

## **The Experiences of Secondary Teachers Co-constructing Mental Wellness Knowledge**

Elaina Guilmette, University of Saskatchewan, Canada

The IAFOR International Conference on Education in Hawaii 2024  
Official Conference Proceedings

### **Abstract**

The Mental Health Commission of Canada (2012) indicated “up to 70 percent of young adults living with mental health problems report that the symptoms started in childhood” (p. 24). In Canada, by the age of twenty-five one in five individuals affected by mental illness (Mental Health Commission of Canada, 2020). Mental Wellness 30 (MW30) is a proactive Canadian curriculum, providing students with a 30-level high school elective credit in mental health and wellness. This qualitative collective case study examined four teachers’ experiences as they co-constructed knowledge and developed an understanding of mental wellness with their students by teaching the MW30 curriculum. Vygotsky’s (1986) social constructivist theory framed this study, which focused on the interactions between students and their teachers as they co-constructed knowledge. During this two-month-long study, data were collected through detailed field notes and online interviews with the participating teachers. Three common themes emerged in relation to the co-construction of knowledge: 1) Increased Student Engagement: Teachers and Students Co-create Pedagogical Decisions Supporting Positive and Safe Classrooms; 2) Emotional Scaffolding: The Role of Emotions in the MW30 Learning; and 3) Valuable Learning Occurs When Social Interactions are Embedded in Curriculum and Pedagogy. The findings of this study highlight the need for implementing the MW30 curriculum in schools, the benefits of which include fostering greater mental health literacy for students and teachers. The overarching demographics of mental health issues within student populations further highlight the need to attend to students’ mental health and provide them with the knowledge, skills, and tools to move forward in life as productive, happy individuals.

**Keywords:** Mental Health Literacy, Mental Wellness, Secondary Teachers, Student Engagement, Social Constructivism, Self-Awareness, Social and Emotional Learning, Contact-Based Education

**iafor**

The International Academic Forum  
[www.iafor.org](http://www.iafor.org)

## **Introduction**

According to the Canadian Mental Health Association (2020), “10-20% of Canadian youth are affected by a mental illness or disorder—the single most disabling group of disorders worldwide” (para. 5). Approximately, 75% of these disorders present during adolescence (Iyer, 2015; Malla et al., 2016; WHO, 2020). Despite these alarming numbers, evidence suggests that only one out of five children in Canada receive the mental health support and services they need (Canadian Mental Health Association, 2020; Whitley et al., 2013). This attributes to the staggering statistics that suicide remains “the second leading cause of death worldwide for individuals in the 15–29 age range” (Laverty & Kelly, 2019, p. 107). Unfortunately, the fear of stigma and social discrimination associated with mental illness remains a core barrier for adolescents seeking the services and help they need (Kutcher et al., 2013; McGorry & Mei, 2018; Milin et al., 2016, Roeser et al., 2000; WHO, 2020). Schools have an essential role to play in reducing that stigma. Improving the attitudes associated with mental illness is important so that adolescents are not ashamed of seeking professional mental health support (Barry et al., 2014; Kelly et al., 2007; Kutcher et al., 2013; Rodger et al., 2014). These are factors which contribute to the challenges of adolescents, and they also emphasize the urgent need for proactive programs which promote wellness and assist adolescents in improving their mental health literacy, self-regulation, and necessary resilience (Hawkrige, 2018; Rowley et al., 2005).

### ***Mental Wellness Literacy***

The school environment is ideal for promoting and normalizing mental health and wellness education due to the large number of young people present (Barry et al., 2014; Kelly et al., 2007; Kutcher et al., 2013; Milin et al., 2016; Rodger et al., 2014). Mental health and wellness literacy provide individuals with the knowledge to recognize, support, manage, and help prevent mental health issues and illnesses (Chen et al., 2016; Cook et al., 2015; Kutcher et al., 2013). According to recent findings, the lack of mental health literacy, support, and services combined, contribute to cumulative impairments to how individuals’ function in their home, school, and community (Bates & Eccles, 2008; Government of Alberta Education, 2008; Iyer et al., 2015; Kutcher et al., 2013). Many researchers have found that adolescents demonstrate low mental health and wellness literacy but have a high desire to deepen their knowledge on the subject (Chen et al., 2016; Jorm, 2012; Rickwood et al., 2019). Ultimately, educational experiences that provide mental health and wellness literacy are essential for engaging adolescents and their learning regarding mental wellness. Through engagement, these adolescents learn to improve their ability in recognizing the first onsets of mental health challenges and gain an awareness of how to access professional support (Barry et al., 2014; Kutcher et al., 2015). Evidence clearly demonstrates teachers will encounter mental health issues among the adolescents in their classroom and acknowledge the critical role they have with their students’ mental health and wellness (Carr, 2018; Whitley et al., 2013). Still, many teachers feel inadequately prepared, trained, or educated to deal with these effectively (Goodwin et al., 2016; Graham et al., 2011; Russell-Mayhew et al., 2016; Whitley et al., 2013). The cultural, social, emotional, and economic diversity in the teachers’ classrooms, requires them to go beyond traditional teaching methods and implement research-based programs to encourage student success (Graham et al., 2011). Therefore, the challenge faced by the teachers in today’s society, is to discover and implement effective pedagogies and methodologies to promote the growth and development of their students’ mental health and wellness (Atkins & Rodger, 2016; Goodwin et al., 2016; Russell-Mayhew et al., 2016). For this reason, this study investigated the experiences of four classroom teachers as they taught

the Mental Wellness 30 curriculum together with their students for the first time. Mental Wellness 30 (MW30) is a 30-level elective course on mental wellness, providing both theory and applied learning about mental health issues to support healthy living in students 15 years of age and older. The purpose of MW30 is to develop competent and confident students who appreciate and understand the importance of living a balanced and healthy lifestyle. The MW30 curriculum aims to support students' education by promoting social, mental, physical, spiritual, and emotional balance. The course also helps students to improve their resiliency and expand their awareness of strategies and resources for developing positive mental health, all while reducing the stigma associated with mental illness (Sun West School Division, 2018). The purpose of this study was to examine how four select teachers and their students, engaged with the MW30 curriculum, to co-construct mental health and wellness literacy. The significance of the study lies in how these understandings can inform the theory and practice of teaching and learning within the MW30 curriculum, highlighting the challenges and changes needed for teachers and students to have a better engagement with the material. Teachers' responses to this curriculum are vital to assessing content relevance and student engagement.

## **Method**

This study utilized a qualitative case study approach, to collect data from four different teachers situated in four different schools. Social constructivism framed this research on how contexts, environments, and interactions shaped the participating teachers' understanding of teaching and experiencing a mental wellness course within their high school classrooms. The research aimed to gather, analyze, and understand the teachers' perspectives and experiences. As a result, answers to the research questions provided a deeper understanding of the participants' experiences teaching and the factors that cultivated increased student motivation and engagement in mental health and wellness literacy. Data was collected through four individual interviews and one focus group, and open-ended questions were posed to each of the four participants to understand their socially constructed experiences. Descriptive field notes were taken during and after each interview, which were used to generate future questions for the focus group. Triangulation of field notes, individual interviews, and a focus group were used in the data collection of this study to validate research findings.

## **Data Analysis**

Thematic analysis was the process employed for analyzing this study's data and included identifying, coding, and analysis of patterns found within the data (Braun and Clarke, 2006). The three themes that emerged from the data included: (1) Increased Student Engagement When Teachers and Students Co-Create Pedagogical Decisions Supporting Positive and Safe Classrooms, (2) Emotional Scaffolding: The Role of Emotions in the MW30 Learning Experience, and (3) Valuable Learning Occurs When Social Interactions are Embedded in Curriculum and Pedagogy.

## **Findings**

The purpose of the individual interviews, focus group interviews and extensive field notes was to explore the teachers' experiences in co-constructing mental wellness knowledge with their students. The MW30 learning experience supports Nodding's' (2005) research, which claimed that secondary-level curricula that connect to larger well-being aims and provide content that meets students' expressed needs are seldom offered. Due to the increase in

mental health issues the participants observed amongst their students, the teachers in this study believed that MW30 should be a priority curriculum. The teachers agreed that sharing knowledge in a classroom regarding mental health and wellness was vital to understanding the students' thoughts and behaviors. Parallel to teachers gaining an understanding of the students, the students also developed proactive strategies to enhance their wellness. Overall, the participants expressed that student feedback regarding the course was positive, engaging, and exploratory. One teacher commented that her students were "super pumped," and this enthusiasm transferred back to the teacher, who felt that co-constructing knowledge with her students increased their engagement. Tensions and challenges arose within the course due to the sensitive nature of the content. The potential for hard conversations, the stirring of unpleasant thoughts or memories, and the vulnerability students experienced throughout curricular discussions and activities required careful guidance. Teachers remained cognizant of their students' needs and worked hard to facilitate a climate of engagement, emotional safety, and positive social learning, all of which became evident in the themes emerging from the study.

### ***Theme 1: Increased Student Engagement When Teachers and Students Co-create Pedagogical Decisions Supporting Positive and Safe Classrooms***

During the interviews, the teachers shared strategies that supported safe and positive classrooms. All the teachers believed that building trust through caring relationships was essential to getting adolescents to discuss mental health and wellness concepts in a meaningful and collaborative way. Additionally, the teachers felt that sharing their personal experiences with mental health and wellness, stimulated classroom conversation, and made them more relatable to their students. One teacher reported "when teachers share personal stories, then the kids will feel safer to do the same," and she felt that "it was important not to be afraid to be vulnerable because it is important to find strength in our weaknesses." The teachers expressed that creating positive, caring classroom environments is an ongoing process. Building positive classroom spaces where students felt an element of trust, respect, and safety was constructed through daily opportunities to come together as a class and discuss personal and social issues.

Consistent with other research on caring, safe, and positive classrooms (Noddings, 2008; Wang & Eccles, 2013), this study revealed that co-constructing a respectful and welcoming classroom atmosphere could increase students' engagement, motivation to learn, and confidence to discuss abstract and sensitive topics related to mental wellness. Further, indicates that positive teacher-student relationships promote students' motivation to learn, sense of belonging, and connection to course content (Fredricks et al., 2019). One teacher described her students as "intent, focused, and listening," sharing the following about one student in particular:

One student loved the content of the curriculum and used her enthusiasm to help other kids in the room. During classroom discussions, she would share mental wellness strategies and skills that she learned through experience with mental health challenges and supported her peers with encouragement, reminding her peers that they were not alone.

To build positive and safe classrooms, the participating teachers provided sufficient opportunities for their students to collaborate, develop trust, gain competence, and demonstrate autonomy. It was evident that classroom partnerships between the teachers and

students were created through the opportunity to share, listen, and explore their curiosity together. Another teacher mentioned that she “knew the students were engaged by the questions they would ask. [She found] “when students are actually learning and interested in something, they’ll ask questions.” These meaningful interactions enhanced the students’ abilities to inquire and evaluate new ideas and knowledge within their generation. As a result, students in the MW30 classrooms extended their zone of proximal development, which the participants observed in the form of increased student learning, engagement, and collaboration. Noddings (2005) described teachers as extraordinary people in the lives of students. The teachers in this study saw the MW30 curriculum as an opportunity to participate in caring relationships, which Noddings (2005) affirmed is an essential quality of meaningful and engaging teaching.

### ***Theme 2: Emotional Scaffolding: The Role of Emotions in the MW30 Learning***

Park (2016) referred to emotional scaffolding as the actions teachers carry out to encourage student persistence and success. Research suggested adolescents who can emotionally disclose their thoughts and feelings often have fewer psychological and behavioural problems, as well as closer and more satisfying relationships with others (McCarthy et al., 2017; Goleman, 1999). The participants implemented emotional scaffolding to personalize instruction, meet their students’ needs, and connect the mental wellness content to their students’ interests and strengths. Collectively, the teachers made pedagogical decisions to scaffold affective growth in their students’ zone of proximal development by making connections between the students’ prior knowledge and the concepts being learned. The teachers offered an interpersonal space during the learning experience, where they provided emotional support and scaffolds to their students while negotiating the gradual transfer of responsibility. This resulted in extending their students’ knowledge and increasing respect and empathy. The teachers found that an integral part of helping their students understand how language communicates emotions was assisting them in understanding their own and others’ emotions.

The participants expressed challenges while teaching the course. For each of the participants, the first challenge was handling the students’ emotions which included sadness, anger, depression, anxiety, or panic. At times, students would express strong emotions without self-regulating or coping with what was going on in their minds and bodies due to the lack of development of these skills. As teachers and students co-constructed ways to deal with stressful moments, students expanded their emotional intelligence by examining their personal lives to make sense of abstract feelings, emotions, and thoughts. The teachers believed that the sooner students could identify and self-disclose personal emotions, the sooner they could heal from whatever challenges they may be internally battling. Speaking to this, one teacher expressed the following:

It’s good that the curriculum touches something in them that needed to be brought up and worked on. The sooner they heal the better, rather than carrying it into adulthood and when they are a parent themselves. It’s better to work through those emotions when they are young and can put some coping and support systems into place.

As teachers worked to establish healthy emotional learning through scaffolding the themes of trust and engagement, self-awareness, empathy, and relatedness emerged. The teachers scaffolded trust and engagement through a series of pedagogical strategies, finding it important to honour students’ contributions, model enthusiasm, and support students’

persistence in the learning. Developing trust in one another “opened a lot of doors and lots of emotions” claimed one teacher. She found that teaching a mental wellness curriculum was an “emotionally packed” experience, but she was happy to have the opportunity to help her students address different emotions, which “was where the learning happened.”

The teachers scaffolded self-awareness through reflection and journaling. Two of the teachers were challenged with large class sizes, resulting in some students feeling intimidated and preferring to discuss and reflect in small groups or through journaling. Journaling provided students with an opportunity to make connections, share their lived experiences, and express their feelings and emotions without fear of being judged. One teacher commented that she “liked student journaling because that was where I saw a lot of their learning.” Another teacher shared “sometimes I wouldn’t see kids’ engagement until I asked them to write down what their thoughts were about the lesson, and then when I would read them, I realized they were listening because they understood the lesson’s goal.” Goleman (1995) articulated that an essential source of emotional intelligence is self-awareness. During class time, the teachers and students actively engaged in activities that enhanced their self-awareness. The participants co-created stress reduction, communication, responsible decision making, goal setting, and self-regulation skills with the students. By co-creating these skills, the participants were able to foster the students’ self-awareness, self-monitoring, resiliency, and emotional engagement.

Teachers scaffolded empathy through contact-based educational opportunities, which incorporated bringing individuals with lived mental illness experiences into the classroom (either in person, virtually, or through recordings) to share their personal recovery stories, conveying a positive message of hope to students (Chen et al., 2016). As the teachers and students watched the testimonials together, they began to imagine themselves in others’ experiences, thereby strengthening their empathetic skills. Empathy plays a significant role in positively correlating the fundamental personality factor of resiliency, which is linked to strong feelings of hope and helps prevent adolescent suicide attempts and ideation (Sánchez-Teruel & Robles-Bello, 2014). One teacher commented, “My students were interested in hearing real stories about someone’s struggles and how they got through it. They realized others struggle but can deal with it because they had the tools and got the help they needed”. Another teacher believed that when her students empathized with the testimonials, it helped them to “normalize” the mental health challenges and struggles that people encounter. The teachers noted that as the students encountered experiences where their empathetic skills were utilized, increased student engagement, self-esteem, and confidence grew. Students also experienced an increased sense of belonging by connecting to the stories they had heard. One teacher shared, “Students realize there is another real person, with a real life, and with real struggles, that they connect with, and they would say, ‘I have an uncle like that’ or ‘my sister has the exact symptoms’.” Another teacher agreed, “The stories normalize mental illness because students learn there are other people going through it. Others struggle with it but can deal with it because they have tools now and got the help they needed.” This sense of relatedness in the classroom stimulated supportive conversations where teachers and students co-constructed new ways to cope with mental health challenges and persevere through stressful experiences. For one of the teachers, having “personal connections helped her students open up and have supportive classroom conversations.” She reported that her students’ sense of relatedness played an important role in their motivation, emotional disclosure, and engagement. Another teacher felt that the course promoted the opportunity “to understand ourselves and our differences”. By removing negative stigma associated with mental illness from the classroom and adapting the course to suit the emotional needs of the

students, students were able to gain emotional intelligence, integrating intellectual and emotional development alongside one another. As a result of gaining emotional intelligence from hearing real-life stories, students found positive ways to identify and manage their emotions while developing effective communication and empathy towards others.

### ***Theme 3: Valuable Learning Occurs When Social Interactions are Embedded in Curriculum and Pedagogy***

Interactive experiences with peers, plays a significant role in cognitive development for adolescents. Vygotsky and Cole (1978) suggested that “learning awakens a variety of internal developmental processes that are able to operate only when the child is interacting with people in his environment and in cooperation with peers” (p. 90). Throughout the study, the teachers observed the intellectual growth that occurred when students interacted with peers. Following the intellectual growth, the participants also recognized the students increasing empathy towards others. Noddings (2008) expressed that “dialogue that involves a mutual quest for understanding is a fundamental component to activating caring relationships” (p. 168). The MW30 curriculum invites students and teachers to construct new knowledge collaboratively while also honouring the knowledge they bring as individuals to the course. Through social interactions, the teachers found that pieces of students’ experiences, memories, and feelings began to connect, allowing them to begin making sense of theirs and others’ mental health challenges. One teacher noted that her students could “see that other people their age or older got through it, and they are okay. The stories give students hope.” She stated, “The course opened up the classroom dialogue.” Another teacher saw growth in her students through the opportunities for sharing, which led to increased learning and strategizing for their mental health and wellness. After watching their students co-construct solutions, supports, and self and social awareness, the participants expressed that they believed the education system is moving forward with a more proactive and preventative approach to mental health and wellness. Through class discussions and reflections, one teacher found that her students would share ways they positively coped when aspects of their life became challenging and stressful. She observed them saying things such as, “You know what I do? I go for a drive, or I go get a friend and we go for a walk.” Through emotionally rich conversations stimulated in class, she fostered her students’ ability to support and trust each other. She learned that peer teachings gave her students new skills and strategies they did not already have, and she believed that interacting with her students strengthened relationships amongst the classroom as a whole.

The participants taught their students to recognize personal and outside supports to foster mental health and wellness, improving and advocating support seeking behaviours. Teachers engaged students in creating a ‘personal circle of courage’ to assist them in identifying local, provincial, and national supports. The teachers found that this activity instilled a sense of belonging, fostered courage, and engaged students in constructing a support circle to persist and be self-compassionate through difficult times. Awareness, acquired through classroom co-construction of mental health literacy, helped students establish a sense of relatability amongst each other. They developed the ability to identify their mental health challenges and recognize personal strengths while also being reassured that treatment and support are available. During classroom interactions, teachers recognized that through learning about stigma and the negative consequences for people living with mental illness’, the students were positively impacted and gained a sense of empowerment. All four teachers agreed that the negative stigma associated with youth disclosing mental illness and seeking support still exists. One teacher saw that “asking for help [was] a massive hurdle for kids getting the help

they need.” By educating students on the importance of seeking support and providing them with accessibility to do so, without the worry of receiving judgement, accessing the supports needed becomes much more achievable and convenient. Another teacher pointed out that by discussing different mental health strengths and challenges in a class together, adolescents can learn about the range of mental health experiences, which reduces stigma and improves their help-seeking behaviours (Kutcher, 2009; Kutcher et al., 2015).

According to Vygotsky and Cole (1978), the zone of proximal development (ZPD) is a social space where individuals are challenged enough to remain focused and attentive, which enhances their ability to learn new concepts. As teachers and students interact to create the ZPD, a shared experience occurs. Goldstein (1999) expressed that co-constructing knowledge implies a powerful interpersonal connection between individuals collaboratively engaging in the learning process. The teachers in this study repeatedly acknowledged that the students were interested in the MW30 content. As a result of their students’ desire to learn more about mental wellness, the teachers delivered an experience that fostered emotional, cognitive, and behavioural engagement. The teachers’ pedagogical strategies were carefully implemented while the students were engaged, by doing so, the students could move through the ZPD and were challenged to grow and extend their learning experience. Emotional scaffolding encouraged students to move beyond their comfort zone to a space where they could explore and develop their unrealized potential and the confidence to engage in collaborative and cooperative learning. Additionally, students learned to control and manage emotions such as anxiety and frustration while learning a new skill and facing a new challenge. As the teachers and students negotiated meaning from what they were learning, they observed a transfer of responsibility: Students began to take control of their learning while the teachers facilitated the experience. This study’s results contribute to the broader discussion on how mental health and wellness literacy promotion could improve adolescent well-being. Across the board, research has expressed the urgent need for mental health and wellness initiatives that increase knowledge, reduce stigma, develop self-awareness and self-care, and improve help-seeking behaviours (Bates & Eccles, 2008; Chen et al., 2016; Kutcher et al., 2015; Rickwood et al., 2007; Wei et al., 2015). The MW30 curriculum and teacher resources answer the call for that need, and this study has provided insight into the experiences of teachers and their students who undertook it.

## **Conclusion**

This study expanded on the limited mental health literacy units by providing insight into a comprehensive 30-level credit course that includes all aspects of mental health and wellness. Building on Kutcher et al.’s (2015) definition of mental health literacy, the MW30 curriculum included social and emotional learning, wellness strategies, and contact-based education. Social constructivism framed this research, which demonstrated that positive social interactions facilitated teachers’ and students’ co-construction of knowledge, leading to increased emotional, cognitive, and behavioural engagement. The teachers felt they had co-constructed a mental toolbox with their students, which they could draw from to enhance resilience, protective factors, and invest in their self-care. Furthermore, the teachers saw an increase in their students’ empathy, which instilled a sense of belonging and reduced stigma. As a result of teaching MW30, teachers saw improvements in their students’ mental health literacy, social skills, and emotional skills. The participants observed their students processing, internalizing, and applying cognitive and emotional knowledge gained through meaningful and collaborative experiences. Importantly, they expressed enjoying emotionally supporting their students during times of deep engagement by remaining attentive,

supportive, and caring. Positive interactions instilled a higher level of thinking, allowing students to emotionally and cognitively expand their ZPD. Overall, this study found that the MW30 curriculum, and its accompanying resources, helps teachers provide and co-create learning experiences that motivate the students to understand and utilize proactive skills to maintain their mental health and wellness as they enter adulthood. The teachers in this study repeatedly mentioned that they enjoyed teaching MW30, and that their students enjoyed learning it. The importance of making school enjoyable for adolescents must not be underestimated. Many individuals will experience their first encounter with a mental health disorder during adolescence, which is also when they are engaged in secondary education (Woloshyn & Savage, 2018). Classroom engagement protects against high rates of youth drop-out, the rise of adolescent mental health disorders, and increased suicide rates (Fredricks et al., 2019; Malla et al., 2016; Woloshyn & Savage, 2018). This study demonstrated the positive difference that teachers can make in a student's life when provided with accessible resources and opportunities. With those resources and opportunities, teachers can foster motivation and engagement in their students, both of which are vital components of encouraging students to stay in school (Fredricks et al., 2019; Froiland & Worrell, 2016; Wang & Eccles, 2013).

## References

- Atkins, M., & Rodger, S. (2016). Pre-service teacher education for mental health and inclusion in schools. *Exceptionality Education International*, 26(2), 93-118. <https://doi.org/10.5206/eei.v26i2.7742>
- Barry, M., Clarke, A., Jenkins, R., & Patel, V. (2014). A systematic review of the effectiveness mental health promotion interventions for young people in low and middle income countries. *BMC Public Health*, 13(835), 1-19. <https://doi.org/10.1007/s10964-014-0165-0>
- Bates, H., & Eccles, K. (2008). Wellness curricula to improve the health of children and youth. *Government of Alberta Education*. <https://eric.ed.gov/?id=ED506102>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Canadian Mental Health Association National. (2020). *Fast facts about mental illness*. <https://cmha.ca/fast-facts-about-mental-illness>
- Carr, W., Wei, Y., Kutcher, S., & Heffernan, A. (2018). Preparing for the classroom: Mental health knowledge improvement, stigma reduction and enhanced help-seeking efficacy in Canadian preservice teachers. *Canadian Journal of School Psychology*, 33(4), 314-326. <https://doi.org/10.1177/0829573516688596>
- Chen, S. P., Koller, M., Krupa, T., & Stuart, H. (2016). Contact in the classroom: Developing a program model for youth mental health contact-based anti-stigma education. *Community Mental Health Journal*, 52(3), 281-293. <https://doi.org/10.1007/s10597-015-9944-7>
- Cook, C. R., Frye, M., Slemrod, T., Lyon, A. R., Renshaw, T. L., & Zhang, Y. (2015). An integrated approach to universal prevention: Independent and combined effects of PBIS and SEL on youths' mental health. *School Psychology Quarterly*, 30(2), 166. <https://doi.org/10.1037/spq0000102>
- Fredricks, J. A., Parr, A. K., Amemiya, J. L., Wang, M. T., & Brauer, S. (2019). What matters for urban adolescents' engagement and disengagement in school: A mixed-methods study. *Journal of Adolescent Research*, 34(5), 491-527. <https://doi.org/10.1177/0743558419830638>
- Froiland, J. M., & Worrell, F. C. (2016). Intrinsic motivation, learning goals, engagement, and achievement in a diverse high school. *Psychology in the Schools*, 53(3), 321-336. <https://doi.org/10.1002/pits.21901>
- Goleman, D. (1995). *Emotional intelligence*. New York: Bantam. <https://eric.ed.gov/?id=EJ530121>
- Goodwin, S., MacNaughton-Doucet, L., Allan, J. (2016). Call to action: Interprofessional mental health collaborative practice in rural and northern Canada. *Canadian Psychology*, 57(3), 181-187. <https://doi.org/10.1037/cap0000057>

- Government of Alberta Education. (2008). *Framework for kindergarten to grade 12 wellness education*. Government of Alberta Education. [https://education.alberta.ca/media/160218/framework\\_kto12well.pdf](https://education.alberta.ca/media/160218/framework_kto12well.pdf)
- Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching*, 17(4), 479-496. <https://doi.org/10.1080/13540602.2011.580525>
- Hawkrigde, S. (2018). Age of opportunity: Lessons from the new science of adolescence. *Journal of Child & Adolescent Mental Health*, 30(1), 61-66. <https://doi.org/10.2989/17280583.2018.1480166>
- Iyer, S., Boksa, P., Lal, S., Shah, J., Marandola, G., Jordan, G., Doyle, M., Joobar, R., Malla, A. (2015). Transforming youth mental health: A Canadian perspective. *Irish Journal of Psychological Medicine*, 32(1), 51-60. <https://doi.org/10.1017/ipm.2014.89>
- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist*, 67(3), 231. <https://doi.org/10.1037/a0025957>
- Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Medical Journal of Australia*, 187(S7), S26-S30. <https://doi.org/10.5694/j.1326-5377.2007.tb01332.x>
- Kutcher, S., Bagnell, A., & Wei, Y. (2015). Mental health literacy in secondary schools: A Canadian approach. *Child and Adolescent Psychiatric Clinics of North America*, 24(2), 233-244. <https://doi.org/10.1016/j.chc.2014.11.007>
- Kutcher, S., Wei, Y., McLuckie, A., & Bullock, L. (2013). Educator mental health literacy: A programme evaluation of the teacher training education on the mental health & high school curriculum guide. *Advances in School Mental Health Promotion*, 6(2), 83-93. <https://doi.org/10.1080/1754730x.2013.784615>
- Laverty, W. H., & Kelly, I. W. (2019). Yearly suicides across Canada, Great Britain and the United States from 1960 to 2015: A search for underlying long-term trends. *Open Journal of Social Sciences*, 7(6), 107-115. <https://doi.org/10.4236/jss.2019.76008>
- Malla, A., Iyer, S., McGorry, P., Cannon, M., Coughlan, H., Singh, S., Jones, P., & Joobar, R. (2016). From early intervention in psychosis to youth mental health reform: A review of the evolution and transformation of mental health services for young people. *Social Psychiatry and Psychiatric Epidemiology*, 51(3), 319-326. <https://doi.org/10.1007/s00127-015-1165-4>
- Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. [https://www.mentalhealthcommission.ca/sites/default/files/MHStrategy\\_Strategy\\_ENG.pdf](https://www.mentalhealthcommission.ca/sites/default/files/MHStrategy_Strategy_ENG.pdf)

- Mental Health Commission of Canada. (2020). *What we do: Children and youth*. Retrieved from <https://www.mentalhealthcommission.ca/English/what-we-do/children-and-youth>
- McCarthy, M. H., Wood, J. V., & Holmes, J. G. (2017). Dispositional pathways to trust: Self-esteem and agreeableness interact to predict trust and negative emotional disclosure. *Journal of Personality and Social Psychology*, 113(1), 95-116. <https://doi.org/10.1037/pspi0000093>
- McGorry, P. D., & Mei, C. (2018). Early intervention in youth mental health: Progress and future directions. *Evidence-Based Mental Health*, 21(4), 182-184. <https://doi.org/10.1136/ebmental-2018-300060>
- Milin, R., Kutcher, S., Lewis, S., Walker, S., Yifeng, W., Ferrill, N., & Armstrong, M.A. (2016). Impact of a mental health curriculum on knowledge and stigma among high school students: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(5), 383-391. <https://doi.org/10.1016/j.jaac.2016.02.018>
- Noddings, N. (2005). Identifying and responding to needs in education. *Cambridge Journal of Education*, 35(2), 147-159. <https://psycnet.apa.org/doi/10.1080/03057640500146757>
- Noddings, N. (2008). Caring and moral education. *Handbook of Moral and Character Education*, 161-174. <https://doi.org/10.4324/9780203931431-17>
- Park, M. H. (2016). Emotional scaffolding as a strategy to support children's engagement in instruction. *Universal Journal of Educational Research*, 4(10), 2353-2358
- Rodger, S., Hibbert, K., Leschied, A., Pickel, L., Stepien, M., Atkins, M., Koenig, A., Woods, J., & Vandermeer, M. (2014). Shaping a mental health curriculum for Canada's teacher education programs: Rationale and brief overview. *Physical & Health Education Journal*, 80(3), 28-29. (PDF) Who is caring for our most vulnerable children?. The motivation to foster in child welfare (researchgate.net).
- Roeser, R.W., Eccles, J.S., Sameroff, A.J., (2000). School as a context of early adolescents' academic and social-emotional development: A summary of research findings. *The Elementary School Journal*, 100, 443-471. <https://doi.org/10.1086/499650>
- Rowley, A.A., Roesch, S.C., Jurica, B.J., & Vaughn, A.A. (2005). Developing and validating a stress appraisal measure for minority adolescents. *Journal of Adolescence*, 28, 547-557. <https://doi.org/10.1016/j.adolescence.2004.10.010>
- Russell-Mayhew, S., Ireland, A., & Klinge, K. (2016). Barriers and Facilitators to Promoting Health in Schools: Lessons Learned from Educational Professionals. *Canadian School Counselling Review*, 1(1), 49-55. <https://opus.uleth.ca/bitstream/handle/10133/5661/McBride-socialjustice.pdf?sequence=1&isAllowed=>

- Sánchez-Teruel, D., & Robles-Bello, M. A. (2014). Protective factors promoting resilience to suicide in young people and adolescents. *Papeles del Psicólogo*, 35(2), 181-192. [https://www.researchgate.net/profile/DavidSanchezTeruel/publication/267510196\\_Protective\\_factors\\_promoting\\_resilience\\_to\\_suicide\\_in\\_young\\_people\\_and\\_adolescents/links/54513e0c0cf2bf864cba8eeb/Protective-factorspromoting-resilience-to-suicide-in-young-people-and-adolescents.pdf](https://www.researchgate.net/profile/DavidSanchezTeruel/publication/267510196_Protective_factors_promoting_resilience_to_suicide_in_young_people_and_adolescents/links/54513e0c0cf2bf864cba8eeb/Protective-factorspromoting-resilience-to-suicide-in-young-people-and-adolescents.pdf)
- Sun West School Division. (2018). Mental wellness 30. Saskatchewan Learning.
- Vygotskiĭ, L., & Cole, Michael. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press. <https://books.google.ca/books?hl=en&lr=&id=Irrq913lEZ1QC&oi=fnd&pg=PR13&dq=#v=onepage&q&f=false>
- Vygotskiĭ, L., & Kozulin, Alex. (1986). *Thought and language*. MIT Press.
- Wang, M., & Eccles, J. S. (2013). School context, achievement motivation, and academic engagement: A longitudinal study of school engagement using a multidimensional perspective. *Learning and Instruction*, 28, 12-23. <https://doi.org/10.1016/j.learninstruc.2013.04.002>
- Whitley, J., Smith, J., & Vaillancourt, T. (2013). Promoting mental health literacy among educators: Critical in school-based prevention and intervention. *Canadian Journal of School Psychology*, 28(1), 56-70. <https://doi.org/10.1177/0829573512468852>
- World Health Organization. (2020). *Adolescent Mental Health*. <https://www.who.int/newsroom/fact-sheets/detail/adolescent-mental-health>