards students with mental illness continue to occur supports the existing literature, as well as other students' experiences in British Columbia, and together, highlights the need for schools to address the negative treatment of students with mental illness, which may stem from limited mental health literacy.

In addition to bullying and teasing, a prominent theme among participants was the fear of others' negative perceptions of them if they were to talk about their mental health. For example, participants commented on the fear of others changing their perceptions or thinking less of them, as perceiving them as weak, as trying to get attention, and the fear of losing friends and that others might distance themselves. Participants held an underlying perception that they or another student would be perceived negatively if they were to talk about their mental health experience with peers. Consistent with these findings, adolescents in another qualitative study conveyed similar perceptions about their classmates (Teng et al., 2017). More specifically, teens communicated uncertainty regarding the authenticity of their peers' mental health challenges, assuming they were "pretending or exaggerating symptoms" (p. 182). In addition, they noted how adolescents may be reporting mental health issues in order to seek attention or to gain sympathy from others. Stigmatization and rejection from peers during adolescence can have a detrimental effect on teenagers as peer relationships play an integral role in shaping an adolescent's identity, sense of belonging and social acceptance, and in promoting self-esteem and psychological adjustment (Berndt, 2002; Miller-Slough & Dunsmore, 2016). As a result, peer stigmatization can have a significant impact on an adolescent's psychological development, as well as on their mental health and can prevent adolescents from seeking support (Chandra & Minkovitz, 2006), which may result in long-term consequences (Kaushik, Kostaki, & Kyriakopoulos, 2016).

Finally, an important theme that emerged was participants' perception of the impact stigma has towards seeking support, a barrier to help-seeking commonly found in previous studies (Ali et al., 2017; Gulliver et al., 2010; Kidger et al., 2009; Rickwood et al., 2005). Participants described a general stigma towards seeking support, particularly from the counsellor

and how it was considered “uncool.” Participants explained how students would likely not want anybody else to know they were seeking support from their counsellor. In a systematic review of the perceived barriers and facilitators to mental health help-seeking in young people, stigma and embarrassment about seeking support were identified as the most significant barrier to seeking support for mental health challenges (Gulliver et al., 2010). Stigma towards seeking support has also been cited as a barrier for those experiencing suicidality (Han, Batterham, Callear, & Randall, 2018). Stigma towards seeking support is so powerful a deterrent that even those in crises may not seek support as a result. These findings stress the tremendous need to improve students’ mental health literacy in order to reduce stigmatizing beliefs, attitudes, and behaviours associated with mental health and illness.

5.3 Limitations and Strengths of the Present Study

5.3.1 Limitations. There are several limitations of the current study. One limitation is the sampling methods used to recruit participants. While not all participants were recruited in this way, participants were originally recruited through youth programs at the YWCA and were invited to contact the researcher if interested in participating in the study. It is possible that adolescents involved in these programs and who chose to contact the researcher are also more involved in their school community and have more of an invested interest in this topic compared to adolescents who were not involved in these programs. Compared to students who did not choose to participate, students involved in the study through these recruitment methods may have different perceptions and experiences regarding how their school addresses and supports student mental health.

Relatedly, a second limitation relates to only having recruited participants from schools located in the Lower Mainland of British Columbia where the majority of participants attended

relatively large secondary schools. While recruiting in this area was a result of convenience and travelling restrictions, it is possible and likely that students in Northern parts of BC or more rural areas with smaller secondary schools have different perceptions and experiences of how student mental health is addressed and supported at their school.

A third limitation concerns the age of participants. While the decision to only include students in Grade 11 and 12 was based on the assumption that older students, who have presumably attended their secondary school longer, and thus have more experience there, may have a better idea of how mental health is addressed and supported at their school, students in earlier grades may have contributed valuable insights into the climate of mental health, particularly with the new curriculum. Although they have spent less time at their school, the ways in which a school addresses mental health should be evident to all students, and students should feel supported regardless of their time spent there.

A fourth limitation relates to the research quality of this study, and the rigour employed. While the researcher made efforts to contact participants via email and offer each of them an opportunity to review the interview transcript and the analysis of their transcript for accuracy, only one participant responded to the researcher. The additional rigour of member checking with each and every participant would have contributed to the accuracy of the researchers' interpretations of participants' perceptions and experiences.

5.3.2 Strengths. Despite these limitations, this study also had several strengths. First, this study included both male and female secondary school students attending different schools across the Lower Mainland. It was important to involve both males and females as they contributed unique perspectives regarding mental health support at their school. In addition, participants attended different secondary schools, which also provides varied perspectives and

experiences of how mental health is addressed and supported across secondary schools. While the aim was not to necessarily compare schools, having students attend different schools highlights the common and different experiences and perceptions among students between schools.

A second strength of this study was the use of Interpretative Phenomenological Analysis (IPA) methodology. IPA aims to elicit individuals' detailed experiences and the meaning behind these experiences. It is concerned with the exploration of a phenomenon through individuals' subjective rather than objective perceptions and experiences, and thus not only seeks to find the meaning, but also the interpretations of one's experience. Through the employment of IPA in the current study, the researcher was able to explore and interpret secondary school students' perceptions and experiences of how their school addresses and supports mental health. The use of IPA allows for moving beyond a description of students' perceptions and experiences and while the secondary school student interprets their own experiences, the researcher also plays a key role by formulating their own interpretations of students' experiences. Through one-on-one semi-structured interviews, the researcher was able to obtain these rich accounts of students' perceptions and experiences. Although questions were prepared in advance to guide the interview, IPA allows for the participant to take control of the interview and discuss what they find meaningful. IPA was a well-suited methodology for the purpose of this research.

Third and most significant is that this study provided secondary school students a voice in the mental health conversation. As key stakeholders, allowing adolescents to share their thoughts, perceptions, and experiences in a matter that directly involves them is essential. While there is plenty of research involving adolescents, a unique contribution of this study is its qualitative approach that went beyond asking students about their experiences with specific

interventions or mental health services at school, but broadened the scope of the conversation by allowing adolescents to openly discuss the different ways in which their schools were addressing and supporting student mental health, both formally and informally, among students, staff members, and administration.

5.4 Implication for School Psychologists

The findings and themes that emerged through conversations with secondary school students concerning how mental health is addressed and supported in the school environment has important implications for school psychologists. While participants discussed positive aspects of the mental health support offered at school including people to talk to, academic support and accommodation for students struggling with mental health challenges, and a positive and supportive mental health climate, students also addressed limitations to this support. Students hold some negative perceptions about receiving support from teachers and counsellors including the ineffectiveness of seeking help from the school counsellor, and they also discussed the infrequent and insufficient promotion of mental health services at their school. The findings concerning what schools are doing well and how schools can improve in terms of supporting students provides valuable information and communicates what students want and what else they may be looking for at school for support. School psychologists, administration, and educators can possibly apply this information towards creating a supportive environment in which students feel comfortable seeking support at school.

Another important implication for school psychologists, and educators in general, is the need to open up the conversation about mental health. Students do not feel comfortable talking about mental health and illness; however, avoiding the topic only perpetuates misconceptions, misunderstandings, and more importantly stigma. The findings in this study highlight the critical

need for improved mental health literacy among adolescents to increase knowledge and understanding and to reduce stigma associated with mental illness. In their role, school psychologists can work collaboratively with administrators and school staff to implement class- or school-wide programs and initiatives that raise awareness and education about mental health. Even beyond students, school psychologists can also educate teachers and other school staff about mental health.

5.5 Participant Recommendations for Changes in Schools

It is widely agreed that adolescents should have a voice when it comes to developing and implementing mental health initiatives. During interviews, participants were asked whether they would like to see any changes concerning how mental health is addressed and supported at their school. For most participants, the biggest change they would like to see at school is more of a formal education and curriculum around mental health. Participants reported they would like a mandatory course that every student needs to take regularly, as in once a year. Students would not only like to learn about mental illnesses, but how to cope with a mental illness and where to seek support for themselves and how to support others. Jennifer wanted mental health made into a daily conversation and Liam cited he wanted to see increased awareness of mental health among students, possibly through some initiative. In addition, Liam reported how he would like teachers to be more direct with students when talking about mental health and to be more explicit to students in letting students know teachers are there for them.

Maria discussed how she would like her school to have more teacher-run clubs surrounding mental health. She went on to describe an idea for a club that was talked about it in her Psychology class:

somebody could like write down their problem or something and it could be anonymous and we could just...talk about it in the club we could bring that up and then talk about how they could deal with it... and let people know about the resources for it.

Other changes related to support provided at school included “better counsellors” and increasing professional mental health support at school and making it easier for students to find professional support.

5.6 Considerations for Future Research

As mental health literacy was identified as a significant need, particularly to reduce stigma among students, piloting or implementing mental health literacy programs, such as the Mental Health and High School Curriculum (Kutcher & Wei, 2017) or Mental Health First Aid Canada (Mental Health Commission of Canada, 2019) among students in Lower Mainland secondary schools and evaluating their effectiveness, may be an effective way to provide students with more accurate information about mental health and illness.

Another direction for future research may be to extend the current study to different populations of students, including those outside of the Lower Mainland or students of different cultural backgrounds. Students in the current study did not identify whether they experienced a mental illness. Qualitative research involving the perceptions and experiences of students with a diagnosed mental illness may provide a unique perspective regarding school-based mental health support. In addition to student perspectives and experiences, future research may extend, and even corroborate the current findings with those of staff members such as teachers and counsellors, as well as administration including principals and vice-principals to gain a more complete, well-rounded picture of how schools are addressing and supporting student mental health.

Finally, findings from the present study indicate the need for more exploratory research regarding school mental health climate. There is an abundance of literature on school climate, as well as the relationship between school climate and student mental health; however, less is known about school mental health climate. One possible direction for this research is the development of a school mental health climate measure that schools can use to accurately and reliably gather useful information to be used towards creating caring and supportive school environments.

5.7 Concluding Remarks

The purpose of this study was to gain a better understanding of secondary school students' perceptions and experiences of how mental health is addressed and supported at school. Through interviews with seven secondary school students, several significant themes emerged. Participants discussed the mental health support provided at their school and its perceived limitations, conversations around mental health at school or lack thereof, and how and with whom mental health issues are discussed. Participants also conveyed the need for mental health literacy and the presence of stigma associated with mental illness among secondary school students. A secondary aim of this study was to develop a better understanding of the concept of school mental health climate. While it was conveyed by participants that schools were supportive on an individual student level, they rarely discussed a broader scope of support at the school-wide level. More research is warranted, however, to further explore school mental health climate.

This study contributed to the existing school-based mental health literature and shed light on what schools are doing well in addressing and supporting student mental health, as well as what schools may need to improve upon from the perspective of students. Findings from this study can be considered among school personnel when identifying ways in which their school

addresses and supports student mental health, and in creating a supportive and caring school mental health climate.

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Appendix A

Student Background Questionnaire

1. What gender do you identify as?
2. How old are you?
3. What grade are you in?
4. How many years have you attended your secondary school?
5. In what part of Vancouver is your secondary school located?

Appendix B

School Mental Health Climate Study Interview Guide

1. Tell me about your school.
2. Tell me about your experience at school.
 - a. Tell me how you feel about (your) school.
 - b. How is this school year going?
3. When you hear the term mental health, what does that mean to you? How would you describe it? (Chandra & Minkovitz, 2007)
4. How important is it to you that your school addresses and supports student mental health?
5. Describe how mental health is discussed at school.
 - a. In the class setting? Do you formally learn about mental health in class as part of the curriculum?
 - b. Informally among students?
6. Do you feel that student mental health is a priority at your school? Why or why not?
7. How do you feel supported at school when it comes to your mental health?
8. Tell me about the mental health services at your school.
 - a. What do you know about these services?
 - b. Where did you learn about these services?
 - c. Who provides these services?
 - d. Are you aware as to whether students use these services or would use these services at school?
 - e. Does your school have any initiatives or programs that target student mental health? If so, what are they?

9. What kind of academic accommodations do students who are experiencing mental health challenges receive?
10. Who/where would a student at your school turn to/ask for help or guidance if they had a difficulty in dealing with a mental health problem (at school)? (adapted from Chandra & Minkovitz, 2007)
 - a. Why that person or place?
 - b. (If student does not feel that there is a person or place to turn to), why not?
11. If a teen like yourself at your school were to seek mental health services, what do you think friends would say? Describe their reaction. (Chandra & Minkovitz, 2007)
 - a. Describe the attitudes of those at your school around mental health.
 - i. Students
 - ii. Teachers
 - iii. Other school staff
 - iv. Principal
 - b. How comfortable do you think teens at your school would feel about openly discussing mental health challenges with:
 - i. Peers
 - ii. Teachers
 - iii. Other school staff
 - c. What do you think other students' understanding is of mental health?
12. What changes, if any, would you like to see in how your school addresses and supports student mental health?

13. Is there anything else you would like me to know about how your school addresses and supports mental health?

Appendix C

Secondary School Students' Perceptions and Experiences of School Mental Health Climate

Letter for Initial Contact for Students

Principal Investigator: Laurie Ford, Ph.D.
Department of Educational & Counselling Psychology & Special
Education
Phone: XXX-XXX-XXXX
Email: xxxxxxxx@xxxx

Student Co-Investigator: Alexandra Ruddy
Department of Educational & Counselling Psychology & Special
Education
Phone: XXX-XXX-XXXX
Email: xxxxx@xxxxxxxx

Dear Student,

We are writing to invite you to be part of a research study about secondary school age students' perceptions and experiences of how their school addresses and supports student mental health. Your participation is very important to help us better understand to what extent secondary schools are creating safe and positive environments that promote and foster the mental health of their students. This letter is intended to introduce you to the study and to describe what it would mean to take part.

What is the purpose of the study?

The purpose of the study is to explore and understand secondary school age students' perceptions and experiences of how their school addresses and supports student mental health. Schools have become increasingly important settings in which to address student mental health; however, little is known about students' perceptions and experiences of their school's current climate towards mental health and the extent to which schools provide caring environments that are supportive of students' mental health. A school climate towards mental health may have significant implications on students' mental health, including their help-seeking behaviour. Therefore, it is important to determine how schools are addressing and supporting students' mental health from the student perspective. We hope the results of this study will help us better understand how schools are currently addressing and supporting the mental health of students and in which ways they can create more supportive environments towards students' mental health.

What is involved if you take part in the study?

The research study involves taking part in a one-to-one interview with the researcher. The interview will take approximately 1 hour and will be conducted at a time and place you and the researcher agree on. There may be a need for a brief follow-up interview to expand on or clarify information from the first interview. With your permission, the interviews will be audio-recorded and transcribed. Your identity will remain confidential, but parts of your interview and/or direct quotes from the interviews may be used in Ms. Ruddy's thesis without sharing any identifying information. If you would like, a summary of the results will be sent to you once the study is completed.

Taking part in this study is voluntary and you may refuse to take part or withdraw at any time. Students who participate in this study will be given a \$15 Amazon or Starbucks gift card. More details will be given when you provide your informed consent prior to the interview. If you would like to learn more about the study or would like to take part, please contact Alexandra Ruddy by email or phone number listed at the beginning of this letter.

Sincerely,



Laurie Ford, Ph.D.
Associate Professor
Principal Investigator
University of British Columbia



Alexandra Ruddy, M.Sc.
M.A. Student in School Psychology
Co-Investigator
University of British Columbia

Appendix D

Secondary School Students' Perceptions and Experiences of School Mental Health Climate Letter for Parents

Principal Investigator: Laurie Ford, Ph.D.
Department of Educational & Counselling Psychology & Special
Education
Phone: xxx-xxx-xxxx
Email: xxxxxx@xxxxxx

Student Co-Investigator: Alexandra Ruddy
Department of Educational & Counselling Psychology & Special
Education
Phone: xxx-xxx-xxxx
Email: xxxxxx@xxxxxx

Dear Parent/Guardian/Caretaker,

We are writing to invite your child to be part of a research study about secondary school age students' perceptions and experiences of how their school addresses and supports student mental health. Your child's participation is very important to help us better understand to what extent secondary schools are creating safe and positive environments that promote and foster the mental health of their students. This letter is intended to introduce you to the study and to describe what it would mean for your child to take part.

What is the purpose of the study?

The purpose of the study is to explore and understand secondary school age students' perceptions and experiences of how their school addresses and supports student mental health. Schools have become increasingly important settings in which to address student mental health; however, little is known about students' perceptions and experiences of their school's current climate towards mental health and the extent to which schools provide caring environments that are supportive of students' mental health. A school climate towards mental health may have significant implications on students' mental health, including their help-seeking behaviour. Therefore, it is important to determine how schools are addressing and supporting students' mental health from the student perspective. We hope the results of this study will help us better understand how schools are currently addressing and supporting the mental health of students and in which ways they can create more supportive environments towards students' mental health.

What is involved if your child takes part in the study?

The research study involves your child taking part in a one-to-one interview with the researcher. The interview will take approximately 1 hour and will be conducted at a time and place your child and the researcher agree on. There may be a need for a brief follow-up interview to expand on or clarify information from the first interview. With your child's permission, the interviews will be audio-recorded and transcribed. Your child's identity will remain confidential, but parts of your child's interview and/or direct quotes from the interviews may be used in Ms. Ruddy's thesis without sharing any identifying information. If you would like, a summary of the results will be sent to your child once the study is completed.

Taking part in this study is voluntary and your child may refuse to take part or withdraw at any time. Students who participate in this study will be given a \$15 Amazon or Starbucks gift card. More details will be given when your child provides informed consent prior to the interview. If you would like to learn more about the study or if your child would like to take part, please contact Alexandra Ruddy by email or phone number listed at the beginning of this letter.

Sincerely,



Laurie Ford, Ph.D.
Associate Professor
Principal Investigator
University of British Columbia



Alexandra Ruddy, M.Sc.
M.A. Student in School Psychology
Co-Investigator
University of British Columbia

Appendix E

Secondary School Students' Perceptions and Experiences of School Mental Health Climate Student Consent

Principal Investigator: Laurie Ford, Ph.D.
Department of Educational & Counselling Psychology & Special
Education
Phone: xxx-xxx-xxxx
Email: xxxxx@xxxxx

Student Co-Investigator: Alexandra Ruddy
Department of Educational & Counselling Psychology & Special
Education
Phone: xxx-xxx-xxxx
Email: xxxxx@xxxxxx

Dear Student,

Please read the following carefully. This is a request for you to take part in the study we are doing with secondary school age students across Vancouver. If, after reading this letter, you would like to take part in this research study, please sign one copy and keep the other copy for your records.

Purpose:

The purpose of the study is to explore and understand secondary school age students' perceptions and experiences of how their school addresses and supports student mental health. Talking to students about their daily experiences at school is the first step in determining the extent of how schools are creating safe and positive environments that promote and foster the mental health of their students. In this study, we are asking: What are secondary school students' perceptions and experiences of how mental health is addressed and supported at school?

Research Study Participation:

1. Participating in the study means that you will take part in a one-to-one interview about your perceptions and experiences regarding how student mental health is addressed and supported at your school (e.g., formal and informal mental health support, attitudes surrounding mental health).

2. The interview will take place at a location in the community that we mutually agree upon. A quiet private place like a room at the YWCA or a community centre. A place that works well for you.
3. The first interview will take about 1 hour. We might ask if you would like to take part in a follow up interview. If so, we will decide that at the end of the first interview and the 2nd interview will not last more than an hour.
4. The interview will be audio-recorded and notes will also be taken. After the interview, the researcher will transcribe the audio recording.
5. If you agree to take part in the study, we will ask you to answer a background questionnaire before the interview.
6. After the interview is transcribed the researchers will contact you to give you an opportunity to review the transcript for accuracy, clarification, and need for any changes. This may take up to 30 minutes and will be done in person or over the phone, your choice. If it is done over the phone, the transcript will be emailed to you in advance via password protected file so you have it in front of you review while we talk with you.
7. We are not aware of any risks if you take part in the study. If, however, you feel uncomfortable, you may choose to stop at any time. If any of the questions in the interview make you feel uncomfortable, you may choose not to respond to those questions. You are welcome to contact us with any questions.
8. Taking part in the study means that you agree to the information being used for the purpose of reporting the results of the research in presentations or publications without the inclusion of any information that would identify you or your child.
9. The information you give us is strictly confidential. **No individual information will be reported and no participant or their school will be identified by name** in any reports about the study. The information collected will be stored in a locked filing cabinet and any electronic files will be password protected and encrypted at the university office of the researchers, Room 2410 Scarfe, UBC. The only people who will have access to the information you give us are the researchers working on this study.
10. To thank you for your time, each person who takes part in the study will receive a \$15 gift card to Amazon or Starbucks.
11. If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Consent to Participate in this Research Project

By signing below, it means you consent to take part in this research study. When you sign below is also means that you have received a copy of this consent form for your own records.

Your Name (Please Print)

Your Signature Date

Additional Questions

If you would like a summary of our results upon completion of the study, please indicate below and provide your email and mailing address so we can send you a copy.

Yes I would like a summary of the research when your work is completed.

Email: _____ OR

Mailing Address (include postal code):

Appendix F

Secondary School Students' Perceptions and Experiences of School Mental Health Climate Parent Consent

Principal Investigator: Laurie Ford, Ph.D.
Department of Educational & Counselling Psychology & Special
Education
Phone: xxx-xxx-xxxx
Email: xxxxx@xxxxx

Student Co-Investigator: Alexandra Ruddy
Department of Educational & Counselling Psychology & Special
Education
Phone: xxx-xxx-xxxx
Email: xxxx@xxxxxx

Dear Parent/Guardian/Caretaker,

Please read the following carefully. This is a request for your child to take part in the study we are doing with secondary school age students across Vancouver. If, after reading this letter, you and your child would like to take part in this research study, please sign one copy and keep the other copy for your records.

Purpose:

The purpose of the study is to explore and understand secondary school age students' perceptions and experiences of how their school addresses and supports student mental health. Talking to students about their daily experiences at school is the first step in determining the extent of how schools are creating safe and positive environments that promote and foster the mental health of their students. In this study, we are asking: What are secondary school students' perceptions and experiences of how mental health is addressed and supported at school?

Research Study Participation:

1. Participating in the study means that your child will take part in a one-to-one interview about your child's perceptions and experiences regarding how student mental health is addressed and supported at their school (e.g., formal and informal mental health support, attitudes surrounding mental health).

2. The interview will take place at a location in the community that your child and the researcher mutually agree upon. A quiet private place like a room at the YWCA or a community centre. A place that works well for you and your child.
3. The first interview will take about 1 hour. We might ask if your child would like to take part in a follow up interview. If so, we will decide that at the end of the first interview and the 2nd interview will not last more than an hour.
4. The interview will be audio-recorded and notes will also be taken. After the interview, the researcher will transcribe the audio recording.
5. If you agree to your child take part in the study, we will ask your child to answer a background questionnaire before the interview.
6. After the interview is transcribed the researchers will contact you and your child to give your child an opportunity to review the transcript for accuracy, clarification, and need for any changes. This may take up to 30 minutes and will be done in person or over the phone, your child's choice. If it is done over the phone, the transcript will be emailed to your child in advance via password protected file so your child has it in front of them to review while we talk with them.
7. We are not aware of any risks if your child takes part in the study. If, however, your child feels uncomfortable, or you no longer want to provide consent, you or your child may choose to stop at any time. If any of the questions in the interview make your child feel uncomfortable, your child may choose not to respond to those questions. You or your child are welcome to contact us with any questions.
8. Taking part in the study means that you and your child agree to the information being used for the purpose of reporting the results of the research in presentations or publications without the inclusion of any information that would identify you or your child.
9. The information your child gives us is strictly confidential. **No individual information will be reported and no participant or their school will be identified by name** in any reports about the study. The information collected will be stored in a locked filing cabinet and any electronic files will be password protected and encrypted at the university office of the researchers, Room 2410 Scarfe, UBC. The only people who will have access to the information your child gives us are the researchers working on this study.
10. To thank you and your child for their time, each person who takes part in the study will receive a \$15 gift card to Amazon or Starbucks.

11. If you have any concerns or complaints about you or your child's rights as a research participant and/or you and your child's experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Consent to Participate in this Research Project

By signing below, it means you consent to your child taking part in this research study. When you sign below is also means that you have received a copy of this consent form for your own records.

Your Name (Please Print)

Your Signature

Date

Additional Questions

If you would like a summary of our results upon completion of the study, please indicate below and provide your email and mailing address so we can send you a copy.

_____ Yes I would like a summary of the research when your work is completed.

Email: _____ OR

Mailing Address (include postal code):

Appendix G

Mental Health Resources in the Lower Mainland

Kelty Mental Health Resource Centre

Local Phone: 604-875-2084

Toll Free: 1-800-665-1822

Email: keltycentre@cw.bc.ca

Visit <http://keltymentalhealth.ca/> for mental health resources

Children and Youth Mental Health Services

Vancouver Coastal Health

604-675-3895

Visit <http://www.vch.ca/your-care/mental-health-substance-use/children-youth-mental-health-services> for a list of youth mental health services.

Crisis Centre

Greater Vancouver: 604-872-3311

Toll Free: 1-866-661-3311

1-800-SUICIDE: 1-800-784-2433

Crisis Chat: <http://crisiscentrechat.ca/>

<https://crisiscentre.bc.ca/get-help/>

Kids Help Phone: 1-800-668-6868

<https://kidshelpphone.ca/>

Youth in BC Chat: <http://youthinbc.com/>

BC Mental Health Support Line: 310-6789 (do not add area code)

Free and available 24 hours a day.

Visit these websites for more information and resources about mental health and where to find help.

Here to Help: <http://www.heretohelp.bc.ca/>

BC Mental Health & Substance Use Services: <http://www.bcmhsus.ca/>

Mental Health and Substance Use Supports in BC: <https://www2.gov.bc.ca/gov/content/mental-health-support-in-bc/children-and-youth>

Health Link BC: <https://www.healthlinkbc.ca/mental-health>

Mind Health BC: <http://www.mindhealthbc.ca/>

Appendix H

Participant Recruitment Flyer

Are you a student in Grade 11 or 12?
Are you interested in talking about student
mental health at your school?



We want to talk to high school students about how their
school addresses and supports student mental health.
Each student will receive a \$15 gift card for their
participation.

If you would like to learn more about this project and get
involved, please contact:

Laurie Ford (Principal Investigator) & Alexandra Ruddy (Co-
Investigator)

Email: xxxxx@xxxxxxx

Phone: xxx-xxx-xxxx