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Talking to Parents about Student Mental Health: Understanding Parents' Perspective of Barriers and Enhancers to Effective Parent-Teacher Collaboration

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Psychology

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TALKING TO PARENTS ABOUT STUDENT MENTAL HEALTH: UNDERSTANDING
PARENTS' PERSPECTIVE OF BARRIERS AND ENHANCERS TO EFFECTIVE PARENT-
TEACHER COLLABORATION

(Thesis format: Monograph)

by

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Graduate Program in Counseling Psychology

A thesis submitted in partial fulfillment
of the requirements for the degree of
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Abstract

Statistics show that 20% of students in Canada struggle with mental health concerns. It has been suggested that student success is best supported through a collaborative circle of care of the significant adults in a child's life, in particular parents and teachers. This paper explores parents' experiences collaborating with teachers to support their child's/student's mental health challenges. Literature suggests within the context of a trusting relationship, interprofessional collaboration results in greater problem solving. This exploration of parents' experience of collaborative partnering with teachers involved semi-structured interviews with eight parents who had at least one child struggling with mental health issues enrolled in the Ontario school system about their experiences. A thematic analysis was conducted on participant responses and three broad themes were identified: *Family Experience*, *Relationships*, and *Hope for the Future*. The theme of *Experience* includes sub themes: *family system*, *school system*, and *privilege*. Subthemes of *Parent-Teacher Relationships* are: *communication*, *competency*, and *trust*. *Hope for the Future* includes subthemes *vision* and *action plan*. All results point to the fact that improving parent-teacher collaboration will make an important difference for all stakeholders including parents, teachers, and children. Implications of these findings are discussed. These results add to the body of research in support of improving additional training for teachers in the area of child mental health and parent-teacher collaboration.

Keywords: parents, teachers, collaboration, child mental health, communication

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Chapter One: Introduction

Purpose

The purpose of this paper is to describe the experiences of parents communicating with teachers about child mental health concerns. Statistics show that 20% of students in Canada struggle with mental health concerns (Kessler et al., 2005). Literature indicates that the systems of care framework provides an efficient and effective organizational philosophy that values family participation in decision making so as to provide the child with his or her best chance at a fulfilling and satisfying life. It is important to gain an understanding of parents' experiences of collaborating with teachers and their hope for the future. A review of the current state of parent-teacher communication and the many barriers to parental engagement highlights relationship needs that must be met so that parents and teachers can form effective interprofessional collaboration within an integrated system of care.

Rationale

Across North America there is a growing recognition and appreciation for the importance of child mental health. The Canadian Mental Health Association (CMHA) reports that approximately 1.5 million Canadian children are currently struggling with a diagnosable mental health disorder and recent studies indicate that this may be a gross underrepresentation for two reasons: first, there are many children and adolescents who successfully hide or disguise their suffering; and, second, a large number of children experience sub-threshold symptoms that do not meet diagnostic criteria but still cause significant impairment and distress (Flett & Hewitt, 2013). Not only do youth mental health disorders represent the second highest hospital care expenditure in Canada, but within the industrialized world Canada is ranked third in youth suicide rates (CMHA, 2013). Suicide is the leading cause of non-accidental death in Ontario

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children and youth (Statistics Canada, 2012) and it has been suggested that a diagnosable mental illness was a factor in over 90% of these tragic deaths (PCMH, 2013).

Despite the Canadian mental health system having the knowledge and tools necessary to make a difference in the lives of approximately 80% of those struggling with disorders such as anxiety and depression, currently only one out of every five children who need some form of support will receive it (CMHA, 2013). It is widely accepted that the earlier mental health concerns can be addressed the more effective interventions will be at reducing distress and optimizing future functioning. Unfortunately, it appears that, despite society's growing knowledge of treatment and provision of services, mental illness is increasingly threatening the wellbeing of Canadian children. Although schools have been found to be efficient mental health service providers (Rones & Hoagwood, 2000), the issue of child mental health is larger than any one person or group can solve alone. It is important that we look beyond current models of treatment to alternatives that may improve outcomes for our children. Finding effective and efficient solutions requires cooperation and collaboration within an integrated system of care.

According to recent literature, an integrated system of care that places a strong emphasis on parental engagement has been shown to lead to a host of positive treatment outcomes and benefits for the child and family. In 2012, the Ontario Center for Excellence for Child and Youth Mental Health reported that parental engagement impacts all aspects of mental health treatment including keeping appointments, reducing dropout rates, and minimizing the duration of treatment (Ontario Center for Excellence, 2012). Similarly, parental involvement in a child's academic experience is significantly related to increased student achievement, motivation, positive behaviours, self-regulation, and improved emotional development (ASSIST, 2013; Epstein, 2005; Sheldon & Epstein, 2002). Moreover, when parents are trained to become more

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engaged in school activities, they often show greater aspiration for their children, seek additional education for themselves, and develop better attitudes toward school, education, and their children's teachers (Henderson & Mapp, 2005). When teachers perceive parents to be involved and supportive, they hold greater respect for them than for parents perceived as indifferent (Berger, 1995). Parental engagement in a child's academic success and mental health treatment leads to a host of benefits for the child, the family, and the relationships between school and home.

Almost 90% of teachers agree that schools should be directly involved in addressing the mental health needs of students (Reinke et al., 2011); however, literature suggests that teachers may be the most under used resource in mental health delivery (Lynn, McKay, & Atkins, 2003). As disclosed in the Thames Valley Mental Health Series Report (TVDSM, *in press*) the Ontario College of Teachers Survey (2006) found that many teachers are experiencing high levels of stress and burnout: "[Teachers] are stressed. By time constraints. By parents' blame. By school politics. By trying to help children from dysfunctional homes. By performance appraisals" (No page # provided).

In addition to stressful working conditions, a lack of training and preparation has left teachers feeling unprepared to address student mental health concerns. The Thames Valley Mental Health Series Report (TVDSB, *in press*) asked Ontario teachers to report on their level of self-efficacy for a variety of skills. It was found that, on average, teachers are struggling most with their ability to communicate with parents about student success. When asked what supports teachers found most valuable in helping them with mental health provision, better preparation in teacher training was second only to increased support staff, and increased availability of mental health workshops was consistently rated as highly important (TVDSB, *in press*). Additionally,

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increasing teachers' knowledge, skills, and self-efficacy in their ability to support students and families with mental health issues also combats compassion fatigue and burnout (see Cairns, 2007; Hatcher et al., 2011; Hill, 2012; Hoffman et al., 2007; Hong, 2010; Kokkinos, 2007 as cited in TVDSB, *in press*). Further, commitment to effective collaboration between teachers, parents, and service providers is one of the six principle domains of teacher competence proposed by Weston, Anderson-Butcher and Burke (2008) in their Comprehensive Curriculum Framework for Teacher Preparation in Expanded School Mental Health. Teachers are eager to gain the skills and knowledge necessary to better communicate with parents about mental health concerns. Thus, this research is designed to support future advancement in teacher education and training so that more of the 1.5 million children and their families can receive efficient, effective, and equitable support through some of their most challenging times.

Chapter Two: Review of the Literature

Research suggests that a system of care, in which both school support and parental engagement are paramount, would lead to more of these 1.5 million children receiving effective and efficient support for mental health concerns (Reinke, 2011). “Considering the demonstrated impact of mental health problems on social, emotional, cognitive, and educational functioning, it is of critical importance that we bring our resources to bear on the reconceptualization of mental health care for the children and youth of Canada.” (Reinke, 2011, p. 43) The following sections report recent literature on integrated systems of care, the effectiveness of schools as mental health service providers, and the benefits of parental engagement before reviewing barriers to parental involvement.

Current State of Mental Health Services and Integrated Systems of Care

The current system of child mental health services erects many barriers for parents to overcome including fears of stigma and parental blame, power disparity between teacher and parents, and a political climate that results in parents feeling alienated from the system that is supplying the support they need (PCMH, 2013). To increase the likelihood that mental health services are effectively utilized, research indicates that parents must participate in the planning, implementation, and evaluation of mental health services for their child or youth (Freisen & Pullman, 2002). When a family centered model is adopted, research indicates that children experience improved outcomes including increased emotional strength, reduction in suicide attempts, improvement in school performance and attendance, fewer contacts with law enforcement, and a reduction in reliance on inpatient care (Manteuffe, Stephens, Sondheimer, & Fisher, 2008). Given the multitude of advantages observed when parents are engaged in their

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child's academic success, the current system would benefit from fostering greater parental participation.

In 2013, PCMH (2013) conducted a family input survey in which 254 parents of children and youth with mental health concerns were asked about their experiences with the mental health system. In terms of communication, 45% of parents felt that communication between those involved with their family was "somewhat" effective, and 35% responded that communication was not at all effective (PCMH, 2013). Moreover, half of the parents surveyed reported that interactions with school were found to be "very or extremely difficult" (PCMH, 2013). PCMH concluded that to be effectively engaged, parents need to perceive more consistent communication, greater respect, and increased empathy from the professionals that work closely with them and their children (PCMH, 2013)

Given that the issue of child mental health is bigger than any one person or group can tackle, this paper proposes the use of integrated systems of care in which cooperation and collaboration between schools and parents is central. A system of care is more than a web of services. It represents a philosophy of child-centered, family focused, community based, and culturally competent mental health delivery (Stroul, 1993, as cited in Schwean & Rodger, 2013). The goal is to provide support that is individually tailored to the child's needs with a strong emphasis placed on the involvement of families during all stages of planning, decision making, and delivery (Stoul, 1993, as cited in Schwean & Rodger, 2013). Making this a reality would require a shift from the traditional model of care to a family centered model (Chovil, 2009). The traditional model views the child as the recipient of care with families as passive recipients of the procedures and services dictated by professionals. On the other hand, a family centered model of care engages the whole family as the client and, with a focus on strengths, capabilities, and skill-

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building, families are treated as full partners at all levels of the system (Chovil, 2009). Research indicates that not only does an integrated system of care enhance the lives of children through improved functional and behavioural outcomes but it also improves behavioural and emotional strengths of caregiver and family unit as a whole (Manteuffe, Stephens, Sondheimer, & Fisher, 2008).

A number of organizations are working to make timely, high quality, client-directed integrated mental health services a reality. In 2011, Ontario's Comprehensive Mental Health and Addictions strategy was released with the aim to "reduce the burden of mental illness and addictions by ensuring that all Ontarians have timely access to an integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, community support and treatment programs" (Ontario's Comprehensive Mental Health and Addictions Strategy, 2011, p. 7). The Ministry of Education has made several commitments in regards to this strategy including enhancing the K-12 curriculum to more directly incorporate student mental health, providing an educators' guide to help them recognize and support mental health needs, and allotting dedicated funding for professional development in this area (Mental Health ASSIST, 2013). However, despite these efforts parents still overwhelmingly report that communication with schools in regards to mental health concerns is only moderately helpful, and frequently "very or extremely difficult" (PCMH, 2013). Research supports the fact that parents want cooperative and respectful regular communication with teachers, but many do not receive it (Olson & Hyson, 2005).

What parents need. When asked, "For the system of child and youth mental health services to make sense to you what would need to be true?" (PCMH, 2013, p. 31), parents responded that services would need to be integrated and collaborative across sectors, the family

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voice must be respected and valued, families should be seen as part of the solution rather than the cause of the problem, and that multidisciplinary approaches must be implemented at all levels of care (PCMH, 2013). Moreover, asked to prioritize the immediate changes they would make to the delivery of child and youth mental health services, two of the top three themes parents constantly spoke to were: (a) Improved coordination and communication between all professionals involved in the treatment process, and (b) Family inclusion in treatment in terms of access to support for the whole family unit, recognition of parents credibility, and less blame and more compassion for families (PCMH, 2013). Overall, for an integrated system of care to be effective teachers must work to create partnerships with families by responding to family concerns, respecting their contributions and sharing power (Henderson & Mapp, 2005).

Schools as Service Providers

Schools are core providers of mental health services for children and youth across Canada (Rones & Hoagwood, 2000). In addition, parents overwhelmingly prefer school based interventions. One study found that 96% of families accepted treatment offered within a school setting, whereas only 13% followed up a referral in a community setting (Prodente et. al., 2002). School is not only a natural entry point for parents into mental health services (Mennuti & Christner, 2010), but it is also a point of engagement for addressing educational, emotional, and behavioural needs of children (Reinke et al., 2011). Additionally, sound research suggests that schools are second only to families in shaping and influencing a child's development (Schwean & Rodger, 2013).

Given that schools are accessible, influential, frequented by children and parents daily, and among the most extensive provider of mental health services for children, it is vital that teachers take an active role in child mental health. Research reports that 89% of teachers agree that

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schools should be involved in addressing mental health needs (Reinke et al., 2011). A teacher's direct and daily interaction with a consistent group of youth gives them a unique vantage point from which they can observe their students' behaviour (Reinke et al., 2011). Teachers have the opportunity not only to observe how students behave in a variety of stressful social and academic situations, but also to see how behaviour fluctuates over the course of the school year. Moreover, literature suggests that best results are observed when teachers, parents, and organizations all come together to form a system of care around a struggling student (Ontario Center for Excellence, 2013; Schwean & Rodger, 2013). Therefore, schools and teachers have a central role in child and adolescent mental health in terms of facilitating system-wide integrated system of care that engages the family in all stages of decision making and intervention (Flett & Hewitt, 2013).

Collaborative Relationships

According to Cowan, Swearer, and Sheridan (2004), collaboration occurs when two parties are "working toward a common goal or set of goals" (p. 201). When this collaboration involves a partnership of professionals and a client "in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues" (p. 3), it becomes what Orchard and colleagues have called an interprofessional collaborative practice (IPCP) (Orchard, Curran, & Kabene, 2005). Within a system of integrated care the goal is to enlist teachers, parents, and other mental health practitioners as equal partners in an IPCP that facilitates shared decision making to secure the most efficient and appropriate support necessary. Despite the fact that decades of literature indicate that the best outcomes are seen when there is open and collaborative two-way communication between parents and teachers, parents are frequently

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overlooked as active and valuable working partners in their child's education and success (Whichard-Bond, 2013).

Parents step into a unique role as “professionals” within IPCPs. Parents' lives are directly impacted by their child's challenges and successes (Ambert, 2014). Although they are joining together in an equal partnership, their role as an advocate involves emotional investment in their child's success (Ambert, 2014). Therefore, effective collaborations are relationship-based and acknowledge the differing emotional investment of both parents and teachers in helping children with mental health concerns succeed.

This relationship that develops between teachers and parents is unique in nature but not beyond comparison to other interprofessional working relationships. Literature has likened parent-teacher discourse to that of doctor-nurse, doctor-patient, and therapist-client (Lazar & Slostand, 1999; Miller, 2008; Walker & MacLure, 1999). Like doctors and therapists, teachers hold a position of authority, are considered the professional expert on the matter at hand, and therefore, dictate the nature and direction of communication. Within interprofessional relationships in which one party clearly has more power than the other, the responsibility lies with the more powerful person to foster engagement and facilitate movement toward mutuality and equality (Miller, 1976, as cited in Miller, 2008).

Within the theoretical framework of *Relational Cultural Theory*, mutuality occurs when two or more parties join together in a relationship in which all individuals are empathetic, engaged, and developing or growing from the interaction (Jordan, 1986 as cited in Miller, 2008). Situations in which the more powerful party fails to move toward mutuality often result in the less powerful party feeling devalued and behaving defensively which results in lower engagement and motivation (Miller, 2008; Rodger et al, 2006). We see this pattern of interaction

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occurring in many interprofessional relationships involving parents and professionals. For example, when looking at the relationship between foster parents and social workers, Rodger and colleagues found that a foster parents' relationship with their agency worker had a greater impact on their motivation to continue to foster children than did their perception of the most challenging aspects of fostering (i.e., child behavioural concerns) (Rodger et al., 2006).

Greater collaboration amongst stakeholders leads to significantly better conflict resolution and problem solving (Whichard-Bond, 2013). Based on Orchard's review of the literature, collaboration comprises four key characteristics: coordination, cooperation, shared decision making, and partnerships. These elements are supported by three enablers - role clarification, sharing, and valuing - that lay the foundation for team members to successfully cooperate with each other which in turn leads to the development of trust. Trust facilitates greater power sharing and shared decision making which is essential to successful IPCP between teachers and parents (Orchard, Curran, & Kabene, 2005). Therefore, to improve interprofessional collaboration between parents and teachers both parties should strive to understand the roles of each member and their knowledge in exercising these roles, show respect for the other on the basis of their knowledge; foster a trusting relationships that leads to joint decision making; and demonstrate a willingness to share power regardless of professional or educational training. (Orchard et al, 2005).

Parental Engagement

Parent engagement in school and mental health treatment is a critical factor in a child's chance at success. A parent's understanding of the mental health concern is a strong predictor of entry into and use of services (Ontario Center for Excellence, 2012). Without parental awareness and help-seeking behaviour, children are unlikely to receive mental health aid at all (Teagle,

2002). Furthermore, family involvement impacts all aspects of treatment including keeping first appointments, reducing dropout rates, and minimizing the overall duration of treatment (Ontario Center for Excellence for Child and Youth Mental Health, 2012).

In their 2012-2013 Annual report, the Ontario Center for Excellence for Child and Youth Mental Health (2013) defined family engagement as “an active partnership between families and service providers.” (p. 3). They report that teachers and other service providers must not only listen to what families think, but also engage them in dialogue while taking active steps to enlist them as allies in decision making so that their involvement is both meaningful and purposeful. Through making it easier for families and caregivers to embrace their role as partners in this process more families will be engaged, services and programs will be stronger, and young people will be healthier (Ontario Center of Excellence, 2013). Ontario’s (2010) Parent Engagement Policy outlines four factors that define the vision for parent engagement in Ontario’s education system:

Students are supported and inspired to learn in a culture of high expectations in which parents: are welcomed, respected, and valued by the school community as partners in their children’s learning and development; have opportunities to be involved, and also a full range of choices about how to be involved, in the educational community to support student success; are engaged through ongoing communication and dialogue with other educational partners to support a positive learning environment at home and at school; and are supported with the information and tools necessary to participate in school life. (p. 7)

Benefits of parental engagement. Beyond facilitating support, parental engagement in child and youth education also brings with it a host of benefits for the student, parents, and community. Parental involvement in their child’s academic success results in benefits such as

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enhanced student achievement and motivation, increased positive behaviors and self-regulation, and improved emotional development and social skills (ASSIST, 2013; Epstein, 2005; Weiss, Bouffard, Bridglall, & Gordon, 2009). In particular, benefits of on-going parental involvement have been shown to impact achievement and test scores for students living in high-poverty areas (Epstein, 2005). In their 2013 report, the Ontario based mental health organization, ASSIST, recommend that encouraging parental engagement is one of the most important ways to promote mental health at school. This reinforces the significance of family involvement as the strongest influencer of student achievement and success in school (Epstein 2005; Epstein & Sheldon, 2006).

Increased parental engagement has been linked to a host of benefits for parents. Henderson and Matt have found that when low income parents are trained to work with their children they increase their support for school activities, show greater aspirations for their children, seek additional education for themselves, and develop more positive attitudes toward school, education, and their children's teachers (Henderson & Mapp, 2005). Additionally, teachers hold greater respect for parents who are viewed as participative as opposed to those whom they perceive as indifferent (Berger, 1995) and this respect is the foundation for greater trust and more meaningful communication (Olyson & Hyson, 2005). Research from the National Association for the Education of Young Children reports that communication between families and teachers, "...especially on difficult topics, is much easier when a supportive, reciprocal, relationship is in place" (Olson & Hyson, 2005, p. 67). Thus, when parents are engaged and involved in their child's success it contributes to the overall school-community relationship as well as the child's future (Mental Health ASSIST, 2013).

Barriers to parental engagement. A report from the Ontario Center of Excellence for Child and Youth Mental Health (2012) identified that involvement of families in child mental health is now recognized as a best practice for treatment. However, despite the well-documented benefits of parental engagement, there are numerous barriers to involvement including: structural constraints, such as a lack of resources and high-stress family environments; cultural disconnect between families and the overall cultural environment of the mental health system; and the impact of stigma (Ontario Center for Excellence, 2012). These barriers disproportionately impact families of low socioeconomic and/or minority status in the sense that disadvantaged parents may have limited access to resources, are less familiar with the school system and middle class values, and are more likely to feel intimidated or threatened by the authority of teachers in comparison to their middle class counterparts (Moles, 1993). Research confirms that parents care about their children but require clear information from educators if they are to remain engaged and involved in their children's education (Epstein & Sheldon, 2006). Therefore, parental engagement can be promoted through strategies aimed at addressing the following barriers (Ontario Center for Excellence, 2012).

Structural constraints. Parents are busy individuals. They simultaneously juggle multiple commitments including work, finances, child care, elder care, school meetings, doctors' appointments, home care or maintenance, and self-care. One study found that over 35% of parents surveyed reported they experienced one or more barriers in seeking child mental health services (Owens et. al., 2002). Of this proportion, nearly 21% cited structural constraints as the primary hurdle to overcome. These include limitations on resources such as time, energy, knowledge, and transportation. The literature indicates that parents of children with mental health concerns already feel unsupported and overwhelmed by demands (Owens et al., 2002).

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Families with lower socioeconomic status (SES) in particular, may struggle with these barriers and lack access to technology that eases communication with schools, such as computers, answering machines and cellphones (Craham-Clay, 2005). In addition, unemployment is found to be associated with increased barriers to mental health services due to parents being overwhelmed by their own concerns, being unfamiliar with the mental health system, and potentially having already experienced a long history of barriers to care and support (Owens et al., 2002). A lack of resources and knowledge of psychological services make it challenging for parents to effectively care for a struggling child and at the same time, overcome structural barriers to parental involvement.

Cultural differences. Parents from low socioeconomic status (SES) background are more likely to lack structural resources such as transportation and time and, due to their own past experiences, they may be less comfortable working collaboratively with the educational system. Compared to more highly educated parents, parents with low SES may have had less positive experiences in the school system both as a student and as a parent. Literature suggests that the experience of a single negative incident can create conditions for parents to no longer wish to communicate openly with a teacher (Phitaka, 1999) and the use of educational jargon only serves to further alienate parents (Craham-Clay, 2005; Miller, 2008). On the other hand, parents who are more highly educated and from middle class backgrounds are likely to have a more positive experience with the school system, hold similar values to the teachers, and have a better understanding of academic jargon and acronyms frequently used (Craham-Clay, 2005).

New immigrants to Canada may also experience the compounded impact of multiple barriers. Not only do they often have lower SES and, therefore, face the resource scarcities noted above, they also may lack a fluent understanding of English or of Canadian school systems. This

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intersectionality results in the impact of multiple barriers compounding exponentially creating a significantly larger set of challenges for parents to overcome. For example, the degree to which a parent's primary language and culture is validated by the teacher strongly influences the level of parental engagement (Pena, 2000). In addition to language barriers, recent immigrants may not yet have an accurate understanding of how to effectively interact with an academic institution (Craham-Clay, 2005). Chavkin (1989) found that despite wanting to participate in their child's success, parents who do not belong to the dominant culture frequently feel uncomfortable and intimidated by the education system and feel awkward about approaching school personnel, particularly if they had previous negative interactions with teachers.

Further cultural differences may develop around the understanding and interpretation of child mental health. The actions parents take in response to a developing mental health issue are mediated by their own cultural understandings of, and attitudes toward, mental illness (Hoover-Dempsey, Walker, Jones, Reed, 2002). In addition, teachers often use "their own cultural lens" to interact with linguistically and culturally diverse parents (Colombo, 2004, as cited in Craham-Clay, 2005) which may lead to cultural misunderstandings and passing of judgement by both parties. Hoover-Dempsey and colleagues (2002) raise an important point to consider in an increasingly multicultural country such as Canada, "Teachers who feel uncertain of their skills in dealing with 'traditional' families may struggle even more as they consider trying to work productively with families perceived as 'different' from envisioned norms on a number of dimensions." (p. 860) According to their study, teachers often feel more comfortable with parents who share similar value systems and may feel demoralized, discouraged or angry toward parents who hold different values.

Stigma. Out of the 35% of parents who report barriers to mental health services, half cited either the perception of mental illness or the perception of health services as the primary barrier to seeking aid (Owens et. al., 2002). Even today there still exists stigma against those who struggle with mental health and this stigma extends to parents and families. Fear of parental blame in particular limits parents' help seeking behaviours, such as openly discussing issues with teachers as well as the pursuit of assessment and treatment (Hinshaw, 2005). Unfortunately, research in psychology in the 20th century implicated poor parenting as the cause of many disorders such as autism, schizophrenia, depression, and more recently ADHD (Bettelheim, 1967, as cited in Hinshaw, 2005). For a number of decades it was believed that faulty and unresponsive parenting during key developmental periods caused severe mental instability in children. Therefore, as mental health concerns surface, parents may experience a mix of emotions including feeling blamed, demeaned, and frustrated by recognition of a “problem” with their child (Lasky, 2000). The more recent biomedical framework of mental health relieves some parental blame (Hyman, 2000, as cited in Hinshaw, 2005), but whether it is through shared genetics or shared environment, many parents still feel responsible for their child’s psychological concerns.

Current state of Parent-Teacher Communication

Research indicates that in within parent-teacher relationships a strong partnership builds trust through shared goals and values whereas “weak partnerships limit opportunities and resources that help our children become successful adults” (Parents Reaching Out, 2009a, p. 1). According to the literature, successful parent-teacher relationships are grounded in mutual respect, sensitivity, and a focus on each party’s strengths rather than deficits (Sander, 2008). Moreover, positive communication strategies engage, inform, and create mutual partnerships which increase

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feelings of connectedness and confidence for all stakeholders including teachers, parents, and students (School Learning Support Program, 2005). All of this can be facilitated through open and respectful conversations between parents, schools, and community organizations. However, open and effective collaboration between teachers and parents must be fostered through an environment of trust, respect, and open and ongoing communication (School Learning Support Program, 2005).

Ryan and Deci's (2000) research on Self-Determination Theory (SDT) supports the need for open and trusting relationships between parents and teachers. They suggest that an individual's ability to behave proactively is largely a function of whether or not their psychological needs of competence, autonomy, and relatedness are met. When these psychological needs are fulfilled, individuals experience enhanced self-motivation and improved mental health. Leaving these needs unmet leads to a reduction in motivation and wellbeing. These needs were found to be universal and developmentally persistent. This implies that excessive control, nonoptimal challenges, and feelings of disconnection contribute to reduced initiative and responsibility-taking (Ryan & Deci, 2000). This could be interpreted to suggest that parent-teacher relationships categorized by a sense of autonomy or freedom from unnecessary constraints; the belief in one's ability to contribute to the relationship; and belongingness or connectedness with will enhance both parents' and teachers' motivation to proactively engage in collaboration to support a child's success.

Although parent-teacher communication is occasionally positive in nature, it is primarily motivated by concern, frustration, mistrust, or anger from one or both parties (Craham-Clay, 2005; Hoover-Dempsey, Walker, Jones & Reed, 2002). Rather than feeling understood and informed after a parent-teacher meeting, a study on the emotional politics of teacher-parent

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interaction revealed that both parties were frequently left feeling confused, powerless, and misunderstood (Laskey, 2000). This level of communication does not build a trusting and sharing relationship that is needed for successful student outcomes (Allen, 2009; Barbour, Barbour, & Scully, 2001).

Barbour and colleagues (2001) describe two forms of communication that teachers and parents engage in: one-way and two-way. One-way communication, such as newsletters and handbooks, keep families informed about school policy and activities but does not contribute to a trusting relationship (Barbour et al., 2001). On the other hand, effective two-way communication between school administrators and parents is considered “a necessary trait for success” (National School Relations Association, 2006, pg.6). Two way communication, such as a verbal dialogue, encourages the development of trust through opportunities to express empathy, mutual concerns, and understand contrasting perspectives (Lawrence-Lightfoot, 2004). Only with two-way communication can parents and teachers can participate in a productive exchange of ideas and information leading to greater problem solving (Whichard-Bond, 2013).

Trust. Research has established a link between organizational outcomes and trust in that enhanced cooperation results in the ability to resolve conflicts constructively (Kochanek, 2005; Whichard-Bond, 2013). Within the school system, teachers’ trust in parents has been shown to be predictive of the overall level of parent-teacher collaboration (Tschannen-Moran, 2000) and that “growth in trust predicts a growth in teacher commitment to the school and greater openness to innovation” (Kochanek, 2005, pg.79). Tschannen-Moran (2000) reports that, in the past, traditional models of schools have divided academic responsibilities from that of the home environment, and although there is a growing appreciation for shared responsibilities, effective collaboration between parties is often impeded by a lack of trust. A high degree of trust is

necessary for disclosure of more accurate, relevant, and complete information about concerns, thoughts, feelings, and ideas (O'Rilley & Roberts, 1977; Wrightsman, 1974; Zand, 1971, as cited in Tschannen-Moran, 2000). Effective collaboration involves the investment of time and energy, and the sharing of resources, responsibilities, and rewards, and this is hard to do without a foundation of trust.

Developing trust begins early in relationships when individuals are paying close attention to trust-related information about the others (Burt & Knez, 1996, as cited in Tschannen-Moran, 2000). Those who demonstrate benevolence, reliability, competence, honesty, and openness are most likely to be judged as trustworthy (Hoy & Tschannen-Moran, 1999). In addition, important gestures such as keeping promises and acceptance of responsibility for actions facilitate greater trust while collaborating with others. When working with a trusted partner, people are more inclined to go above and beyond what is expected of them and to invest greater energy into goal oriented behaviour since they do not need to be concerned with self-preservation (Podsjooff et al., 1990, as cited in Tschannen-Moran). When distrust exists, particularly when one person holds more power, the less powerful party feels compelled to be evasive or to distort information to protect her or his self-interest (Miller, 2008). This suggests that a parent's defensive behaviour is strongly influenced by their perception of teachers' trust and power.

Power. Historically, teachers have dominated over parents, so much so that a teacher's power is often an unquestioned aspect of our culture (Lasky, 2000). In an article reviewing the cultural and political environment of parent-teacher relationships, Lasky (2000) draws attention to the fact that parents frequently report feeling like an unequal partner in their child's education (Lasky, 2000; Lazar & Slostand, 1999). Studies indicate that when discussing student success, teachers will lead the conversation, freely use educational jargon, and address parents as "Mom"

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and “Dad” rather than by names or titles (Clemens et al., 2013). Collectively, these small actions alienate parents from the conversation and make them feel as though they are neither respected nor equal partners in their child’s welfare.

In an article discussing the power disparity present within the therapist-client relationship, Miller (2008) reviews the many ways in which unequal power can impact two-way communication and working relationships. Although there are many differences between therapist-client and teacher-parent relationships, much of the influence power has on a working relationship can be extrapolated and applied to teacher-parent communication. For example, like a therapist, a teacher holds a position of authority, is considered the professional expert on the matter at hand, and therefore, has control over the discourse (Lazar & Slostand, 1999; Miller, 2008; Walker & MacLure, 1999). Moreover, situations in which the teacher is a member of a class or racial group that has more privilege and status than that of the parent, both the power differential, and the parent’s difficulty addressing it grows (Miller, 2008).

This power imbalance becomes even more problematic when teachers fail to recognize the extent of their power and proceed to act in “power-over” ways without realizing it (Miller, 2008). “Power-over” refers to a form of power that derives from a structural situation in which one group has a greater ability to control others through access to more resources and privilege (Miller, 2008). When the possession of power is either intentionally or unintentionally denied by the teacher, the parent’s reality of being less powerful is also denied, and teachers put themselves at risk for losing their ability to understand a parents’ perspective (Miller, 2008). Only through recognition of power and awareness of how actions, or inactions, may impact parents, can teachers introduce a new power into the alliance, the power of mutual respect and empowerment (Miller, 2008). Teachers can make use of empathy, openness, and authenticity to communicate

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they are listening and understanding what parents have to say. As a result parents can see that they had an impact on the interaction and feel more power in the partnership. When parents feel more connected and respected they become more engaged, and teachers grow from their participation in this positive exchange, resulting in what Miller (2008) has called mutual empowerment.

Teacher factors. Teachers bring their own subjective experience to parent-teacher communication. Understandably, their past interactions with parents will influence their current attitudes and behaviours. Literature supports the notion that newer teachers, who possess limited skill and experience in reaching out to parents, may attempt to do so only to give up on unsuccessful initial efforts. More practised teachers who have previously endured multiple negative encounters are often reluctant to try again (Hoover-Dempsey, Walker, Jones, & Reed, 2002).

To make things more challenging, Canadian teachers are experiencing unusually high levels of occupational stress. Thirteen percent of Ontario's teachers reported 'feeling stressed all the time', compared to only 7% of Ontario's public work force who are feeling this way (Jamieson, 2006). Teachers experiencing burnout or compassion fatigue may have fewer of the internal resources, such as patience and empathetic understanding, necessary to facilitate emotionally charged conversations. For example, research on power disparities within working relationships suggests that feeling overwhelmed, inadequate, anxious, or other similar difficult emotions increase the likelihood that those in a more powerful position will make use of "power-over" maneuvers to achieve desired results as opposed to working toward genuineness and connection (Miller, 2002).

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A recent study revealed that, in general, teachers “recognized the importance of working collaboratively with families and other community groups but many expressed significant frustration and disillusionment about degree of support from both” (Graham, 2011, p. 132). Graham (2011) concluded that when teachers are unable to engage parents in an issue, they feel as though they are required to shoulder a greater portion of parental responsibility. Many teachers believe that family issues represent the primary barrier to student well-being, but unfortunately, this view leads to judgement and parental blame, particularly for parents of low income and minority backgrounds (Lazar & Slostand, 1999).

To foster productive collaborative relationships with parents, teachers should strive to behave in trusting ways and make use of empathy, authenticity and openness to reduce the perceived power disparity between themselves and parents (Miller, 2008). Effective two-way dialogues “develop out of a growing trust, a mutuality of concern, and an appreciation of contrasting perspectives” (Lawrence-Lightfoot, 2004). This can be achieved through improving the perceived quality of the social interaction (Adams & Christenson, 2000). Relational Cultural Theory (RCT) suggests that a positive interaction is characterized by mutual empathy and empowerment. Both parties should feel heard, respected, and understood. All parties should contribute and benefit from the conversation, and by the end it should be free from *disconnection*, which occurs when one person invalidates, excludes, humiliates, or injures the other (Jordan, 2000). Additionally, when teachers strive to understand the unique experience of each family based on their own cultural milieu and reality, relationships with parents will improve (Craham-Clay, 2005). Teachers can demonstrate an attempt to understand culturally and linguistically diverse parents through celebrating traditions in the classroom, incorporating diverse speakers, and accommodating the difficulties faced by disadvantaged parents (with an

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interpreter if necessary). In doing so teachers can instill confidence in parents and move toward mutual empowerment.

Adopting the working premise that communication represents the foundation of parent and teacher partnerships, teachers will benefit from creating a strategy for engaging families to foster trusting relationships. This strategy must accommodate diverse languages, cultures, lifestyles, education levels, and schedules (Whicard-Bond, 2013). Since teachers are perceived to hold greater power than parents, when teachers approach parents and purposefully demonstrate their willingness to respect and adapt to individual differences, and to promote ongoing trusting communication, they encourage parents to become and remain engaged (Gestwicki, 2010; School Learning Support Program, 2005). “When parents and teachers are aware of each other’s needs, they are better equipped to share in the responsibility of raising and educating the child they share” (Whicard-Bond, 2013, p. 18).

Chapter 3: Methodology

The purpose of this research was to learn more of parents' experiences and opinions in regards to parent–teacher communication and the barriers parents feel they face in securing school-based support for their child's mental health concerns. With support from the *Center of Excellence*, specifically the parent advocacy group *Parents for Children's Mental Health*, this study conducted a series of interviews with parents who have had a child with mental health concerns enrolled in an Ontario school. Parents were recruited through word of mouth and email correspondence. Interviews were conducted over the phone and ranged from thirty minutes to an hour and a half in length. A phenomenological approach was taken with the aim of giving parents a voice, listening to that voice, and using their expressed opinions to inform a thematic analysis of the data.

The interview questions (see Appendix C) were selected following a review of existing literature on parent-teacher communication and an informal telephone conference call conducted with parents about parent-teacher communication. Interview questions were guided by overarching themes discussed in the conference call, theoretical orientations and supported by current literature, and the researchers experience with school based mental health. Ongoing reflective journaling and discussion with supervisory researchers took place during the interviews to ensure trustworthiness, or rigour, of this method of data collection. Interviews were transcribed and a thematic analysis was conducted on the data. The thematic analysis was guided by theoretical frameworks presented in the literature and the researchers' knowledge of and experience with interprofessional collaboration and parent-teacher communication. This was done by analyzing and reanalyzing interview transcriptions to determine meaningful patterns.

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Themes were identified from the prominent themes and these themes were repeatedly reviewed, defined, and named.

Credibility, transferability, and confirmability are recognized as qualities that increase the trustworthiness of qualitative data (Shenton, 2004). Credibility, or the extent to which this research studies what it intends to study, was increased through the examination of previous research; adoption of well-established research methods; the development of familiarity with the culture of the participating organization via a pre-data collection conference call; helping ensure honesty of participants through voluntary participation and establishing rapport early in the interview; frequent debriefing sessions with the supervisor as well as reflective commentary of initial impressions of each data collection session so as to identify emerging patterns and theories. Transferability (the extent to which results can be applied to a wider population) was increased by providing contextual details of participants demographic data and experience so a reader could decide if a comparable environment was similar enough for findings to be applied to another setting (Shenton, 2004). Confirmability (the ability to demonstrate that findings emerge from the data as opposed to the researchers' biases) was increased through the researcher's admission of predispositions and experiences that may have influenced data analysis in the field notes below.

Data Collection

Eight parent interviews with seven mothers and one father were completed during a three-month period. Each parent participant was the child's biological parent, except for two foster or adoptive parents. For the eleven children described by parents, their grades ranged from primary school to completion of secondary school. Parents reported their children experiencing both internalizing and externalizing mental health symptoms including anxiety, depression,

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OCD, and ADHD. All parents reported involvement in child mental health advocacy organizations. Four parents volunteered the fact that they attended postsecondary education.

Field Notes

Over the past two years, I have delved into researching parent–teacher communication and the impact it has on the families of students with mental health challenges. The importance of this research has been demonstrated to me on two personal levels: my experience struggling with anxiety in the school system, and my work as a family therapist. My own early experiences with school-related anxiety still impact me today and remind me of the importance of providing children with a collaborative circle of care and support. In addition, while interviewing parents for this study I was interning as family therapist at a children’s mental health centre where I supported families through many struggles, including those with the school system and professional educators. These experiences provided me with valuable insights into the lives of families, their struggles, fears, and, most importantly, sources of hope and strength in regards to their child’s experience in school. These insights have oriented and guided my data analysis of parent-teacher communication in regards to child mental health concerns.

While arranging interviews, it was clear that many parents were eager to share their experiences in the hopes that change may be implemented. The primary hurdle was scheduling appointment times convenient to all parties. Many parents interviewed shared that, in addition to daily tasks and responsibilities, they were also pursuing their own careers and interests, caring for multiple individuals, and participating in community mental health advocacy. These scheduling challenges testify to the degree to which parents of children with mental health concerns are busy and preoccupied with responsibilities.

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Throughout the interviews parents shared stories of frustration fueled by a system that could not meet the needs of their family. These stories were full of uncertainty, isolation, fear, and anger. Without fail, every participant expressed sincere gratitude and appreciation for this research. Despite the fact that many participants would not personally benefit from this research, they gave voice to thousands of families who experience this struggle with the hope that others may be spared such a challenging experience in the future. Their messages of hope, strength, and determination for change are inspirational and continue to fuel this line of research.

Chapter 4: Results

Based on data analysis three broad themes have been identified: *family's experience*, *parent – teacher relationship*, and *hope for the future*, with each theme encompassing two to three sub themes. *Family experience* provides an overview of parents' past and current advocacy efforts for a child with mental health concerns within the school system by drawing attention to how parents view the family and school system interacting. It includes subthemes of *family system*, *school system*, and *privilege*. The second theme *parent – teacher relationships* highlights factors parents described as important to building and sustaining a strong positive relationship with teachers. This theme includes the subthemes *communication*, *competency*, and *trust*. Finally, the third theme *hope for the future* gives a voice to parents' vision for improved parent – teacher collaboration. It includes the subthemes *vision* and *action plan*. It is important to understand that the identified categories are not mutually exclusive. Many factors overlap and impact one another representing the dynamic nature of each participant's unique experience of advocating for a child with mental health concerns and collaborating with school officials.

Family Experience

The first theme, *family experience*, provides an overview of participants' past and current experiences advocating within the school system on behalf of a child with mental health concerns. Parents recognize that two separate systems, the *family system* and *school system*, must come together to form a system of care in support of a child with mental health challenges. In addition, while describing their experiences parents repeatedly spoke to the role that *privilege* had on a parent's communication and advocacy efforts and success.

Parents readily recognized the necessity of open communication and collaboration with teachers. Children spend a great deal of their time in both the family and school systems and

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experiences in one system overflow to impact the other. One parent described the necessity of open communication with teachers when discussing child with mental health concerns:

You need everyone to be on the same page in terms of supporting that kid rather than enabling them. And I think that's so critical that we're all talking together. You can't have meetings to decide what's going to happen with that child in school without having the parent there because... Out of the seven hours they are in the school system, parents know the other 17 hours of what's gone on; what their doctors are saying, or their therapists, or their social workers, or even what's happening around them in terms of their home and community environment. [Participant 2]

Despite the benefits of having parents and teachers work together to support the success of a child struggling with mental health, participants reported a large number of barriers to an interprofessional collaborative partnership. One parent provided a summarizing statement:

There's so many conflicting hurdles that, from a school level to a parent it's almost an immediate adversarial...because the child doesn't fit the system and the system's not designed for the child. And yet the child is no less. The child needs and has a right to the education of the educational system, equally, as much as any other child does.

[Participant 7]

Family System. To comprehend parents' needs in a collaborative relationship with teachers, it is important to have a contextual understanding of the family's experience of child mental health concerns and school advocacy. This subtheme includes parents' descriptions of how collaboration was necessary for child success but additionally, the challenges they experience in this; the ways in which school impacts the home environment; and their emotional

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burden of advocating for a child with mental health concerns, including the experience of isolation.

Parents frequently expressed the challenge of raising a child with mental health concerns.

One parent shared,

I think when you're parenting a child with mental illness, in particular, there are so many failures that these school failures just add. And they're in school every day all day. It can be so hard to just cope with it on an ongoing basis all the time...it just builds up over time. [Participant 6]

Parents experienced worry around sending their child to school. Children who struggled with mental health faced additional barriers in the school environment and one parent shared her experience of this.

You worry because you don't know—he's our first child at the school. We didn't know the different personalities of the teachers as you go up and whether or not he would be able to do this... how does this look to him as he progresses through school? Will he be able to do it? Will he be able to graduate? For us, it was not having had the experience with mental illness... what happens? What are our options? It was scary [Participant 2].

Parents discussed the ways in which their child's experience at school impacted the whole family. One parent shared her experience of how her child's school day translated to increased stress at home:

He would come home after being in this free for all and then all of our rules and limits would send him skyrocketing ...I would say almost 3 out of 4 days out of the week he would come home and spontaneously combust because he had such a chaotic day. So it wasn't just the school stuff, it was the impact that had on our home life. [Participant 8]

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Parents were often unaware of much of what their child experienced while away from home. They expressed strong feelings about the lack of communication from teachers about the school day and the impact these events had on home life, “There has never ever, ever been any feedback. All there is my daughter coming home upset about something and me having to crack the code on what the hell is going on.” [Participant 5]. Without feedback parents reported their struggle to support their child’s emotional experience and needs.

Another parent shared a particularly painful experience about the degree to which a teacher’s behaviour negatively impacted both her child, and her family:

It was just that one year that was a nightmare... [The teacher was] just checking out...she just didn’t really care. Every other teacher I’ve had has cared, so I didn’t realize it could be so bad and have such an impact on my kid.... And me, and my career frankly... I don’t think she understands what she did to my child. [Participant 4]

Parents expressed feeling as though they had little influence over who their child’s teacher will be and expressed frustration at the lack of recourse for teachers who were seen as a poor fit for children with mental health challenges.

Another important factor related to the family system’s experience of mental health is the feeling of isolation due to mental health stigma. One parent shared, “It was very isolating too because not a lot of people understood. Not a lot of people wanted to understand even. And again, and again, you’re having to explain” [Participant 1]. Parents expressed strong emotions around feeling stigmatized due to their child’s challenges. One participant shared about her experience with other parents:

I always thought that when I look back at when our child was born... and all of the courses you can take, nothing would ever prepare us for this. And you just felt lost and

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alone, and you felt alone because of the other parents...Parents say, “Oh I hear [child’s name] is not at school, is he okay?” And there were certain ones you knew you could talk to and there were certain parents you didn’t want to talk to because you didn’t know how they would react... [Participant 2]

Parents also shared about the emotional and mental burden that comes with having to advocate on behalf of a child with mental health concerns. One parent described the perpetual nature of this advocacy:

It seems constant and never ending. You’re always having to think about what conversation should I have? What conversation could I have? Should I relay this to the teacher, the principal, the school? What shouldn’t I do? What is that conversation? It’s a never ending thought process which someday I have to say feels absolutely monumental. It just feels like the biggest mountain you have to climb. Because it’s constant. It’s just constant. [Participant 1]

Parents are emotionally invested in their child’s success and described the impact this emotional investment had on how they communicated with teachers. One parent offered a summarizing statement describing how a parent’s emotional investment in their child impacts their ability to approach advocacy in a strictly professional manner.

I used to say this all the time in meetings when I could cry, ‘You’re here as professionals, I’m not here as a professional today. I’m here as Mom.’ And I’m not saying that gives me the right to yell and scream at people... But I’m there as a Mom. And I think that sometimes they forget that... this is our kid’s future, this is our child. [Participant 6]

These prevalent feelings of isolation, the ongoing challenge of mental health concerns, and the emotional investment parents have in their children lead parents to request understanding

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and empathy from teachers with whom they wanted to partner. One parent expressed his desire for empathy, “The part that [teachers] don’t see is...the first time you see them, that represents about two or three years, or four to five years, of struggle just for them to make it through the front door” [Participant 7].

School System A child’s success at school is dependent on two systems, the *family system* and the *school system*, interacting in a collaborative way. It is important to have an understanding of how parents have experienced the school system. Parents expressed strong feelings around some systemic realities including: limited funding and mental health resources; teacher resistance to collaborating with community professionals; and the fact that each year parents must begin relationship building anew and collaborate with a different teacher.

Parents recognize the challenging nature of teachers’ work as they juggle the academic, emotional, physical, and mental health needs of up to thirty children at the same time. One parent shared:

They’re overloaded. The number of diagnoses that are coming out now that are so varied and far between in terms of what those children need. The difference between what my girls need as opposed to what an autistic child needs as opposed to, you know, a child with fetal alcohol syndrome needs. It’s just mind boggling. [Participant 7]

Parents discussed how a school’s funding and access to mental health support impacted a teacher’s ability to support a child with mental health challenges. Parents expressed frustration around the lack of support available to them. “I think the most difficult piece was trying to figure out what was in the system. Like trying to understand because the help you would have thought was there at the time wasn’t necessarily there” [Participant 2]. Another parent shared:

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A lot of the schools don't even have the proper number of [Educational Assistants] (EA), let alone [Special Education Resource Teachers] (SERT), let alone [Individual Education Programs] (IEP). They just have too few. Forget statistical norms, they just don't have enough EAs to have the students properly supervised to begin with. But then when there's somebody outside the norm, who has some mental health issues, they've got, in many cases, not enough IEPs to go around. [Participant 7]

Limited funding, resources, and trained personnel increases the burden on teachers to provide individualized mental health support to every child in need.

Parents also expressed concern over teachers' resistance to forming interprofessional partnerships with community mental health professionals. One parent shared about her experience trying to engage the school and community professionals to work collaboratively:

We were trying to get supports. We were trying to help them understand ... my clinician and therapist, we were all trying to give [the school] tools and strategies to use to help them understand how terrified [my child] was... either they didn't want to implement it or they were offended that we were telling them, giving them these suggestions, and they thought they needed to do it on their own. I don't know. It was a bit of a control issue going on there... We got nothing. [Participant 1]

Another important factor parents shared about their experience with the school system is the fact that children's teachers change every year and principals change regularly. A participant shared her experience with changing school personnel:

Every September it's the same thing right? You're hoping that the teacher they get in September is going to be somebody who is going to value all of the information and the wisdom that you're going to share with them about your child. But there's always that

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little piece of you that thinks, “Oh God, I hope they get it.” Because if they don’t get it...one or two things could damage all of the great work that we have done up until now.

It’s as though you are reinventing the wheel every September. [Interview 1]

More than half of the participants spoke to the uncertainty around working with a new teacher every year.

Even when parents successfully established a positive interprofessional collaboration with a teacher they were forced to start over again the next year. One parent shared:

We did develop with that particular principal a really good relationship, and then unfortunately after grade 1 he left and we got a new principle. And the whole process began right from square one...There is no transition. There was no understanding on the new principal’s behalf about what this [mental health challenge] meant. [Participant 8]

Regardless of past success parents report starting their relationship building efforts anew every September.

Privilege This theme represents the ways that, according to parents, privilege and power impact parent-teacher collaboration. Parents reported ways in which their experience of privilege in the form of time, knowledge, education, and career choice had a strong impact on their ability to successfully advocate for their child within the school system. In addition, parents reported using tactical maneuvers such as assertive communication and persistence in an attempt to secure the support they need.

Participants reported that parent-teacher communication as frequently adversarial. Parents disclosed their belief that both parties feared their knowledge and expertise would not be respected by the other. One parent shared:

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I think there is a bit of a barrier between the school and parents...I've heard it in the school yard and from parents and I've also obviously witnessed... when you speak to a teacher, the teacher thinks that you're not the educator so what do you know? And the parents have the same side, 'I know my child, you don't know my child so how dare you say that or think that about my child. [Participant 1]

The majority of participants reported being middle class, educated individuals and spoke to the ways in which their privilege impacted their advocacy efforts. One parent offered this assessment of how his position in the community was beneficial to his advocacy efforts:

...Because of what I'm involved in, the oldest, has access to things that she wouldn't have normally. Between my wife and I, we've been able to pretty much source what's there and available and when we need it we can pull on it...It's just that I'm running into so many of the families who are caught in the middle because they just don't know the information, and they don't have a background in anything close to this; but what they do have an expertise on is what their son or daughter is going through. [Participant 7]

Participants acknowledged that a parent's education, culture, language, career, networks, and cognitive resources strongly contributed to their ability to advocate for their child's needs within the education system.

Parents who were knowledgeable about child mental health concerns experienced an advantage in their advocacy efforts. "I was able to, because of my background, tell the school what my feeling was that the kids were dealing with from a mental health standpoint. I laid it out as best I could for both kids" [Participant 7]. On the other hand, another parent offered a summary statement about the way in which many parents' advocacy and collaborative efforts are hindered by culture, language, and education:

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...Parents' need to understand how they can be a part of this process and if they don't know—depending on their background, depending on if someone has challenges from a literacy perspective... if someone is not using their first language, or cultural barriers... I think that needs to be understood in terms of what [parent engagement] looks like, what their rights are, what is allowed in the process, what they can ask, what it all means...because not everyone [knows]. [Participant 2]

Another factor related to parents' experience of privilege was the role parents feel forced to take as mental health educators. Parents shared how their education and experience contributed to their mental health knowledge and, in turn, their ability to collaborate with teachers as professionals. One parent shared”

“[The teacher] would take our expertise and walk with it... But bearing in mind, that's my job to be able to do that. So numerous times I've had conversations with the school about how difficult this must be for other parents. [Participant 8]

Parents who do not have the knowledge, skills, ability, or resources to advocate successfully on behalf of their children may experience additional barriers to collaboration and support.

Most participants reported that they received support after advocating for their child, however, they expressed that collaborative efforts were not mutual. Parents frequently expressed that they were the primary drivers of communication. One parent reported:

Yeah, I mean the support was good but the support was based on me as a parent going in, and me not backing off. If I hadn't pushed myself in the middle of it I don't think it would have been as easy to get support. [Participant 2]

Another parent described how she felt obligated to become more assertive in her communication to have her concerns acknowledged:

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I was more passive-aggressive in the very beginning of this because I was learning how to do it. But honestly, the more assertive you are with the school and what your needs and wants are for your child, the more noticed you are. If you are passive they'll do what they want to do, or what they think is right; but if you are assertive almost on the aggressive side, then they open their eyes and say, 'Oh, okay. This is what mom wants and this is what the child needs.' So I have learned that if you take the passive way it doesn't work. If you are really assertive then you're listened to. [Participant 3]

Parent-Teacher Relationship

Successful collaborative partnering between parents and teachers is built on top of the foundation of strong, positive relationships. All participants spoke to the positive impact that an open and trusting relationship had on their communication with teachers. The theme *parent-teacher relationship* draws attention to factors that parents reported experiencing as barriers or bridges to a positive relationship with school administrators. This included *competency*, *communication*, and *trust*. When discussing the importance of the parent-teacher relationships one parent shared:

I would really want them to understand that children are not available for any kind of direction from those they're not attached to. And the teacher, they only get that attachment when they bridge with the parents' attachment. That's the ingredient. When the child sees the parent on board with the teacher and the teacher becoming an extended part of that child's circle that creates positivity and success... [My child] knows that [his teacher] is an extended part of our team. [Participant 8]

Communication Parents indicated that open communication greatly impacted their feelings of trust, collaboration and partnership. Participant descriptions reflected the

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understanding that each party had valuable information and insights into the child's needs and that sharing this information was beneficial to all parties. In addition, this subtheme also highlighted parents' expression that communication was largely one-sided, the role of communication in developing a trusting relationship, and the impact of teachers' lack of mental health literacy on communication.

One parent expressed her view on the importance of open communication:

I've always felt, right from the get go, that if I can give [teachers] any miniscule amount of information to help them understand why there is a certain behaviour that day... that helps them to understand that connection piece; why things are happening. And I think that just opens the door for conversations throughout the day about what's going on and what's not. I think that communication piece is just so vital and so important because it just reaps so many rewards. It's just a small thing, but it reaps so many rewards.

[Participant 1]

Parents expressed concern that communication efforts were one sided with parents having to approach teachers with questions, concerns, and information. When asked about the quality of communication one parent reported, "... it wasn't always the greatest. The drivers seem to be the parents in terms of communication. You need to know what's going on, what's happening. So you really seem to be the driver for most of it" [Participant 2].

Parents expressed the ways in which having open communication contributed to a positive working relationship and greater trust. One parent offered this assessment of how open communication increased her level of trust and shared decision making with school staff:

With her EAs, we developed a relationship, and with her behaviour consultant, we developed a relationship so I felt that we were all on the same page. When I was

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contacted by any one of them I felt like when they'd say, "This is how we were planning on managing this." I felt like, "Yeah ok that's what I would do." And because we have the monthly meetings with the behavior consultant and EAs attended we always had that loop back. [Participant 6]

Parents shared feeling that reliable, open communication contributed to feelings of mutual understanding, similar purpose, and a positive relationship which are essential to forming a productive interprofessional collaborative relationship as this allows greater power sharing and decision making.

Competency This subtheme outlines the impact of teacher mental health literacy on parent-teacher collaboration. Parents shared that when they first recognized their child's mental health challenges they hoped that school personnel would provide suggestions or guidance on how to understand their child's struggles. Parents report that teachers' lack of experience of understanding of child mental health forced parents into an educators' role when they were unsure of the concerns or possible solutions. In addition, parents reported feeling as though teachers evaluated their child's behaviour as intentionally distracting or belligerent as opposed to influenced by mental health.

One parent reflected on her experience educating teachers: "I think I'd done as much as I could at the time. When she first started having these issues it was really hard. I was still learning about the issues so it was hard for me to educate them" [Participant 3]. Many parents echoed the sentiment that they felt responsible for educating teachers about child mental health due to teachers' lack of training and experience. A parent offered this perspective:

They didn't know what to understand or what to expect and there was no education or teaching. I would say, 'Hey by the way, this is a mental illness. This is depression.'

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Because I can remember having one teacher say, ‘Well he was fine this morning. I don’t understand how he can be like that this afternoon. [Participant 2]

Every parent interviewed expressed that collaboration with teachers would be more successful if teachers were more knowledgeable about mental health concerns.

It was repeated captured in parent’s reports that teachers’ lack of understanding of mental health limited their understanding of a child’s challenging behaviours. One parent described the emotional burden of working with teachers who saw her child’s mental health symptoms as intentionally belligerent:

It was heartbreaking... And as much as I tried to teach the people around her what I had been taught... they were very resistant to it. They already had their mind’s set that she was a ‘bad child’ and that she was disobedient, and she was offending them because she wanted to. So I was fighting against that. They had already made up their mind about her and were not flexible about their thinking that this may be something more than her just being defiant. [Participant 3]

Parents expressed feelings of frustration and hopelessness when faced with teachers’ resistance to mental health explanations for the child’s behaviour even with a diagnosis from a qualified mental health clinician. One parent expressed how consultation from a mental health professional had little impact on the teacher’s valuation of her child’s anxiety:

The school at the time really didn’t understand [my child’s] debilitating feelings of being terrified...they thought she didn’t want to do what they asked her to do because she just didn’t want to. They didn’t understand ...we had a piece of paper in hand with a diagnosis... And even with all of that paperwork and experience front of them, they still saw belligerence rather than anxiety. [Participant 1]

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Trust. Participants expressed strong feelings toward actions and behaviours that impacted the level of trust between teachers and parents. This subtheme includes participants' examples of barriers and bridges to a trusting relationship as well as parents' expression of the benefits of a trusting parent-teacher relationship.

Parents reported that the act of withholding information or neglecting to communicate information they felt was important reduced parents' feelings of trust in teachers. One parent described her frustration at a teacher's decision to shelter her from a potentially upsetting poem her child had written. She stated,

...he talked about how he was worried and how he didn't fit in and that he wanted to change school... and all of these other things... And they actually said, 'We tried to get him to change the poem because we knew it would bother you.' So rather than identify that, yes, there is something going on, it was 'Let's not upset Mom.' So I got *very* concerned. [Participant 2]

Another parent expressed frustration around feeling as though school officials were not following through with commitments.

I've been trying to get things in place with the school for five years. ...And it's not--it's not going anywhere. I find that I'll go in and I'll talk to the principal, or the teacher, or the counselor and they nod their head but very little of what I ask to be implemented is done....Very frustrating. I wanted to pull her out of the school this year if things didn't change. [Participant 5]

Saying one thing and doing another can make individuals appear unreliable and untrustworthy. A lack of trust can result in unwillingness to make oneself vulnerable enough to be a partner of an interprofessional collaboration.

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Participants expressed that trust building begins early in their relationship with teachers and is built over time. One parent shared emotionally about her first meeting with a new school and the impact of feeling as though the school was open to understanding and addressing her child's need.

In June they called us in for a meeting... and within seconds of meeting everyone the principal had my daughter's file on her desk and she closed up her file and said, 'We've all seen her file. We all know what she's like in black and white. Now let us know what we need to do to help her ease that transition and get her in her feeling comfortable.'...Then she asked, 'What does [your child] need?' Nobody had at that point ever asked, 'What does she need?' It was just an amazing experience. [Participant 1]

Parents reported that being asked for their input greatly increased their feelings of trust and collaboration.

Another parent spoke to the way in which trust was gradually developed with teachers through repeated expression of reliability and competence.

I gave [the teacher] heads up as to what was going on and what I thought the correct response would be... and again on that trust level, they've been willing to listen, but they've also been willing to try out some of this stuff and finding success with it, and then they feel a higher level of trust with me. [Participant 7]

Parents reported that they became more trustworthy in teachers eyes as they demonstrated reliability and knowledge with mental health.

Parents shared experiences of judgment and blame related to child mental health concerns. One participant shared, "It's very easy for parents to get paranoid" [Participant 6].

When trust was intact, parents expressed a certain amount of predictability and feelings of

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security around the actions of teachers and other school personnel. The same participant went on to share her thoughts on the importance of having a trusting relationship:

I think you have to have the trust...I had no problem with our Behaviour Consultant consulting with the [EAs]. I never heard about these meetings usually... But I trusted that they weren't going around slagging me and slagging her [or] developing ways to make our lives miserable" [Participant 6]

Trust allowed this parent to feel comfortable with school personnel discussing her child's needs and opened the opportunity for increased collaboration.

Hope for the Future

The final theme, *hope for the future*, includes parent's *vision* for improved parent-teacher collaboration as well as an *action plan* for school administrators highlighting parents' concrete suggestions for improved parent-teacher partnerships. Parents expressed confidence that communication and collaboration with teachers can be improved and doing so would result in benefits for all stakeholders. One parent expressed the impact interprofessional collaboration would have on her child's success:

I've always advocated that in order for any of us to succeed, and in order for my daughter to become successful, we have to have an open collaborative conversation... I think when we do that we open up that energy, that ability to really listen to each other and really hear each other—I think, sometimes we listen but were not really hearing. When we hear, we open up such a world of possibilities and creatively thinking outside the box. Right? [Participant 1]

Vision Despite the many challenging hurdles to overcome, parents expressed hope and visions for improved interprofessional collaboration between parents and teachers. This

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subtheme summarizes parents' vision that increased collaboration will result in reduced animosity, improved problem solving, reduced burdens on individuals and more creative solutions to child mental health concerns, despite limited resources and funding.

For successful interprofessional collaboration, it is important that all parties feel as though they are working toward a mutually beneficial goal with similar values. One parent summarized her hope of reducing feelings of animosity and improve problem solving between teachers and parents:

If you can get educators and families and parents in the same room to have conversations about how to help kids, I think that will help lessen that fine line between, 'You are who you are, I am who I am and were not moving.' ... I think that when we start to do that we will see great successes. And kids feel that too, right? ... I think we need to keep having these conversations and continue to open that door ... More ways that [teachers and parents] can come together in the same room to brainstorm ideas, or thoughts, or processes... I think we would be making lots of head way for sure. [Participant 1]

Another parent expressed the desire for teachers to understand that many parents want to work together in ways that are mutually beneficial for all parties. She shared:

I think some parents are overbearing, and I feel badly for teachers, but I want them to know that some parents really do want to work collaboratively with them to make their day better too.... I know my main interest is my child, but it's also the teacher getting through the day. The collaboration would be helpful for both teacher and student.

[Participant 4]

Parents expressed the desire that school personnel express shared values and understanding of realities of being a parent and the additional challenges of parenting children

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with mental health concerns. One parent highlighted the importance of empathy with an example of successful interprofessional collaboration between parents and community professionals:

[Parents were] given full voice in the room with nothing separating agency people, field people, and parents. It just was brilliant because everybody just basically dropped their title at the door and decided to get on with the strategic plan that made sense. But in order to do that, they have to hear some things which are, (a) Family members are always late; that's just the way it is. [Laughter] And (b) Don't you dare tell us to put the phone off because [regardless of] what's important for you to get done in this meeting, my kids are more important. [Participant 7]

Successful collaboration can result in increased problem-solving capabilities. Parents expressed strong opinions around the benefit of creative solutions to mental health challenges. One parent shared her vision of teachers and parents working together to find creative solutions despite the chronic lack of funding, resources, and personnel:

I do think that the most important thing is trying to find creative solutions because often times they are simple things that don't involve an educational assistant, special resources, extra money or extra people. There are creative things we can do in our schools to allow children to deal with these issues in a positive way and I think a lot of times we get hung up on, 'How are we going to pay for that. Who's going to do that?' It doesn't have to be that complicated...I see a lot of kids who are struggling but are not at a crisis point, who could really benefit from some creative thinking on the part of people and ideas.

[Participant 6]

Action Plan Each participant was asked, "What could be done to make a parent feel like more of a partner in this process?" and parents responded with a variety of suggestions. The

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primary themes among these suggestions were to improve teachers' competency with mental health through training or information sharing, more positive communication, greater parental input, and increased understanding and empathy for the family experience.

Parents repeatedly expressed the need for teachers to have greater competency in regards to child mental health. Parents' suggestions for improving teacher competency frequently included requests for more professional development opportunities.

...it's an education [teachers] don't have. So, I guess I'd probably say your life as a teacher should be one of never-ending reading...the bulk of your reading, moving forward from this point should be mental health. And, if you can take seminars then you need to take seminars because whether or not you're given the title as teacher... in reality you're part of the mental health structure. [Participant 7]

Parents spoke to the benefit of increased funding for teacher mental health training, "...the return on this investment would be enormous if they would start springing loose some funding to start sending, on a rotational basis, start sending their teachers for mental health training" [Participant 7]. Parents also expressed ideas for strategy and information sharing between teachers for those teachers who cannot partake in professional development. "I think one of the things that schools could do is to create some kind of database or some kind of treasure chest of ideas" [Participant 6]. Allowing teachers to learn from other teachers' successes in accommodating mental health was frequently cited as one way to improve teachers' competency.

The nature of the communication between teachers and parents was frequently expressed as a factor that impacted the degree to which parents felt they could collaborate successfully with teachers. Many participants stated that they were more open to parent-teacher collaboration when teachers communicated desire to see the child succeed.

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I think that one way to improve communications is for teachers to reinforce with the parents that they want to see their kids succeed...that messaging to parents, 'I want little Susie to be successful here. But together we need to figure out what the success is going to be.

[Participant 6]

Negative communication was also named as a barrier to parent-teacher collaboration by participants. Parents' suggestions for improved communication included increased sharing of strengths, successes, and positive events. One parent made the suggestion:

Listen to all the things that parents say about their children, but also encourage them to tell you what their strengths are. Encourage parents to tell you all the things that they love about their child. Because you may discover things that you never see in a classroom because, it's such a foreign environment. [Participant 6]

Another parent shared about the importance of sharing about successes:

I think sometimes were so focused on what's not working we need to be focused on what is working as well. Those little notes home to say 'this happened' or quick emails to say, 'This happened and it was really good'... because I think sometimes as parents we really feel like we're not—I know I have—I feel like I'm not quite cutting it. ...The end result doesn't look like were getting any further. So I think we need to work much more towards a strength-based thought process. [Participant 1]

Parents also expressed acknowledgement that it is beneficial for parents to extend positive messages to teachers in validation of their efforts.

As parents we need to be able to relay that to teachers as well. To say that, 'Hey you know what? We've switched this up. I think you did a really good job. You know, my daughter came home today and... said you really helped her out'... to convey that

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positive is just so important. [Participant 1]

One participant explained how active seeking of input from parents can lead to more collaboration and productive problem solving.

... I am always 100% forefront in saying that there is never a perfect solution. It is as different as each child and unique as each moment. So one day it might work for the child and the next day it might not, and that's ok. But as long as you're willing to understand how debilitating it is for the child, then you're on a good trajectory. So I think if we can have more of those experimental conversations where [teachers] can learn from parents...that very open creative collaborative conversation would benefit so many teachers. [Participant 1]

This parent advocated for greater parent involvement in determining what strategies may be likely to work with their child. While seeking a parent's input, participants suggested approaching parents in a way that makes them feel like a partner in the process, "Always assume that the parent is the expert about their child. Assume that they know their child best. They may not, but treat them like they do" [Participant 6].

Finally, participants repeatedly spoke to their need for empathy and understanding about the family experience with mental health. One parent provided a summarizing statement about her hopes for increased empathy:

Judging is the worst thing you can do. Being understanding and compassionate and empathetic, those are the big things...If you see a child that does have needs that are outside the normal, approach the parents and have a collaborative way of dealing with the needs outside of the classroom, so in the end the child has a successful day in school.
[Participant 3]

Chapter 5: Discussion

This research was conducted with the aim of exploring the experience, needs, strengths, and hopes of parents within the context of parent-teacher collaboration so as to understand the conditions necessary for effective implementation of this best practice. Literature indicates that an interprofessional collaborative framework provides an efficient and effective organizational philosophy that values family participation in decision making so as to provide the child with his or her best chance at success. Results suggested three primary themes that are important to parents experience collaborating with teachers: the *family experience*, *parent-teacher relationship*, and *hope for the future*. This discussion explores the content of these themes in relation to previous research, and the theoretical frameworks used in this study including Social Determination Theory (SDT), Relational Cultural Theory (RCT), and Interprofessional Collaborative Practice. This section also provides an overview of this study's strengths and limitations before concluding with implications and areas for future research.

Family Experience

The theme of Family Experience outlines three prominent categories parents repeatedly spoke to as important to their experience of advocating for their child: *family system*, *school system*, and *privilege*. Collaboration between key stakeholders (parents, teachers, students, and community professionals) is becoming widely recognized as a best practice for supporting student success (Ontario College of Teachers, 2015). However, there is less known about the effectiveness of the implementation of this best practice standard. Fixen and colleagues (2005) define implementation as a set of activities designed to increase a specific practice at the community or practitioner level, and suggest that implementation is a process requiring stakeholder involvement at all stages. Suggestions for effective implementation include

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mobilizing support and community participation in decision making as well as clarifying feasibility and conditions necessary for success. Their research highlights the vital importance of understanding the parents' contextual experience, strengths, and needs prior to attempting to implement new policy.

Family System. The subtheme of *family systems* encompasses parents' expression of the necessity of collaboration, the way in which school and teachers impact the home environment, the emotional burden of advocating for a child with mental health concerns, and feelings of isolation. Parents expressed the many stressors and challenges associated with having a child struggle with mental health and they recognized that this task was beyond their knowledge and abilities. Parents reported observing their child struggle with a challenge that little was known about and with no clear solution. By the time many parents met with teachers to discuss concerns, they had struggled with these concerns for months, if not years. In addition, when communicating with schools, parents engage in a conversation that may be emotionally triggering given their experience of frustration, confusion, and isolation. While teachers, psychologists, and school officials are present in a professional capacity with the role of educational expert, parents attend with the role of caretaker, protector, and provider (Ambert, 2014). Because of this, parents requested greater empathy for their emotionality and less judgement from teachers. These results are supported by the findings of PCMH (2013) which concluded that to be effectively engaged, parents required greater respect and increased empathy from professionals with whom they worked closely.

School System. Schools systems face a number of structural realities. Parents expressed frustration with: limited funding and resources, overworked and overburdened teachers, complicated systems of support, teacher resistance to working collaboratively with community

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professionals, and the fact that parents must start over with a new teacher every year. Parents expressed having little control or influence over factors that strongly impacted their child's school experience.

Research on Social Determination Theory (SDT): suggests that an individual's ability to behave in either proactively or passively is largely a function of having certain psychological needs met (Ryan & Deci, 2000). It is suggested that the psychological needs of competence, autonomy, and relatedness are instrumental in enhancing one's motivation and engagement. Parents reported lacking feelings of competence while attempting to understand their child's needs and navigating the school system to determine what resources were available for their family. Parents expressed having little autonomy or influence over which teacher would be instructing their child, and little recourse for teachers who behaved in ways they considered to be unhelpful, or even damaging. In addition, parents expressed the fact that they forced to start their relationship building efforts anew every year as their child's teachers and principals changed frequently. This reduces parents' feelings of relatedness. This suggests that many parents' experiences within the school system may have negatively contributed to their motivation and ability to collaborate successfully with teachers.

Privilege. The subtheme of privilege highlights parents' expression of how knowledge, education, career choice, and status in the community impacts their ability to collaborate with teachers. Every participant in this study reported being involved in child mental health advocacy and many spoke to the advantage that their jobs, community status, or education provided them. Participants expressed feeling as though they were better equipped than the average parent to successfully collaborate with educational professionals due to their knowledge and/or professional capacity. Within the theoretical framework of SDT, this suggests that parents who

feel competent in their ability to support their child's mental health needs will experience greater self-motivation to engage collaboratively with teachers (Ryan & Deci, 2000). Parents without feelings of competency may experience reduced motivation to engage collaboratively.

As educated professionals, teachers are frequently in a position of authority and according to RCT the more powerful party is the one who must make moves to increase mutuality equality. The role of privilege strongly influences this dynamic. When parents are educated about child mental health, knowledgeable about the school system, and in possession of resources such as time, energy, money, and transportation the power disparity between themselves and teachers is greatly reduced. Many parents in Ontario are from low SES backgrounds, speak English as a second language, and do not have education or training in child mental health. Despite the fact that participants in this study reported experiencing privilege, most acknowledge how much more daunting of a task collaboration and advocacy could be for parents with less privilege.

Relationship with Teachers

Results suggested that effective parent-teacher collaboration was built on a foundation positive relationships categorized by open two-way communication, competency and understanding around mental health, and trust. Research on Self-Determination Theory (SDT) supports the need for open and trusting relationships between parents and teachers. Ryan and Deci (2000) suggest that an individual's ability to behave either proactively or passively is largely a function of the social conditions in which they develop and operate. They suggest that the psychological needs of competence, autonomy, and relatedness are instrumental in enhancing self-motivation and improving mental health. Leaving these needs unmet leads to a reduction in motivation and wellbeing (Ryan & Deci, 2000). Moreover, these needs were found to be universal and developmentally persistent. They suggest that excessive control, nonoptimal

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challenges, and a lack of connectedness contribute to a lack of initiative and responsibility. This implies that a relationship categorized by a sense of autonomy or freedom from unnecessary constraints, the ability to contribute to the partnership, and belongingness or connectedness with teachers will enhance parent's motivation to be proactively engaged in collaborating with teachers.

Communication. In this study, parents expressed the need for communication to be positive in nature. Parenting a child with mental health concerns has many hurdles and challenges. Parents expressed that hearing positive feedback, stories of success, and messages of understanding and empathy motivated them to continuously engage with teachers in problem-solving efforts and open information sharing. According to the literature, successful parent-teacher relationships are grounded in mutual respect, sensitivity, and a focus on each party's strengths rather than deficits (Sander, 2008). In addition, research has demonstrated that positive communication strategies engage, inform, and create mutual partnerships which can increase feelings of connectedness and confidence for all stakeholders including teachers, parents, and students (School Learning Support Program, 2005).

In this study, many parents expressed taking a strong advocacy role to secure support and understanding from teachers about their child's mental health. Parents expressed that they felt as though they were the drivers of information sharing, seeking, and problem solving. They expressed the desire for teachers to engage more actively in two-way communication. Effective two-way communication has been described in the literature as "a necessary trait for success" within schools (National School Relations Association, 2006, pg.6) because it emerges from "a growing trust, a mutuality of concerns and appreciation for contrasting perspectives" (Lawrence-Lightfoot, 2004). With two-way communication parents and teachers can engage in dialogue

that leads to the productive exchange of ideas and information leading to greater problem solving and a mutual purpose (Whichard-Bond, 2013).

Competency. Parents expressed the belief that teachers want all of their students to succeed but are restricted due to a lack of competency in the area of child mental health. Parents reported struggling to partner and collaborate while operating under the suspicion that teachers attributed mental health symptoms to intentional disobedience and belligerence. Parents expressed the need to feel as though teachers possessed enough understanding of mental health to recognize that the symptoms or behaviors were often beyond the student's control.

Trust. Parents shared strong feelings toward teacher's behaviours that impacted the level of trust they experienced. Parents reported that withholding information and demonstrating a lack of reliability, and failing to follow-through with promises reduced their feelings of trust. When distrust exists, particularly when one person holds more power, the less powerful feels compelled to be evasive or to distort information to protect her or his self-interest (Miller, 2008).

In contrast, meeting with teachers prior to the school year beginning, being asked about the child's and family's needs, and being confident that all parties were working towards a common goal increased their feelings of trust. Within the school system, trust has been shown to be predictive of the overall level of parent-teacher collaboration (Tschannen-Moran, 2000). A high degree of trust is necessary for disclosure of more accurate, relevant, and complete information (O'Rilley & Roberts, 1977; Wrightsman, 1974; Zand, 1971 as cited in Tschannen-Moran, 2000). Moreover, when working with a trusted partner, individuals are less concerned about self-preservation and are more inclined to go beyond what is expected of them and to invest greater energy into goal oriented behaviour (Podsjooff et al., 1990, as cited in Tschannen-Moran, 2000).

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In addition, trust is listed as one of the four criteria in the OCT's *Ethical Standards*, "The ethical standard of *Trust* embodies fairness, openness, and honesty. Members' professional relationship with students, colleagues, parents, guardians and the public are based on trust" (OCT, 2015).

Hope for the Future

The final theme, Hope for the Future encompasses the subthemes of *vision* and *action plan* and represents parents' expression of the changes they hope to see in the way that parents and teachers collaborate. Parents repeatedly spoke to the need of increased competency, communication, and trust in their relationships with teachers. (OCT) supports the need for teacher competency, collaboration, and ongoing professional development. The *Standards of Practice for the Teaching Profession* (OCT, 2015) consists of principles that articulate the aspirations of the teaching profession in Ontario and include: commitment to students and student learning (treat students equitably and respectfully while being sensitive to factors that influence individual student learning); and professional knowledge (strive to be current in their professional knowledge); leadership in learning communities (promote and participate in collaborative, safe and supportive learning communities); ongoing professional learning (recognize that a commitment to ongoing professional learning is vital to effective student learning and that self-directed learning should be informed by experience, research, and collaboration). Recommendations resulting from this research are supported by the foundational standards of practice for teachers in Ontario.

Professional educators hold greater power than parents. Therefore, when teachers approach parents and purposefully demonstrate their willingness to respect and adapt to individual differences, and to promote ongoing trusting communication they encourage parents to become

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and remain engaged (Gestwicki, 2010; School Learning Support Program, 2005). “When parents and teachers are aware of each other’s needs, they are better equipped to share in the reasonability of raising and educating the child they share” (Whichard-Bond, 2013, p. 18).

Teachers and parents are arguably the most influential individuals in any child’s life. Both parents and teachers of children with mental health concerns hope to see the child succeed academically and live a fulfilling and satisfying life. Moreover, both parties possess valuable insights, knowledge, and strategies that can benefit the child in need. Unfortunately, at present, the school system is structured in such a way as to make it challenging for parents to engage, participate, and collaborate with teachers. This is especially true for parents who face additional barriers such as English as a second language or low SES. In addition, many teachers are overworked, under-supported, and untrained in the area of child mental health. In order to provide all children with the best chance at living a fulfilling and satisfying life both parents and teachers must combine their knowledge, experience, and abilities to support the student’s success.

Limitations

This study was primarily limited by its narrow participant demographic. Ideally, participants would have been more evenly distributed across gender and socioeconomic status and therefore more representative of Ontario’s population. With only eight participants the data collected represents the unique experience of a small number of parents from within a limited demographic. All participants reported being educated members of the middle class who were involved in child mental health advocacy. Reasons for narrow participant diversity could include the additional cultural, linguistic, structural, and resource barriers that parents who are not a part of the dominant culture face. Goals of future research could include efforts toward extending

invitations to, and providing accommodations for, parents who are representative of the Ontario population. A sample with diversity more representative of the Canadian population could benefit this line of research. However, it is worth noting that five of eight participants spoke directly about the role privilege played in their advocacy efforts and expressed concern over the additional barriers less privileged parents face.

In addition, interviews were conducted over the phone. This restricts the data analysis to verbal expression and misses the opportunity to incorporate non-verbal communication such as body language and eye contact. In addition, phone interviews may limit the ability to build a strong relationship and feelings of security with participants. A final limitation of this study is that when conducting a thematic analysis there is a risk that nuanced data may be overlooked. Factors considered to be unimportant to the researcher were left unaddressed in the study.

Strengths

Strengths of this study include the flexible framework applied to the data. Thematic analysis allows for natural categories to emerge from parent's expression of emotion and experience thereby attempting to capture the unique, rich, and authentic experiences of the participants. In addition, a thematic analysis permits multiple frameworks to be applied and encourages analyzing the data from multiple theoretical lenses simultaneously. Theoretical approaches incorporated included Relational Cultural, Structural, Self-Determination Theory, and Systemic Theory. Finally, this study is the first of its kind to focus on providing a voice for Canadian parents' experiences. This research highlights Canadian parents' current needs and hopes for the future of parent-teacher collaboration with the goal to inform future research and policy change.

Implications and Future Research

This study provided an outline of some of the prominent barriers and bridges to parent-teacher collaboration as experienced from a parent's perspective. In order to gain a greater understanding of the ways in which all parties can move towards greater interprofessional collaboration it is necessary to pursue further research that examines parent-teacher collaboration on a larger scale through focus groups comprised of participants representative of parents in Ontario. In addition, this research focused on parents' experiences with parent-teacher collaboration and their views on the conditions necessary to support interprofessional partnering. There would be benefits to interviewing teachers and analyzing their views on parent-teacher collaboration to compare experiences. Moreover, having parents co-develop curriculum for teachers about how to communicate effectively and work collaboratively with parents, is an untapped asset. Through increased collaboration between all stakeholders creative problem solving can be utilized to determine the most effective ways to help teachers understand mental health and mental illness for students.

“Considering the demonstrated impact of mental health problems on social, emotional, cognitive, and educational functioning, it is of critical importance that we bring our resources to bear on the reconceptualization of mental health care for the children and youth of Canada” (Reinke, 2011, p. 43). Through analysis of participant responses to questions about their experience of collaborating with teachers, this research has highlighted major themes that parents expressed as barriers or enhancers to productive collaboration. Based on an analysis of the data and previous research, recommendations can be made to both parents and teachers in regards to increasing effective collaboration. Recommendations for parents include beginning relationship building efforts with teachers and school administrators before the school year begins.

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Participants expressed that successful collaboration was motivated by positive and open communication with teachers about child mental health concerns. This involved discussing events or conditions that may trigger the student, previous interventions that were not successful, and strategies that have been useful in the past. Relationship building efforts are most successful when they are ongoing throughout the school year. In addition, parents are encouraged to make a conscious effort to share positive feedback and stories of success with teachers.

Recommendations for teachers include developing a strong understanding of child mental health concerns and reaching out to parents when a concern becomes evident in the classroom. Parents in this study repeatedly expressed their feelings of frustration when attempting to collaborate with a teacher who viewed their child's mental health symptoms as intentionally belligerent or disruptive behaviours. When a teacher reaches out to parents about concerning classroom behaviour, participants suggested that teachers approach the conversation with curiosity and concern, and inquire about the child's wellbeing as opposed to reporting and questioning the cause of "disruptive behaviour". Through displaying genuine concern for the child's wellbeing, teachers may reduce parents' fear of judgement and blame. This represents a vital step towards building a mutually beneficial collaborative relationship on a foundation of open communication and trust. Together, teachers and parents have the key to a successful future for a child who struggles with mental health challenges.

The implication of improved parent-teacher communication can be summarized by a quote from 2013 Minnesota's Teacher of the Year, Megan Olivia Hall, "When you combine the tidal-force power of parental love plus the expertise of a devoted teacher... Together we can transform our schools into collaborative communities that put the children who we live our lives for at the heart of everything we do." She acknowledged that both teachers and parents have

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limited ability to impact system-wide policy change but urged both parties to focus on what they can do to support children's growth. Through providing a collaborative circle of care for students in need more of the 1.5 million children in Canada who are struggling with mental health challenges will be more likely to receive the support necessary for success.

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Appendix A

**Talking to Parents about Child Mental Health Concerns:
Barriers to Effective Parent-Teacher Communication****

(**will be read via telephone)

LETTER OF INFORMATION

Introduction

My name is Robyn Masters and I am a graduate student at the Faculty of Education at Western University. I am conducting research into effective parent and teacher communication within the context of school-based mental health and would like to invite you to participate in this study.

Purpose of the Study

The aims of this study are to explore the experience of parents when communicating with teachers about child and youth mental health concerns and develop an understanding of the barriers and enhancers to effective parent – teacher collaboration and communication with regard to child and youth mental health.

If you agree to participate

If you agree to participate in this study you will be asked to participate in a telephone interview at a convenient time, and answer some questions about this topic. The call will be made to you so there will be no long distance charges for you. The interview will take about an hour I would like to audio-record it if that is okay with you, but you may still participate in the study if you do not wish to be audio-recorded.

Follow up interviews may be requested of you as new areas of interest emerge or if I need to check my understanding of something you shared.

Confidentiality

The information collected will be used for research purposes only, and neither your name nor information which could identify you will be used in any publication or presentation of the study results unless you give me explicit consent to identify you by name in the report. Otherwise, all information collected for the study will be kept confidential.

Risks & Benefits

While there are no known risks to participating in this study, you might find that talking about your child's experience with mental health issues is difficult, or that recalling experiences with your child's teachers and school is upsetting.

Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your connection with Parents for Children's Mental Health or any other organization to which you belong and from which you or your child receives any kind of support or resources. Participation in the telephone interview indicates your consent to participate in this research.

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Publication

The results of this study are intended for publication. Your name will not be used. A copy of the summary of results will be sent to you if you wish, once the study has been completed.

Questions

If you have any questions about the conduct of this study or your rights as a research participant you may contact Dr. Susan Rodger or the Office of Research Ethics, Western University.

Thank you,

Susan Rodger, PhD., C. Psych

Robyn Masters, BA





Appendix B

Research Ethics

Western University Health Science Research Ethics Board
 NMREB Delegated Initial Approval Notice

Principal Investigator: Dr. Susan Rodger
Department & Institution: Education\Faculty of Education,Western University

NMREB File Number: 105567
Study Title: Talking to Parents about Child Mental Health: Barriers and Enhancers to Effective Parent-Teacher Communication
Sponsor:

NMREB Initial Approval Date: August 22, 2014
NMREB Expiry Date: February 28, 2015

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Instruments	This document contains preliminary questions to be asked in a focus group or interview style format.	2014/07/05
Recruitment Items	email recruitment notice. This will be sent out through the Centre for Excellence for Children's Mental Health, specifically through their Parent Advocacy group, Parents for Children's Mental Health.	2014/07/17
Other	Mental Health Resources. This list is organized by region and provides free and immediately accessible mental health resources. This will accompany the email recruitment and LOIs as an attachment.	2014/07/17
Revised Letter of Information & Consent	Letter of Information - Interviews- revised (removed consent portion)	2014/08/05
Revised Letter of Information & Consent	Letter of Information - Focus Groups- revised (removed consent form), as per recommendations	2014/08/05
Western University Protocol	revised protocol	2014/08/05

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the HSREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of HSREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Appendix C

Interview Questions

Opening/Introductory Questions

1. Can you tell us a little about your child?
 - a. How old was your child / youth when you first became aware there may be a mental health concern?
 - b. What were some of the earlier signs that were picked up on?
2. When you sought help from the school, how did you feel?
3. Throughout the process of finding support, what did you find was most difficult?
4. What kind of support did you receive from the school?

Key Questions

5. What kind of support did you receive from your child's teacher?
6. Since first identifying a concern, how did you feel communicating with your child's teacher?
7. What would have made communication with your child's teacher more effective?
8. What can a teacher do to make a parent feel more like a partner in this process?

Ending Questions

9. All things considered, how would you describe your experience with communicating with teachers about your child's mental health concern?
10. Is there anything you would like to add about your experience with communicating with your child or youth's teacher about mental health concerns?

Questions informed by:

Krueger, R. A. (2009). Focus groups: A practical guide for applied research. Sage.

Parents for Children's Mental Health (2013) Family Input Survey, 2013.

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Curriculum Vitae

Name: Erica Robyn Masters

Post-secondary Education and Degrees: Western University
London, Ontario, Canada
2013-2015 M.A Counselling Psychology

Western University,
London, Ontario, Canada
2009 – 2012 BMOS (Hons)
Major in Organizational Behavior and in Psychology

Carleton University,
Ottawa, Ontario, Canada
2008-2009 BA Commerce

Honors and Awards: Social Science and Humanities Research Council (SSHRC)
2013-2015

Western Graduate Research Scholarship (WRGS)
2013-2015

Gerhard Herzberg Scholarship
2009

Deans Honor List: 2012, 2013

Related Work Experience: Family Focused Therapist (Intern)
Vanier's Children's Services
2014-2015

Group Co-Facilitator
Changing Ways
2014-2015

Group Facilitator
Merrymount Family Support and Crisis Centre
2014

Waitlist Volunteer Counselor
Canadian Mental Health Association
2013