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## Increasing Teacher Capacity in Supporting Student Mental Health

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## **Abstract**

Increasing rates of adolescent anxiety and depression present new challenges for educators. This requires educators to increase their capacity to meet the unique learning needs of students with mental health concerns. The Organizational Improvement Plan (OIP) explores this problem of practice, targeting improved teacher ability to understand student mental health, to recognize the signs of distress, and to employ teaching strategies and practices to accommodate learning needs. The notion that academic functioning is tied to mental health functioning in a bi-directional relationship (Powers, Bower, Webber & Martinson, 2011) underscores the need for teachers to be equipped with a greater skill set than what is currently offered through pre-service training and professional development. The OIP leverages existing structures in a self-directed learning model to create communities of practice where mental health literacy and teaching strategies are learned and practiced in a collaborative learning environment.

Employing a hybrid model integrating teacher, servant, and parallel leadership, improved teacher capacity in student mental health becomes a school improvement goal, aligning school vision with daily practices and all student-teacher interactions. Mental health is newly understood as a learning need consistent with those accommodated through Individual Education Plans, challenging the social stigma and other variables that have impaired the academic trajectory of students with anxiety and depression in the past. Relying on professional collaboration, school vision and shared moral purpose, the change plan hopes to improve academic outcomes - through improved school culture and teacher capacity - for students faced with mental health challenges.

**KEYWORDS:** adolescent mental health, teacher capacity in student mental health, community of practice, professional collaboration, teacher leadership, servant leadership, parallel leadership

## **Executive Summary**

### **Problem of Practice**

Despite a significant increase in reported rates of adolescent depression and anxiety, teachers remain largely unable to recognize the indicators of emotional distress or to support the learning needs that accompany mental health challenges (Flett & Hewitt, 2013; Gibson, Brandt & Lever, 2015). Several domains of functioning are impacted; however, if teachers are equipped with essential tools to identify mental health concerns, earlier and more effective intervention can reduce the degree to which academic functioning is impaired (Suldo, Gormley, DuPaul & Anderson-Butcher, 2014). A Canadian Teachers Federation (2012) survey identifies a lack of professional development necessary to bridge the gap between student need and teacher capacity, while providing clear indication that concerns about mental health issues in the classroom continue to be named as an important area for professional growth (Froese-Germain & Riel, 2012). While similar learning needs and accommodations are supported in Individual Education Plans, those related to student mental health remain largely unaddressed, resulting in inequities with respect to how diverse learning needs are met in schools.

### **Change Plan**

Employing existing organizational structures and local leadership, this Organizational Improvement Plan suggests that increasing teacher capacity to support student mental health can be accomplished through the creation of a collaborative community of practice. An integrated leadership model, drawing together key ideas from teacher, parallel, and servant leadership frameworks, centers the change initiative as emerging from within the organization, tied to vision, values and shared moral purpose. Targeted professional learning in the areas of identifying, accommodating, and understanding student mental health increases teacher capacity

to support student learning; as new skills are learned and practiced, ongoing feedback embeds the change across school culture, as student mental health is differently understood and addressed.

## **Summary**

The essential elements of improvement science inform the change plan, most significantly with leadership from within the organization emerging to address the context-specific problem of practice. PDSA cycles, blended with Kotter's Eight Stage Model (1996), incrementally improve teacher capacity over time through collaborative interaction, moving toward greater coherence between organizational vision and values (Fullan & Quinn, 2016). Professional growth, supported by parallel leadership (Conway & Andrews, 2016) that is "mission and conditions driven" (Hargreaves & Shirley, 2009), regenerates the organizational vision of shared responsibility for meeting student needs. Relying on existing relationships within the organization's self-directed learning model, namely the Teacher Advisor role and School Based Advisory Teams, the improvement plan incorporates Starratt's (1991) ethics of care, critique and justice to fuel the "moral imperative to take on the difficult work of school improvement" (Bryk & Schnieder, 2003).

## **Recommendations**

Teacher pre-service programs now recognize the urgency of equipping teachers with an understanding of student mental health challenges, the impact on academic achievement and the basic task of teaching and learning; steps must be taken to provide professional development for those already in the field. Re-thinking and re-aligning available resources to support student mental health can increase the role teachers play in recognizing, accommodating and supporting learning needs, decreasing the long-term impact on academic functioning.

## **Acknowledgements**

It is with deep gratitude that I acknowledge so many in the village who helped to raise this OIP; the University of Western Ontario, whose vision to allow working thinking people to explore their thinking and change ideas in a supportive, collaborative environment beyond work hours; excellent instructors, who steeped us in the organizational and leadership theory necessary to give our ideas for improving educational practices hope at implementation and real change; understanding work colleagues, who tolerated a split-focus, and perhaps a rant or two; a loving partner, parents, family and friends who wrapped me in lasting support, especially on days of doubt, in a thousand spoken and unspoken gestures. Without the encouragement, insight and brilliant suggestions for improvement from my Advisor, Dr. Scott Lowrey, the final product would be, quite simply, lesser; the final few months between writing and defending could not have been better supported, and I am grateful. Finally, not with sadness but with hope, I acknowledge – and honour – the many students whose mental health challenges were the impetus in pursuing this program and developing this OIP; your honesty, your struggles, and your remarkable courage are lasting reminders that you need our attention, not just our compassion. You will flourish when we, your teachers, are better able to walk with you on your challenging - but not defining - journey.

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## Definitions

**Mental health:** a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, work productively and fruitfully, and make a contribution to her or his community (adapted from the World Health Organization, 2016).

**Mental disorders:** a broad range of problems, with different symptoms, generally characterized by varying combinations of abnormal thoughts, emotions, behaviour and relationships with others. Most disorders can be successfully treated and managed to return to better functioning (adapted from World Health Organization, 2016).

**Anxiety:** irrational and excessive fear, apprehensive and tense feelings, and difficulty managing daily tasks and/or distress related to these tasks; when cognitive, physical and behavioural symptoms of anxiety are persistent and severe, it negatively affects the ability to work or study, socialize and manage daily tasks (adapted from CAMH, 2016).

**Depression:** a complex mood disorder caused by various factors, including genetic predisposition, personality, stress and brain chemistry; the main symptom of depression is a sad, despairing mood that is present most days and lasts most of the day, lasts for more than two weeks, impairs the person's performance at work, at school or in social relationships (adapted from CAMH, 2016).

**Stigma:** a mark of disgrace that sets a person apart, often experienced by people with mental health problems, that includes fixed ideas and judgments, prejudice, discrimination and fear; the result is feelings of shame, isolation and despair, compounding emotional distress (adapted from Government of Western Australia Mental Health Commission, 2016)

## CHAPTER ONE: Introduction and Problem

### Organizational Context

The organization is an urban, publicly-funded and faith-based co-educational secondary school in the suburbs of a major city in a large Canadian province. The school population is typically 1100, and is largely comprised of students of Asian and South Asian descent. The school opened more than three decades ago, implementing a self-directed/individualized instruction model of curriculum delivery joining a small coalition of similar schools across the country. The foundational vision of this program and of our school is rooted in recognition of individuality and diversity of learning needs. The operational aspects of our program include large resource areas rather than classrooms, with teachers available for one-on-one learning support as students work through curriculum. Students design their schedule on a daily basis, in consultation with a Teacher Advisor (TA), who monitors a small group of approximately 16 students from Grade 9 through Grade 12. The TA model makes each teacher the primary in-school contact for both students and their families. This critical relationship involves many roles - coach, advocate, mentor, collaborator - and provides the main avenue of communication between home and school.

**Vision, mission, purpose and goals.** The mission of the school is to continue to evolve within a self-directed model, to advance our knowledge of how students learn best and are most engaged, and how teachers and indeed all school personnel facilitate these processes. This multi-faceted mission informs many decision-making processes, such as choices of professional development programming, and requires active and ongoing participation of staff members. Our goal is to create lifelong learners and capable global citizens through intellectual, spiritual, and socio-emotional growth in a professional, skilled and caring environment. The guiding values of

individuality, diversity and relationship are informed by Gospel values of justice, honesty, compassion and the belief that it is the moral right of all students to have access to an education that best allows for and nurtures growth toward their full potential. Obstacles encountered in that trajectory become our work to rectify, and cross a spectrum of issues from addressing self-regulatory behaviours affecting assignment completion to exploring post-secondary options.

The role of TA is inextricably linked to our mission and values, and to identifying and addressing any obstacles to learning and achievement that may emerge on a student's path through high school. Bi-weekly, one-on-one interviews between TA and student are intended to be opportunities for holistic assessment of a student's academic progress, current concerns and state of being. The interview is documented, and a report containing short and long term goals and other anecdotal comments is electronically generated and communicated to parents, who are required to acknowledge receipt of the interview and are encouraged to review its contents with their child. Communication back to the TA is invited, and is an opportunity to indicate any additional comments, make inquiries on specific goals or coursework, or to express concerns of any nature.

**Political, economic, social and cultural contexts.** As with all organizations, political, economic, social and cultural variables influence operations and structures, extending to leadership. A political tension exists on two levels: provincially, both ongoing labour negotiations and challenging ministry directives shift focus from local tasks to issues outside the school and at the board level, a complex and often antagonistic relationship exists between senior staff and school leadership. Historically, as necessitated by our program, school leaders have had to work hard to explain and defend our unique organizational structures and staffing requirements at both the ministry and board level. Without a deep understanding of our

philosophy and its requisite atypical processes and structures, external decisions about daily operations can be made that impact our ability to operate successfully. It is an ongoing and formidable task for our school leaders, both administrators and informal teacher leaders, to engage ministry and board level policy-makers in a dialogue that develops that deep understanding. A recent example of this ongoing tension was a Trustee-led initiative to change our status to a specialty/magnet school. Our traditional designation of community school allows us to admit, as first priority, students in feeder schools in our own area and then, if numbers allow, students who have applied based on interest in our program. A change to specialty school designation would mark a shift in our identity from a community-based school and program to an elite, application-and-assessment based academy. Inconsistent with our founding values and vision that underpin a community school, namely that all learners of all abilities are welcome, multiple formal dialogues with superintendents, trustees and parents, were necessary to resist this external challenge.

Board and provincial cutbacks shape the economic context of the school, with staffing losses particularly in Special Education and its obvious - and concerning - impact on the neediest of students. With fewer teachers given permanent contracts, there are more Long-Term Occasional teachers (LTOs), who, despite enthusiasm and effort, impact our program through the TA-student relationship as their placements are typically one year at most. For school leaders, heightened support, mentoring, and monitoring of LTOs are time-consuming yet critical tasks.

The social context of the school is perhaps one of the most significant benefits of the self-directed program for two reasons: (i) regular and detailed communication between and among students, teachers and parents; and (ii) an atmosphere of mutual support and shared task, as students work with students from all grades and all levels in TA groups and in large resource

areas. School leaders, shaped by these contextual values, are rarely required to engage in disciplinary processes so can spend more time in mentoring relationships with both students and staff, contributing to a collaborative climate. The School Based Advisory Team (SBAT) structure also includes administrators in information-sharing and problem-solving discussions with TAs, students and parents. The cultural context of the school, with 84% of our current parents having been born in another country, creates several challenges including: language barriers; differing understandings of school systems, academic expectations, and measurements of success, and; conflicting cultural values, creating a challenge for students in balancing family traditions and embracing new opportunities. For school leaders, navigating the middle ground between family and school requires sensitivity, patience and respect.

**Leadership approaches and practices.** Historically, our administrative teams have functioned as instructional leaders who are also willing to share elements of responsibility among teacher leaders. A committee structure was necessary to cover the many implementation needs that our program required in its' infancy: curriculum, TA, public relations, technology and social committees all assisted the principal with the multi-layered task of bringing a new way of "doing school" to life. A distributed leadership model (Gronn, 2010, p. 416) has continued, to some degree, as the nature of the unique program requires careful attention to the ongoing development of many instructional practices. Composed of administrators and teacher volunteers and yielding significant influence over teaching, learning and school culture, Department Heads, Steering, Teacher Advisor and Local School Staffing Advisory Committees meet regularly to explore issues and engage in collaborative decision-making. As administrative teams have changed, there have been shifts in the degree of genuine distributed leadership, specifically a willingness to engage and honour community expertise in accomplishing school improvement

goals, and the full representation of teacher input in decision-making. The unpredictable nature of such processes is unsettling, as the leadership tradition in the school has been collaborative, community-focused and democratic.

A further concerning shift has come via board promotion policies, and an end to the common practice in our first two decades of promoting from within for open Vice-Principal positions. Due to our unique program, it is ideal for administrators to have expertise and experience from within the model. It is challenging to follow leaders with no experience in how we operate, as they lack understanding of what students and teachers do every day. It has become the responsibility of veteran teachers to elevate their role as mentors to include both new teachers and new administrators at a significant cost, namely time away from developing the cornerstones of our program: teaching and learning strategies and the role of TA, both vital in addressing increasingly diverse student learning needs.

### **Leadership Problem of Practice**

**Problem description.** The problem of practice examined in this Organizational Improvement Plan (OIP) is a significant increase in students exhibiting and experiencing mental health challenges, such as anxiety and depression; TAs, in a position to offer support, express concern that they are without the tools to do so. In some cases, students are self-identifying concerns and so seek help; for others it is through teacher observations of change in mood or behaviour. There is noticeable and continuing inconsistency in how teachers approach the issue of student mental health. Teachers who have training in mental health are comfortable engaging in exploratory conversations with students, while others believe it is not their role. They believe that socio-emotional concerns fall beyond the scope of a classroom teacher's responsibility to deliver curriculum. For others, it is their conflicted views about mental health in general that



limit their motivation, affected by social stigma, cultural beliefs, and perhaps personal experience. In addition, some teachers express feeling too overwhelmed by personal and professional responsibilities to work with students beyond traditional confines. Sadly, teachers who are willing to respond to student mental health issues recognize that their training and expertise have not prepared them to do so. The gap between student need and teacher capacity is evident, and highlights an area for school improvement. Ideally, all teachers would be equipped with knowledge about student mental health, have an ability to recognize symptoms, and have strategies and practices in place to support students. This capacity could minimize the long-term impact of mental health issues and most immediately, minimize the impact on academic functioning and achievement.

**Gap in current practice.** The gap between student need and teacher capacity is not limited to this organization, but rather is a concern garnering significant attention in educational research (Flett & Hewitt, 2013; Rothi, Leavey & Best, 2008; Whitley, Smith & Vaillancourt, 2012). How mental health care happens now, how it could and how it should are emerging themes in educational research at the international level. At the very core are limitations in teachers' ability to recognize the classroom behaviours that can reveal the onset of anxiety and depression. Rothi et al. (2008) argue that while pre-service teacher education may include classroom management, such training does not offer instruction in how to explore changes in behaviour (p. 1219). Externalizing behaviours that are disruptive to the class or school, such as aggression and verbal outbursts, are more obvious and are more likely to be addressed by the classroom teacher and administration (Rothi et al., 2008, p. 1220). Internalizing behaviours such as withdrawal, isolation and absenteeism are less likely to be observed yet are important indicators of a shift in mood and emotional well-being. While teachers are in a critical position in

terms of the beginning of care, they are essentially “front-line workers” (Rothi et al., 2008, p.1219) without appropriate skills to engage in that work effectively or efficiently.

**A more ideal organizational state.** Where shifts in mood and behaviour are recognized, there is a further gap in how teachers report concerns. Trudgeon and Lawn (2011) assert that in addition to a lack of ability to recognize symptoms, teachers’ likelihood of sharing new information about student behaviour is largely random and subjective, based on intuition and not on any formal knowledge of how to recognize the risk factors or symptoms of anxiety or depression (p. 126). Further, Flett and Hewitt (2012) argue that the emotional and, by extension, academic functioning of many adolescents is impaired by anxiety and depression even though they do not fully meet the criteria for either disorder (p. 15). A combination of student unwillingness to self-identify and teacher inability to recognize symptoms severely limits the likelihood of early and efficient intervention.

When teachers have greater capacity to respond to students’ mental health challenges, a significant obstacle to learning and academic achievement will be diminished. Such improved capacity requires a skill set including: (i) the ability to recognize changes in mood and behaviour and to consistently and appropriately refer students for care; (ii) instructional practices that support the unique learning needs which accompany depression and anxiety; and (iii) conversational and rapport-building skills which minimize the stigma and isolation associated with mental illness. Beyond developing skill sets, a committed sense of responsibility to report concerns, and to engage in the circle of care and to demonstrate warmth and empathy for student needs is critical in changing school culture about mental health.

Gains in teacher capacity require change in organizational structure, perhaps best accomplished through a teacher leadership project. Harris (2005) outlines four dimensions of the

teacher leadership role. These roles include that of: (i) broker, creating links across the organization; (ii) participant, engaging in collegial improvement of instructional practices; (iii) mediator, demonstrating high levels of information and expertise, and; (iv) collaborator, fostering relationships among teachers that creates and supports an environment of mutual learning (Harris, 2005, p. 205). In this organization, the traditional practice of greater distributed leadership and less emphasis on the principal as singular leader allows for emerging teacher leadership in the area of student mental health, combining personal knowledge and expertise to contribute to the growth process of colleagues toward improved school capacity. In working to create space where “leadership and organizational growth collide” (Hopkins & Jackson, 2003, as cited in Harris, 2005), distributed leadership is “an emergent property of a group or network of individuals in which group members pool their expertise” (p. 81).

Critics of the current models of school-based mental health care have noted that it is perhaps the lack of genuine collaboration that limits growth potential. School specialists such as guidance counsellors, social workers and psychological support personnel work in isolation; after referral, little communication occurs with classroom teachers (Atkins, Hoagwood, Kutash & Seidman, 2010, p. 41). This system perpetuates the notion that teachers do not bear responsibility for care, and are not required to adjust instructional strategies to accommodate learning needs. A new vision of in-school care takes a more ecological approach (Atkins et al., 2010, p. 42), suggesting that teachers with expertise and training are best situated to offer immediate advice and ongoing support to teachers as they broaden their role in caring for students with mental health challenges (Flett & Hewitt, 2013, p. 23; Rothi et al., 2008, p. 1228). A climate of collaboration and culture of continued professional growth combined with a teacher leadership

initiative supported formally through administration may best equip schools to address the gap between teacher capacity and student need.

### **Perspectives on the Problem of Practice**

**Historical overview.** Awareness that schools have a responsibility to meet the unique learning needs of all of its students emerged several decades ago, with the Hope Report in 1950 and the Hall-Dennis Report in 1968; both emphasized the need for major organizational change, in keeping with the belief that “all children had the right to the best education that society could provide” (Zegarac, Drewett, & Swan, 2008, p. 8). Significant policy restructuring followed, with the enactment of Bill 82 in 1980 formalizing a student’s right to Special Education and mandating that school boards provide appropriate programming. These vast political initiatives and structural changes were fuelled by an overarching vision and belief, on a global scale, that all children have the right to a publicly funded education, regardless of ability. Several processes were put in place to assist schools in the early identification of special needs, collaboration among community resources, extensive funding for support personnel, and for teacher training to improve instructional strategies as students with special needs entered regular classrooms, requiring curriculum modifications and accommodations. From the clearly articulated value of the right to access Special Education came changes in school culture, in beliefs and assumptions about special needs, and in daily practices.

Much can be learned from the organizational change precipitated by Special Education legislation from a political perspective, and from the articulation of the fundamental right of every child to education that addresses individual learning needs. Across Canada, current frameworks target student well-being as a value to be upheld; however, the detailed protocols for early identification and the development of an Individualized Education Plan (IEP) does not

include mental health issues. This exclusion limits a student's right to modifications and accommodations although, in many cases, documentation and detailed suggestions for instructional strategies are provided by health care professionals. Although this helpful information can be relayed, there are no protocols in place requiring that these needs be met, rendering it case-specific and temporary. This is problematic for a school committed to meeting diverse individual student needs: we are recognizing a common problem without exploring common response practices that would help current and future students. The formal inclusion of mental health as a special need - within the belief that all students have a right to an education suited to those needs - could be the catalyst for sweeping organizational change.

**Organizational theory.** The complex challenge of meeting the learning needs of students with mental health issues can be viewed through Bolman and Deal's (2013) four frame model, which encourages leaders to consider organizational problems from different lenses. The ability to "re-frame" broadens leaders' ability to conceptualize potential solutions. From a structural perspective, and the frame of differentiation and integration (Bolman & Deal, 2013, p. 70), teachers, administrators, students and their families indicate general confusion about the coordination of roles and responsibilities, including early identification, access to in-school or community care, and accommodations in terms of learning needs. In the absence of operational protocol, once a concern about student mental health is identified there is ambiguity in response procedures. From the political frame, the challenge of generating the will of decision-makers and persons of influence across formal and informal leadership roles to dedicate greater resources to the issue of student mental health is critical. In a climate of budget crises and board cutbacks resulting in job loss and program cuts, it appears that an area of sensitivity within the school has been a perceived lack of political will. Younger teachers through Department Heads question

how local and board monies are allotted and needs prioritized, creating an obstacle for new initiatives.

Teachers, who acknowledge a deficit in their capacity to serve students' mental health needs, might see the issue through Bolman and Deal's (2013) human resources frame: their unmet professional needs perpetuate the unmet needs of students. Undeveloped skill sets, deficits in training, and increasing numbers of underserved students expose tremendous inefficiency. Considering the issue through Bolman and Deal's (2013) symbolic frame suggests a need to reconcile these deficits and inefficiencies with the mission of the school, and its unique model which aims to respond to the learning challenges of all students aligning with the driving values of inclusivity and diversity. The TA structure, the core of the entire philosophical model, implies an empathic and compassionate relationship to ensure student success and attend to student well-being in the journey through high school. If we are aware, and we are, that students with mental health issues are experiencing need, then our value system requires us to act.

**Current literature.** A review of current literature emerging from Canada, Australia, the United Kingdom, and the United States exploring the issue of student mental health needs can be grouped into three main themes: (i) the critical role of schools in early identification; (ii) the complexity of teacher views on roles and responsibilities; and (iii) the current deficit in teacher capacity to address the specific learning needs accompanying mental health challenges. Suldo, Gormley, DuPaul, and Anderson-Butcher (2014) assert that important evidence connects two domains, previously considered separate: mental health and academic functioning. Understood as interrelated, it becomes essential for schools to broaden definitions of student success to include socio-emotional health, both in promotion and intervention. According to Graham, Phelps, Maddison, and Fitzgerald (2011), in the absence of community resources, teachers become

pivotal in identifying subtle shifts in mood or behaviour that may indicate the onset of mental health issues. In *Supporting Minds* (2013), an Ontario Ministry of Education document, the authors suggest that teachers observe what parents may not see, and as such play critical roles in promoting positive mental health, identifying needs and connecting students to appropriate services (p. 6).

Teacher views on mental health impact how schools understand or engage in change initiatives. Teacher perceptions about mental health shape their view of roles and responsibilities in relation to their students, thus limiting or enabling their preparedness to participate in implementing programs (Mazzer & Rickwood, 2015; Reinke, Stormont, Herman, Puri, & Goel, 2011; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010). This insight is useful, as it sheds light on the complicated and challenging question of motivation which must be explored throughout the change initiative.

Across the literature and across countries, a common theme emerges: teachers lack the knowledge and skills that would equip them to play the critical role called for in many change initiatives. A Canadian Teacher Federation's (2012) survey indicates that teachers report increasing frequency in encountering student mental health issues, yet lack training and knowledge about how and when to refer students, and how to best support students academically (Froese-Germain & Riel, 2012). Whitley et al. (2012) argue that teachers lack the practical tools that would inform better practices and improve capacity to serve student needs.

**Relevant data.** Student mental health is an important issue for schools, underscored with statistical data: it is now estimated in Canada that at any one time, an estimated 14% of children aged four to 17 years (more than 800,000 children) have clinically important disorders that cause significant distress and impairment at home, at school, and in the community (Flett &

Hewitt, 2013, p. 13). However, fewer than one in four children receive treatment; untreated, mental health issues can and do impact across the lifespan, and it is estimated that in one of the larger Canadian provinces, “the cost of behavioural and mental health problems triggered in early childhood is \$3 billion per year” (Flett & Hewitt, 2013, p, 13). Students with mental health challenges are more likely to experience lower academic achievement, engage less in school activities and with peers, and are at greater risk for dropping out (Whitley et al., 2012, p. 58). Teachers may have some training in identifying externalizing behaviours in the classroom, but in the absence of awareness of more subtle aspects of student behaviour (Gibson, Stephan, Brandt, & Lever, 2015, p. 270), many students “fly under the radar” (Flett & Hewitt, 2013, p. 14), as the symptoms of isolation, withdrawal and disengagement go unrecognized.

Internal data is not readily available, as neither the board nor our own school has attempted to quantify the growing challenge of students with mental health needs, perhaps further compromising the possibility of problem recognition and limiting response. The annual student survey, conducted across the board and gathering data from all schools, does not ask any specific questions related to socio-emotional well-being. Despite frequent use of the phrase in board documents, only three questions are loosely connected to student well-being (see Table 1).



Table 1

*Sample Student Survey*

Question	Response (%)		
	Yes	No	Not sure
Q: Is there a caring adult in your school that you feel comfortable going to, to talk about:			
An academic problem?	86.5	2.7	2.0
A social problem?	60.1	15.5	15.5
A spiritual problem?	45.9	18.2	24.3
Q: During this school year, how often have feelings affected you in a negative way:	Often	Sometimes	Seldom
In your school work?	40.5	29.1	14.2
In your social life?	22.3	42.6	18.2
In your family life?	22.3	31.1	20.9
Q: Teachers in your school are interested in you as a person.	Strongly agree	Agree	Disagree
	17.6	45.9	17.6

*Note.* Data generated from school and board survey, 2015; “No response” option not included

It is possible to glean valuable meaning that outlines the larger issue: students express the belief that school personnel can respond to a variety of their concerns and are, for the most part, interested in their well-being - even though particular capacities, such as an ability to explore negative feelings, may in fact be limited.

Despite the absence of formal internal data, informal observational data suggests that the external data is in fact symptomatic of this organization, and makes a relevant starting point for the implementation of an Organizational Improvement Plan (OIP). A recently released study with a broad sample of over 10, 000 students in 220 schools indicates a 10% increase in students

expressing mental health concerns over the last two years alone (Brait, 2016). The Centre for Addiction and Mental Health (CAMH) suggests that the total number of youth aged 12 – 19 years at risk for developing a mental health concern is 3.2 million, and further that young people 15-24 years of age are more likely to experience a mental health disorder than any other age group (Canadian Mental Health Association). Surpassed only by injuries, mental disorders in youth are ranked as the second highest hospital care expenditure in Canada (CAMH). These striking figures, when placed against the statistic showing that only one in four children who needs mental health services receives them (Flett & Hewitt, 2013, p.13), are a wakeup call for anyone who works with children and young people, and should be of utmost urgency for schools.

A PESTE analysis (Cawsey, Deszca, & Ingols, 2016, p. 6) allows a broad survey of the external factors affecting the organization's ability and energy to respond to the challenge of student mental health. From a political view, the province's Ministry of Education continues to promote neo-liberal values of accountability with a particular focus on the literacy and numeracy skills that will lead to a skilled, competitive workforce (Ryan, 2012, p. 20). This mandate impacts the classroom, over-emphasizing curriculum goals to the exclusion of other domains of human functioning, such as interpersonal and social skill development. Further, the Ministry of Education has challenged school boards to operate under a reduced budget, which directly impacts classroom teachers and creates a climate of uncertainty.

The neighbourhood in which the organization is located is predominantly middle-class, with single-family dwellings. Many in the parent community are professionals, own small businesses or work in skilled trades. For most students, there is parent insistence on post-secondary education and professional careers. Distinctly positive elements emerge in the social and technological realms, as mental health has been drawn into the media and supported by

important corporate initiatives. Social media such as Twitter, Facebook and blogging have become outlets for student expression, in addition to increasing online supports and access to information and community resources.

Environmental factors influencing this organization include a very high immigrant population, language barriers and complex cultural views on the nature of mental health, often presenting roadblocks and limiting willingness to access care. However, our location in a major urban city greatly increases options for referral as hospitals, professional therapists and walk-in counselling clinics are within close proximity. Schools in rural settings do not have such access to care, severely limiting the immediacy and efficiency with which students and families are able to address the onset of mental health issues, even when in significant emotional crisis.

As a long-serving member of the school community, I have assumed the role of informal leader and mentor, which has further developed in my teaching assignments of chaplain and currently, guidance counsellor. These roles allow me to participate in decision-making conversations with administration, as a member of several standing committees and through less formal dialogue and feedback. Referred to often as the “keeper of the story,” my leadership role includes upholding our philosophical vision of self-directed learning and more importantly, our faith-based values that underpin that philosophy. I take seriously the role of challenging organizational changes that drift from either set of core values, which are at times considered separate entities yet in fact form a single set of guiding principles. It is perhaps a form of servant leadership (Northouse, 2016, p. 224) that I have been practicing, yet undertaking the OIP will require an escalation in more intentional leadership, focused on developing my colleagues’ motivation to improve professional practice in recognizing the learning needs of students with mental health challenges. As Northouse (2016) describes, it will be a shift away from

“institutional power and control....shifting authority to those who are being led” (p. 227). My personal motivation to improve how we serve the significant need of our students suffering from mental health issues emerges from experience with teachers and students over an extended career, yet is also driven by a faith-based sense of social justice, inspired by the Gospel of Luke, in which the question is asked, “what, then, must we do?” (Luke 3:10). The hope of designing and implementing an OIP that closes the gap between teacher capacity and student need, opening the gate for the achievement of full potential of both, is a response to that critical question.

### **Guiding Questions Emerging from the Problem of Practice**

Exploring potential vehicles through which to improve teacher capacity raises the question of what comprises effective professional development. In the 21<sup>st</sup> century, as student populations and needs become increasingly diverse, teachers face new challenges developing the skill sets necessary in the primary work of teaching and learning. Traditional modes of professional development, namely workshop-style, single-day presentations typically focused on areas of curriculum expertise, are limited in addressing the daily lived experiences of teachers working with students affected by mental health challenges. While many boards have promoted mental health literacy for teachers through professional development opportunities, there is neither a mandate nor protocol for measurable growth in change in instructional strategies.

The Canadian Teachers’ Federation survey (Froese-Germain & Riel, 2012) supports the concern about both the availability of professional development and the inefficiency of current models: almost seven in 10 teachers had not received any professional development such as knowledge acquisition or skills training related to student mental health, and 75% of teachers with fewer than five years of teaching experience reported having none. It is also striking that six in 10 teachers reported that training was offered by external personnel, such as board or

community-based professionals; even training via teacher organization was higher than in-school personnel with only 5% indicating administration conducted the session (Froese-Germain & Riel, 2012, p. 5). When asked to assess areas of need for further development, teachers indicated additional training would be helpful in recognizing and understanding mental health issues in children and adolescents, training in classroom management, training in engaging and working effectively with families and strategies for working with externalizing behaviour problems (Froese-Germain & Riel, 2012, p. 5).

Further to the question of effective professional development is the deeper question of how school leadership can build and support cultures of teacher professionalism and ongoing skill development. The notion of teacher professionalism has roots in educational leadership theory and research; Fullan (2007) and Hargreaves and Shirley (2009) target capacity building, continuous learning and committed, ongoing teacher growth as critical in sustainable and meaningful educational change. In contrast to traditional models of professional development, continuous learning requires reflective action and interaction in collaborative, local learning communities. Fullan (2007) argues that “significant educational change consists of changes in beliefs, teaching style, and materials which can come about only through a process of personal development in a social context” (pp. 138-139). If teacher capacity is to grow, professional learning is necessary.

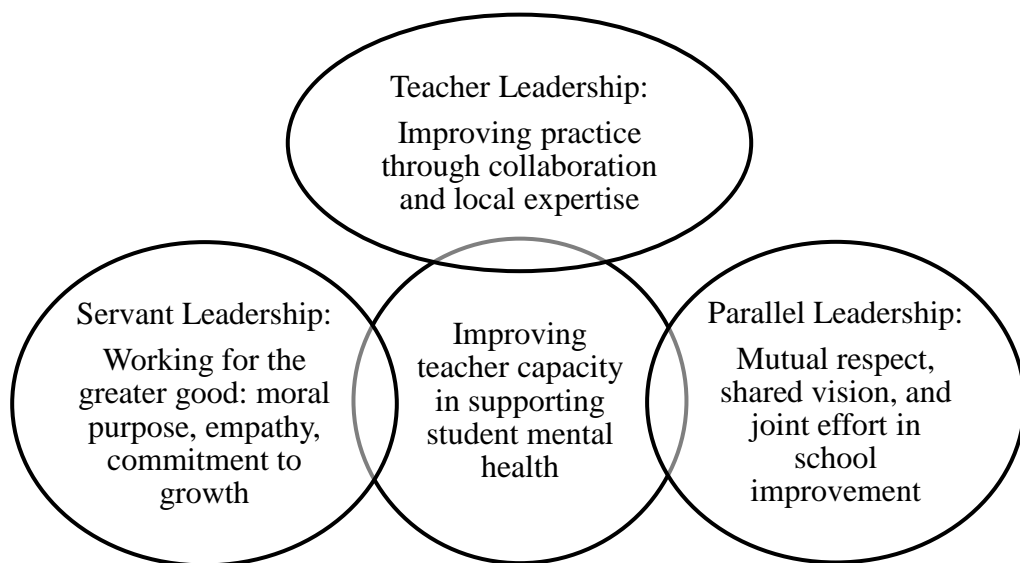
Hargreaves and Shirley (2009) suggest responsive, mindful teaching practices that are “mission and conditions driven” and supported by collaborative networks (p. 110) help broaden teacher expertise far beyond curriculum expertise, and indeed, nurture a broader sense of responsibility for meeting student needs. Such local networks of teacher learning can inspire the will to share the “knowledge, inspiration and confidence to realign practices” (Hargreaves &

Shirley, 2009, p. 89). Lieberman and Miller (2011) agree that current models of professional development fall short of addressing the real problems of practice that teachers encounter, and that it is the “talking together” (p. 19) about particular work in specific settings that increases the likelihood of positive impact on greater student learning.

Mental health continues to be a complex concept subjected to stigma from social, political and cultural forces. While there has been growth in awareness and understanding of mental illness through various social media campaigns supported by corporate funding, the stigma associated with mental illness prevents self-reporting (Whitley et al., 2012, p. 59) and continues to be a largely unaddressed social issue. Statistics demonstrate that poverty, gender, race and socio-economic class are factors influencing rates, severity and access to professional care (Williams, Horvath, Wei, Van Dorn & Jonson-Reid, 2007, p. 96), positioning mental health as a significant and complex global concern. Social and political obstacles limit wide-scale implementation of evidence-based prevention and intervention programs for schools, as a broad spectrum of resistance exists, from limited funding to an absence of teacher motivation to engage in professional growth. As Graham et al. (2011) note, there continues to be little empirical research on whether teachers view responsibility for student mental health as part of their role (p. 482). With conflicting expectations in an age of accountability and student performance as measured by test results, teachers are not receiving direction or support in developing skills to support a largely unidentified group of students. As Massey, Armstrong, Burroughs and Henson (2005) note, even more particularly in the special case of student mental health, change initiatives are “less likely to be sustained unless linked to the central academic mission of the school, have strong leadership and sufficient co-ordination” (p. 362).

### Leadership-Focused Vision for Change

The gap between teacher capacity and student need is a problem of practice falling beyond the purview of traditional school structures and leadership models. This OIP integrates three existing models - teacher, servant, and parallel leadership – forming a new leadership conceptualization to support growth in teacher capacity, bringing together the operational and the relational elements which must align to implement and sustain change (see Figure 1).



*Figure 1.* Improving teacher capacity through an integrated leadership model.

Teacher capacity is an area of school improvement that is well-suited to a teacher leadership initiative focusing on developing a community of practice, enabling targeted work on increasing skill sets to match the diverse learning needs of students, with the common goal of improving student learning. Teachers are differently understood in learning communities as “not mere technicians who implement the ideas of others, but intellectuals who are doing knowledge work” and who are able to “build capacity and collective will to move forward equity agendas” (Lieberman & Miller, 2011, p. 16). The critical variables in teacher leadership work - the

instructional, relational and enabling dimensions (Harris, 2005, p. 204) – are well-suited to engaging teachers in exploring student mental health and developing instructional strategies that accommodate special learning needs. The social constructivist view of learning supports such collective work: meeting the new challenge of student mental health requires adapting current practices, and is best accomplished through “co-operative social activity, discourse and debate in a community of practice” (Fosnot, 2005, p. ix).

The notion that new knowledge, especially in human communities such as schools and practitioners such as teachers, is actively constructed and has an “adaptive function” (Van Greenfeld, 2005, p. 3), requires attempting and assessing new efforts. A common driving force in seeking new knowledge can be “disequilibrium,” (Fosnot & Perry, 2005, p. 34) and an awareness of personal skills and understandings not matching need: developing an improvement plan that includes teacher leadership and collaborative learning can address this gap.

Leithwood, Harris and Hopkins (2008) suggest that there are four distinct leadership qualities that enable effective schooling: building vision and setting direction, understanding and developing people, redesigning the organization and managing the teaching and learning program (p. 30). While principals may be traditionally recognized as singular school leaders, these characteristics mirror those identified as key in teacher leadership, thus broadening the hope for successful improvement ideas across the wider school community:

Teacher leaders are understood to convey convictions about a “better world,” strive for authenticity in their teaching, learning and assessment practices, facilitate communities of learning through organization-wide processes, confront barriers to the school’s culture and structures, translate ideas into sustainable systems of actions, and nurture a culture of success (Conway & Andrews, 2016, p. 178).



Teacher leadership initiatives and the sense of moral purpose that imbues change visions targeting improving how teachers work with each other in order to improve student learning resonates with Greenleaf's notion of servant leadership (Northouse, 2016, p. 224). There is a connection to social responsibility in servant leadership, and on developing the potential of both teacher and student when applied in school settings. The notion of a working toward the greater good in the organization, the community and society at large aligns with such challenges as meeting needs of students with mental health issues. Ironically, some of the key characteristics modelled in servant leadership - listening, empathy, awareness and commitment to growth - can be learned then become incorporated into school culture, and infuse teacher-student interactions (Northouse, 2016, p. 227). Servant leadership connects to organizational performance and improvement, as followers engage in "behaviours that go beyond the basic requirements of their duties to help the overall functioning of the organization" (Northouse, 2016, p. 237).

While transformational leadership echoes servant leadership in the important notion of empowering followers – key to this OIP – there are also significant differences, specifically the role of leaders, moral intent, and expected outcomes (Barbuto & Wheeler, 2006, p. 305). In aiming to improve teacher capacity so that students' mental health challenges are supported, there is an undercurrent of a moral purpose, a component of servant leadership, connected to alleviating human suffering. Transformational leadership does not explicitly focus on moral purpose, although it may be influential. Barbuto and Wheeler (2006) also suggest that leaders' motives differ between the two types; servant leadership hopes to assist followers in becoming better able to serve others, while transformational leadership aims to "inspire followers to pursue organizational goals" (p. 305). The emphasis on the growth of followers may at times differ from organizational goals, ultimately separating the focus on outcomes between the two approaches.

For example, improving teacher capacity emphasizes addressing unmet student needs first and foremost, not necessarily for the purpose of improving student achievement. In this OIP, it is necessary to leverage the existing leadership relationships that the change agent has accrued over time within the community, which align with Greenleaf's (1977) model. However, further exploration of transformational leadership may inform conversation with those who are beginning to shape their own ideas for change initiatives as a valuable and viable perspective.

Teacher leadership initiatives, however well-intentioned and well-articulated, are dependent on the support of the school's formal leaders: Andrews and Crowther (2002) assert "teacher leadership does not flourish independently of the principalship" (p.154). Drawing on results from a five-year research-based analysis focused on organizational dynamics present in schools that had shown enhanced student achievement, Andrews and Crowther (2002) identified three distinct qualities in the teacher leader-principal relationship: mutual trust and respect, shared directionality, and allowance for individual expression (p. 154). This important notion of parallel leadership is distinct from distributed leadership models as teacher leaders and principals share leadership and engage in "joint inquiry into ways to enrich the school's vision and pedagogy and to enhance the alignment between these key school elements" (Andrews & Crowther, 2002, p. 155). Combined with the notions of professional learning and building capacity, schools can be differently focused and differently engaged in organizational learning, when new challenges emerge (Andrews & Crowther, 2002, p.156). Parallel leadership also connects to the notion of moral purpose, engaging teacher leaders and all professionals by "treating people's knowledge, experience and careers as valuable, renewable and re-combinable resources" (Conway & Andrews, 2016, p. 198) in building capacity both in response to emerging challenges and in the shared goal of ongoing, meaningful professional and development.

A combination of an integrated leadership model and the community of practice construct offers hope in nurturing the organizational change required to address the needs of students affected by mental health issues. The notion of community of practice includes three key characteristics, which must be developed in parallel: shared domain or shared interest, community interactions, and common practice (Wenger & Wenger-Traynor, 2015, p. 1). In the school setting, while there can be the assumption of student learning as the common task, there may not yet be the forum for interactions that contribute to skill development and knowledge acquisition that improves instructional practices. Further compounding the leadership challenge in addressing this problem of practice, “it is difficult to launch a community of practice in any organization since it cannot be imposed or created for it can only be co-ordinated, facilitated and cultivated” (Cheng & Lee, 2014, p. 751). Teacher leadership and its inherent social practices offer pathways to both the facilitation and cultivation of communities of practice, with a focus on honouring teacher knowledge, creating forums for sharing, situating human learning in practice and relationships, guiding reflection on teaching through reflection and learning, promoting an inquiry stance, and approaching each colleague as a valuable contributor most prominently (Lieberman, 2011, p. 17).

Although the change plan may emerge with a particular focus on exploring student mental health, the accompanying shift in social practices can create a new culture of professional growth as envisioned by Fullan (2007) and Hargreaves and Shirley (2009). With the emphasis on skill set development and increased capacity in instructional strategies, a further outcome may be gains in both individual teacher and collective self-efficacy, considered a significant element in improving student outcomes (Leithwood, 2007, p. 622).

A change plan involving teacher leadership and the development of a community of practice addresses the concerns of several stakeholders, and broadens the circle of care. Assuming responsibility for this area of school improvement assists the principal, as central leader, with the challenge of finding the time and expertise to move forward. Further, the school and teaching staff are positioned as a greater support to families, addressing board and Ministry of Education rhetoric about student well-being. Community agencies and mental health care professionals are given greater access to school personnel and important sharing of information throughout the process, from identification at the referral stage to the student's partial or full return to class and suggestions for learning accommodations. It is, without question, the student who stands to gain most significantly with widespread support and with increased empathy and understanding.

In my opinion and experience, students with mental health needs have been, historically, a marginalized and underserved population whose plight raises questions about social justice and inclusive schooling. In a just society and equitable school systems and classrooms, differences must be respected and not viewed as “problems to be managed” (Blackmore, 2013, p. 148). It is the work of school leaders, formal and informal, to engage in changing practices so that the needs of students are first understood then met. Heck and Hallinger (2005) call for new and alternative ways of situating leadership so as to address “blind spots” in both knowledge and practice (p. 238). Targeting teacher capacity is an essential task, as it is the daily interaction in classrooms that shape student learning and student outcomes, and it is leadership that bears the responsibility for “creating the conditions conducive to the possibility of improving teaching and learning” (Blackmore, 2013, p. 139). Inclusive schooling, combined with increased teacher efficacy in meeting diverse student learning needs, increases the likelihood of a sense of

belonging and collective well-being (Blackmore, 2013, p. 148) with relationships exhibiting greater empathy and warmth (Sergiovanni, 2000, p. 131). These characteristics can profoundly counteract the stigma associated with mental illness, and increase the help-seeking behaviours such as self-reporting, so critical in early and effective intervention.

### **Organizational Change Readiness**

Generating energy among colleagues and formal leadership for improvement in instructional strategies that better meet the needs of students requires an intentional and purposeful consolidation through teacher leadership. However, prior to communicating an action plan, change readiness must be carefully assessed and ultimately, carefully nurtured. Cawsey et al. (2016) assert that “change readiness is advanced when members can see how the needed alignment can be achieved and how it can produce better outcomes” (p.106). The particular challenge of understanding mental health and its impact on learning and academic achievement and from that, building individual and collective will for improving teaching skills suggests a two-step process is necessary to encourage change readiness: (i) identifying the need for change; and (ii) demonstrating a connection between improved teacher capacity and student outcomes. Echoing Sinek’s (2009) assertion to “start with why” (p. 7), working toward shared insight about the currently unmet needs of students affected by mental health issues will be foundational.

**Change readiness tools: Selection, adaptation and application.** Change readiness theory suggests several critical dimensions at play: previous change experiences, leadership support, openness to change, exposure to disquieting information about the status quo, and factors promoting or blocking change (Cawsey et al., 2016, p. 106). Holt, Armenakis, Feild, and Harris (2007) offer a change readiness scale that reveals essential information regarding organizational members’ “beliefs and cognitions” (p. 234) about these critical dimensions.

Several significant themes emerging are: (i) self-efficacy, or the confidence that members are capable of making the change; (ii) personal gain, confidence that the change will be rewarding; (iii) senior leader support; (iv) organizational benefit, evidence that the change will positively impact the organization's functioning; and (v) discrepancy, a recognition of the need to change (Holt et al., 2007, p. 237).

While several items need slight adaptation from a corporate application to suitability in an educational context (i.e., rewording items with business-oriented terminology), the five main factors Holt et al. (2007) have indeed identified target beliefs at the heart of the readiness to change that will be essential for teachers to engage in the change initiative proposed in this OIP. The 59-item scale provides insight into each of the factors with 11-12 items targeting each dimension. Gathering data and gaining insight into individual teacher mindsets, which the survey yields, is an important mix of both quantitative and qualitative information - a critical first step in analyzing change readiness and in positioning individual growth within the collective endeavour of change. As Holt et al. (2007) assert "even the most collective activities that take place within organizations are often the amalgamation of the activities of individual organizational members" (p. 251). From the scale items reflecting perceptions of personal gain and organizational benefit, it is clear that representation of the OIP must be specific to actual gains from traditional educational standards, namely academic achievement and serving student learning needs.

**Addressing competing internal and external change forces.** Holt et al. (2007) acknowledge limitations of the scale's reliability and validity, emerging from recent literature suggesting personality factors, organizational culture, and climate may influence participant responses (p. 244). These are indeed factors that may be at play in this organization, more specifically general attitudes toward change, perception of control over change, perception of

current climate and leadership that may extend to the reputation as informal leader who is now emerging as teacher leader. A wide range of personality traits can further cloud growth potential, such as defiance, reluctance to change, fatigue and burn-out, and disinterest in this or any form of professional development. Mental health is itself a sensitive topic, and as the literature suggests, teacher perceptions of their own mental health affects willingness to participate in student mental health initiatives and training (Reinke, Stormont, Herman, Puri & Goel, 2011; Rothi et al., 2008). Awareness of mental health issues beyond the school setting, through personal, family or friend experiences may act as either impetus or reluctance to engage in change. The collision of personal and professional worlds can be very difficult territory to navigate: as teacher and servant leader, there must be sensitivity in how best to support colleagues who may be engaged in this difficult struggle, with assurances of confidentiality and an empathic approach.

Several organizational change theorists assert that senior management and leadership play an important role in overall change readiness (Cawsey et al., 2016, p.106). A thorough consideration of the willingness of formal leadership to engage in change is a critical step on many levels, impacting approval for establishing a learning community through to the perception of teachers that administration supports and indeed expects participation. Conway and Andrews (2016) indicate that teacher leadership flourishes when “in concert with their meta-strategic principal,” leaders can “actively engage in their articulation of their school’s values and visions for learning through pedagogical leadership and strategic planning” (p. 175). The notion of parallel leadership opens tremendous possibilities for a number of sustainable initiatives targeting capacity building, as the combination of expertise and commitment can create the “followership” that Sergiovanni (1992) envisions in vibrant professional learning communities

(p. 67). A willingness and readiness on the part of a principal to shift from a vision of singular leader to an acceptance of greater teacher leadership is itself an organizational change readiness factor that must be considered. Sergiovanni (1992) cautions: “the principal who insists on being a strong instructional leader, even though teachers are perfectly capable of providing all the necessary leadership, forces teachers into dependent roles” (p. 67), removing opportunities to engage in school improvement that may be well-suited to teacher leadership. Further, the principal’s own beliefs about mental health, about teacher roles and responsibilities, may compound willingness to approve or engage in an action plan. This message, whether implicitly or explicitly stated, becomes either a significant barrier or building block for change.

### **Communicating the Need for Change**

Communication is a central concept within both organizational change and leadership theory, as a key practice in the procedures of change and as a personal characteristic. It is the combination of both that greatly increases the likelihood of sustainable change, through its impact on those participating in the process: “creating a sense of fairness, trust and confidence in the leadership, and interest and enthusiasm for the initiative is important in the success of change initiatives. Well-executed communications strategies plan an important role here.” (Cawsey et al., 2016, p. 324). Where communication strategies and abilities are not carefully attended to there is a greater risk of “downstream implementation difficulties” (Cawsey et al., 2016, p.324). A critical first step in the OIP process will be to generate energy for the need for change, a task completely reliant on timely, effective and authentic communication.

**Strategy for building awareness.** Phase one of the six-phase communication plan will involve presenting external data available from Statistics Canada, The Centre for Addictions and Mental Health (CAMH), and the provincial Ministry of Health to create awareness of the



significant increase in adolescent mental health issues, and specifically anxiety and depression over the last decade. To bridge to our own local setting, statistics can be applied to our own population: if one in five adolescents experiences a mood disorder, and we have 1100 students, it is perhaps possible that 220 of our students are similarly affected. If each TA group typically has 16 students, then it is possible that in any given year three of our advisees experience either the onset or continuation of a mental health issue. Further, our local results from the board survey indicate strong student perception of teachers and school personnel as helpful and caring. Their confidence in us and willingness to disclose personal feelings and concerns can be used to draw connections between the issue of mental health, our student population and our relationships with them. Communicating such information can provide a “clear and compelling rationale for change” (Cawsey et al., 2016, p. 321). This phase can be accomplished in a staff presentation using visual aids to illuminate statistics, and employing multi-media resources.

Phase two will focus on sharing research connecting mental health to academic achievement, recently conceptualized as a bi-directional relationship (Powers et al., 2011, p. 23) and inter-related domains of functioning (Suldo et al., 2013, p. 84). Where there is improvement or impairment in either mental health or academic functioning, there is correlative improvement or impairment in the other domain. While a complex notion, sharing the supporting research furthers the notion of schools and more particularly classroom teachers as the critical “front-line” (Rothi et al., 2008, p.1219). Phase three builds on this role, communicating how teachers can be helpful in identifying changes in behaviour, connecting students to care, and supporting their learning needs through instructional practices and accommodations.

Phase four of communicating the need for change will be a discussion about the factors currently affecting teacher capacity; training, time, resources, climate, mindset, organizational

structure, cultural influences and social stigma. It will be helpful to draw out from participants their current beliefs about both student need and their ability to respond. Data from the Canadian Teacher Federation's survey (Froese-Germain & Riel, 2012) will help locate the issue as a widespread national problem of practice for all educators, and from which no school is immune. At this point in building the need for change, we can enter into discussion about our unique structure as a school and how it equips us with an opportunity to respond in an equally unique way, drawing on our TA model and the relationship each student has with their TA from Grade 9 through graduation. This important phase of communicating the need for change will begin to introduce the formulation of an action plan, so it will be critical to invite feedback, to check in with participants that the rationale has been clearly presented and energy for action is beginning to emerge.

Phase five involves communicating the cornerstone of the action plan, namely developing a community of practice through teacher leadership, targeting increased teacher capacity. Key theoretical concepts will be presented drawing on the work of Wenger and Wenger-Trayner (2015), Leiberman (2011), Harris (2005), and Leithwood (2007), in a manner that draws connections between theory and practice. Data provided in Conway and Andrews (2016) review of initiatives in Australia attests to the efficacy of communities of practice and gains in student outcomes.

Phase six builds on the Conway and Andrews (2016) notion of communicating, through teacher leadership, "advocacy for improved student achievement from a contextually relevant vantage point of moral purpose" (p. 175). Aligning the goals of increased teacher capacity and improved student outcomes with our existing goals, mission and values as a faith-based community and as consistent with our philosophy is necessary to elevate the idea of action into

committed processes of professional development. Conway and Andrews (2016) echo Dimmock's (2012) definition of leadership: "a social influence guided by a moral purpose with the aim of building capacity by optimizing available resources towards the achievement of shared goals" (p.192). One of our shared goals is to use our curriculum delivery model and TA program to serve the diverse learning needs of all students: preparing ourselves to meet the specific needs of students with mental health challenges can unify collective will and motivate change.

Communication across all steps in the OIP will vary in form and function, at times informal and at others formal in the delivery of theory, research, data, and knowledge in mental health and adolescent psychology. An essential characteristic of all communication will be invitational, encouraging two-way dialogue and welcoming concerns and questions. Cawsey et al. (2016) caution that listening is an often over-looked component of communication strategies, and that change initiatives are furthered when open dialogue exists. In a change initiative involving complex notions such as mental health, the necessity of empathic listening and responding to participants' concerns cannot be overstated. With the problem of practice clearly articulated, attention can turn to the planning and developing stages.

## **CHAPTER TWO: Planning and Development**

### **Framework for Leading the Change Process**

Our curriculum delivery model, with respect to student learning, separates us from the larger school board and gives us a unique identity and culture: an ongoing challenge is to maintain commitment to our philosophy and ensure daily practices reflect that unique identity. Our lengthy history of struggling to maintain our program through a variety of external challenges has kept at the fore our values and vision: the pedagogical belief that all students learn best at their own pace, and our faith-informed belief that all people have the right to achieve their full potential. Indeed, our identity reflects Schein's (2010) conceptualization of culture as "a pattern of shared basic assumptions that a group learned as it solved its problems of external adaptation and integration," and so therefore "to be taught to new members as the correct way to perceive, think, and feel" (p. 304). With a strong value base infusing our identity and our work, we are able to rely on our tradition of collaboration to address new challenges and to strategize potential solutions.

The foundational role of TA and the student-teacher relationship at the heart of learning interactions speaks to the core of the symbolic frame: human experience. The complex challenges of student mental health, experienced by students as an obstacle to their learning and by teachers as an obstacle to their teaching, can be revealed through shared personal narrative, an element of Bolman and Deal's (2013) symbolic frame. As an externalized and shared problem, student mental health becomes an important challenge that needs to be addressed in order to align with the original vision of the school. This problem of practice can be framed as an obstacle similar to historical challenges, requiring leadership – both formal and informal - to initiate the process of responding: consider options, generate change energy, target capacity

building, and invoke the shared faith and shared culture that already infuse the community. Inspiring response is an important leadership task in the symbolic frame, and requires tapping into the “spirit” (Bolman & Deal, 2013, p. 284). The notion of moral purpose anchors change visions in the symbolic frame, as teachers and school leaders “actively engage in the articulation of their school’s values and vision for learning through pedagogical leadership and strategic planning” (Conway & Andrews, 2016, p.175).

**Specific models for leading the process of organizational change.** The sensitive, complex nature of a change initiative targeting increased teacher capacity in working with students faced by mental health challenges must start with organizational analysis. Since the ideal outcome of the change process requires gains in skill sets, a shift in teacher beliefs and attitudes, and a larger shift in school culture, Kotter’s (1996) Eight Stage Process (p. 21) is well-suited. The model allows focus on specific targets, on smaller pieces within the bigger picture of change. Kotter’s (1996) model - a dynamic, non-linear process - draws in the human, political and symbolic elements often overlooked in change initiatives (Bolman & Deal, 2013, p. 390). In combination with Bolman and Deal’s (2013) assumptions (see Table 2), Kotter’s (1996) model frames organizational change in teacher capacity through small step, focused areas of growth.

Table 2

*Framing organizational change in teacher capacity*

Kotter (1996)	Bolman and Deal (2013)	Increasing Teacher Capacity
Establish a sense of urgency	Tell a compelling story	Share statistical evidence on increasing rates of depression/anxiety and on the impact on learning
Form a coalition	Put the commanding officer on the team	Assume teacher leadership role; involve department, school, and board supports
Develop a vision and strategy	Craft new vision of the future	Explore possibilities for increasing capacity through evidence-based research
Communicate	Have visible leadership and involvement	Meet regularly via large group email and personal contact
Empower employees	Help people move forward	Generate energy and commitment through skills training and feedback
Generate short-term wins	Celebrate and communicate progress	Set goals; measure gains in knowledge and skills
Consolidate gains	Hold ritual meetings	Continue to share and implement skills through learning–feedback loop
Anchor new approaches	Celebrate change, stories from the journey	Continue engaging in ongoing professional learning

*Note.* Adapted from Bolman and Deal, 2013, p. 391; Kotter, 1996, p. 21).

Kotter’s (1996) Eight Stage Process aligns with teacher and parallel leadership theory in echoing the critical role of collaboration, communication and support for change emerging formally and informally across the organization. Although this OIP borrows from the human resource frame in targeting skill building, the shared moral purpose of addressing student need is centred in the symbolic frame through its compelling story. Perhaps a change agent without formal title, involvement in mental health awareness initiatives and organizational role allows the title of “commanding officer.” However, it will be the support of the “meta-strategic

principal” (Conway & Andrews, 2016, p. 175) within the parallel leadership model that validates the change plan.

Throughout Kotter’s (1996) model run the organizational values of learning, realignment and negotiation (Bolman & Deal, 2016, p. 392) which echo Fullan’s (2007) notion of teacher professionalism as the diverse learning needs of students continue to challenge traditional methods of teaching and learning. Our self-directed learning model and our organizational vision and values, such as meeting individual student learning needs through the TA role, connects to our school mission to see each student holistically and to support their individual academic journeys.

**Relevant types of organizational change in relation to leadership theory.** Through Bolman and Deal’s (2013) symbolic lens of viewing organizational change, the role of leadership is to promote the significance of vision and values in everyday practices, imbuing confidence that work is meaningful (p. 404). Since we are rooted in a philosophy of learning underpinned by a faith-based view of human beings, we have at many times as individuals and as a community needed to both re-vision and re-align daily practices. Across a broad spectrum of reasons ranging from changing provincial expectations to changes in school demographics, we have necessarily been involved in the continuous and incremental change captured in Nadler and Tushman’s (1989) dimensional conceptualization (Cawsey et al., 2016, p. 21). Viewed as both anticipatory and reactive, the OIP responds to a current need with a degree of urgency, while also shifting beliefs and attitudes about mental health throughout school culture in, ideally, sustained change.

### **Critical Organizational Analysis**

Nadler and Tushman's (1989) conceptualization of organizational change, the Congruence Model, asserts that performance is based on interplay among four fundamental elements: tasks or work, people, formal organizational structures, and informal elements such as culture (p. 194). When organizations achieve optimal functioning, it is the direct result of congruence among these equally vital components; so too for achieving sustainable, meaningful organizational change. Meeting mission-related goals is the objective of organizations: when "outputs" or services and products match customer or client needs, then there is a good "fit" between the four fundamental elements in the transformation process. Applied to an educational organization with our unique philosophy, the ideal outputs include academic achievement and growth toward full potential. Responding to changing external and internal "inputs" is an essential component of organizational growth, yet the difficult task of organizational analysis is not always undertaken as a first step. The emergent question in shaping a response is to ask, what must an organization do to effectively realign its people, systems, work and culture to address changing inputs? (Cawsey et al., 2016, p.73). In diagnosing the issue of student mental health within our educational organization, analyzing the fit between elements exposes serious gaps creating a significant obstacle to desired outputs.

**Taking a critical look: Analyzing the four elements.** A dynamic and fluid model of organizational analysis, the notion of congruence is helpful in framing challenges within schools, when there is concern that outputs and outcomes measured by academic achievement are affected. The Congruence Model (Nadler & Tushman, 1989) can be understood as reflecting the philosophy of self-directed learning - in an ideal state - while first serving as a diagnostic tool



outlining where deficits exist among the four fundamental elements, revealing both gaps and areas for growth.

**Work.** Self-directed learning envisions a different interaction among the four elements of work, people, formal structure, and organizational culture than is typically found in schools. The “transformation process” between inputs and outputs that defines organizations in Nadler and Tushman’s (1989) view (Cawsey et al., 2016, p.70), relies on the first element, tasks or work, as involving a wide range of sophisticated skills. In our model, the skill set typically expected from teachers – namely curriculum expertise in a specific academic discipline – is broadened to include skills to complement the critical role of TA. These skills include relationship-building, communication, assessment based on learning needs and identifying obstacles to academic success, co-operative decision-making in creating short and long term learning goals, and demonstrating empathy. The notion of interdependence, or relationality, echoes Starratt’s (2007) assertion that teacher’s authentic work, connected to the moral purpose of schools, necessarily involves a strong focus on mutual relationship building between teachers and between teachers and students (p. 175). As much as our vision embraces the value of individuality and diversity among students, it is also rooted in the truth that “there are no autonomous beings” (Starratt, 2007, p. 168). Ongoing support from formal leadership is vital in continuing development of this specialized, necessary skill set.

**Formal structures.** School Based Advisory Teams (SBATs), of which there are currently three, are composed of an administrator and guidance counsellor, designed to support TAs in working with their groups of 16 students. Albeit unique to our curriculum delivery model, it is an important piece of our formal “organizational architecture” (Cawsey et al., 2016, p.70). In addition to more traditional understandings of administration, the SBAT group bears the

responsibility of close attention to student needs and where necessary, the involvement of parents and other school supports in addressing issues and concerns. This is a necessary support system in maintaining our philosophy that each student presents unique learning needs which we are compelled to accommodate. In our early years developing this model and acquiring ministry and board consents to operate differently, we formalized many of our unique structures such as continuous learning (beyond the school year), TA periods as dedicated instructional time, and perhaps most significantly, teacher and student ratio as determined by total contacts and not “class” size. The necessity of instituting these organizational structures emerged from the awareness that without formalized processes, the model itself was open to criticism from any number of sources. As unique as our philosophy may be, we must continually hone our operational practices to ensure we are true to the model, achieving according to our own vision, and demonstrating our values in action.

***Informal structure: School culture.*** Informal organization, which can be called “how we do things,” is perhaps more influential in our model than any formal structures. By necessity, since teachers do not come prepared to conduct the work of teaching in a self-directed environment or take on the TA role through any formal training, sharing school culture is a critical task shared by informal leadership. It is necessary that new teachers and administrators understand the connection between daily operational practices and the overarching vision of the school, as so much of “how” we do things is shaped by a greater “why.” Of utmost importance is understanding the foundational role of TA; this primary relationship involving caring, coaching, advocacy and daily support underscores the notion that both learning and learning processes are enhanced through positive bonds between teachers and students. Schein (2010) asserts that culture embodies the beliefs, attitudes and values of a human community, and “varies in strength

and impact depending on how deeply held and clearly understood the culture is” (Cawsey et al., 2016, p. 71). The myriad of ways in which communication about students’ progress occurs daily emphasizes the notion of collaboration. Culture is indeed, as Schein (2010) suggests, critical in how our school organization “preserves its integrity and autonomy, differentiates itself .....from other groups, and provides itself an identity” (Schein, 2010, p. 300).

*People.* The fourth element in Nadler and Tushman’s (1989) Congruence Model is perhaps the most fluid; people (p. 194). While simply stated, that “the attitude, knowledge, skills and abilities of each person match the individual’s role” and that “their responsibilities and duties match the organization’s needs” (Cawsey et al., 2016, p.72), in an ever-changing and increasingly complex organization such as schools, this can be a profound challenge. A teacher’s ability to perform, based on this definition, is the result of a blend of: (i) objective knowledge, such as teaching mathematics; (ii) personality, such as motivation; and (iii) environment, such as school culture. In an ideal state, teachers perform well when they feel well-supported by school leadership and operate from a mindset of self-efficacy (Leithwood, 2007, p. 628). In Nadler and Tushman’s (1989) view of congruence, any change initiative must also address this complex human factor, and the complicated reactions to change that may impact across the organization. In our model, “people” includes teachers, administrators, support staff, educational and instructional assistants, as all participate directly and indirectly in creating school culture and connecting daily interactions and operations with our philosophy and vision.

**Student mental health and teacher capacity within a congruence framework.** Nadler and Tushman’s (1989) Congruence Model offers a means of organizational analysis helpful in determining how the learning needs of students with mental health challenges can be better served by identifying where gaps currently exist. In an effort to gain this critical awareness, this

OIP would begin with formal surveys conducted with staff, administration, students and school board support staff such as our school social worker, potentially revealing the significant gap that exists between the learning needs of students with mental health challenges and the capacity of teachers to respond effectively. It will be necessary to engage the support of board personnel, specifically the Mental Health Lead (a psychologist) and a representative of the Research Department as objective and qualified experts in helping design the surveys, and in the collection and interpretation of data. This collaboration will compensate for deficits in training in survey design while also capitalizing on local expertise in school culture, our population and the issue of student mental health and current teacher capacity. Although the problem of practice addressed in the OIP is a local issue, of local design and leadership, it presents an excellent opportunity to access resources and engage in partnership at the system level.

The surveys will ask what teachers know about student mental health, what supports students are offered, and what, currently, people feel able to do to help. An important first step in the change process is creating what Kotter (1996) calls “a sense of urgency” (p. 35); while participating in the survey may not inspire such a state on its own, the follow-up discussions and the similarity of results may compel the desired response, namely a willingness to formulate an action plan. As Cawsey et al. (2016) note, surveys help compile an important mix of concrete experiences and attitudes and beliefs (p. 311). Since mental health is itself a complex construct with layers of factual understanding and culturally-influenced opinion further compounded by how it is understood and received in social institutions such as schools, anonymous and confidential surveys will provide a safe avenue for participation. Ensuring the questions are valid and appropriate and findings are grounded will help colleagues gain trust in both teacher leadership and in the initiative itself as a genuine need. It will also be helpful to have the Mental

Health Lead and the principal present and participating in early meetings to extend the notion of parallel leadership, demonstrating support from the more formal domains of school organization.

**Connecting “work” to increased capacity.** Sharing research that explores teacher capacity and student mental health sorted into tasks or work, formal organizational structure, informal elements and people can help locate the issue in a broader context. The common themes that emerge echo local concerns about this problem of practice, and illuminate the widespread issue of mental health at the national, international and global level. Observations relating to the element of “work” include: confusion about role and responsibility, lack of clarity about referral procedures, and lack of awareness and ability to recognize changes in behavior and mood. Further, some indicate that they do not feel that it is part of their “work” but rather others in the organization, such as Guidance Counsellors. An unknown variable is existing capacity; perhaps beyond the scope of this OIP, an important next step will be creating a process through which the baseline of knowledge and skills teachers bring to their work can be identified.

**Connecting “formal structures” with school goals.** If the formal structure of a school, whether operating by a traditional model or a more radical philosophy of learning such as self-directed learning, is designed to support the transformation process and to ensure efficient outputs, then a shared definition of that output is necessary. A current term, “student success,” is used broadly as both reference to a specially-funded program and as a goal and a mindset. Current literature suggests this definition needs to be adjusted, to acknowledge the inter-related domains of mental health and academic functioning. Atkins et al. (2010) claim that “education and mental health integration will be advanced when the goal of mental health includes effective schooling and effective schooling includes the healthy functioning of students” (p. 40). Interventions that have incorporated this broader view of student success demonstrate that

positive changes in one domain – academic or socio-emotional functioning – are followed by similarly positive changes in the other, establishing a bi-directional relationship (Suldo et al., 2013, p. 87). The formal structures needed to implement such interventions include funding, time allotment, co-ordination of services, and commitment from teaching staff and school leadership.

***Deepening a “culture” of caring.*** School culture and teacher mindset, shaped by beliefs, attitudes, and both lack of awareness and misconceptions about mental health and further compounded by social stigma, are challenging elements to navigate in the change process. In addition, there is “little empirical research on whether teachers view mental health as part of their role” (Graham et al., 2011, p. 482). This significant obstacle can be addressed in the organization if student mental health is framed as an unmet learning need, within our ability to support. The culture of relationality, created through the TA role, emphasizes the greater moral purpose of schools: where obstacles to learning and achieving potential are exposed, it becomes the work of the people to address. Our history of what Leithwood (2007) might call “sense-making” (p. 216) includes meeting various challenges in the external environment, as discussed in the PESTE analysis in Chapter One: changes in demographics, the demands of accountability and a heavy emphasis on curriculum, shifting board expectations, and labour unrest. These experiences provide points of reference for how, in the past, we have navigated change while maintaining congruence with our values and vision.

***“People”:*** ***Changing perception, changing practice.*** A particular challenge in addressing teacher capacity is a set of “teacher level factors,” which include self-efficacy beliefs, teacher perception of the change initiative and its sustainability, appropriateness and effectiveness, and the compatibility of the program with their own understandings of student behaviour and mental health (Han & Weiss, 2005, pp. 666-667). Interestingly, these factors may fall under Nadler and

Tushman's (1989) "people" dimension, yet also clearly connect to all three other domains of formal organization, culture and work. Further, this interplay underscores the suggestion that it will be a collaborative systems approach that works to remedy the gaps made evident in each domain, resulting in a greater alignment of organizational functioning and school vision (see Figure 2).

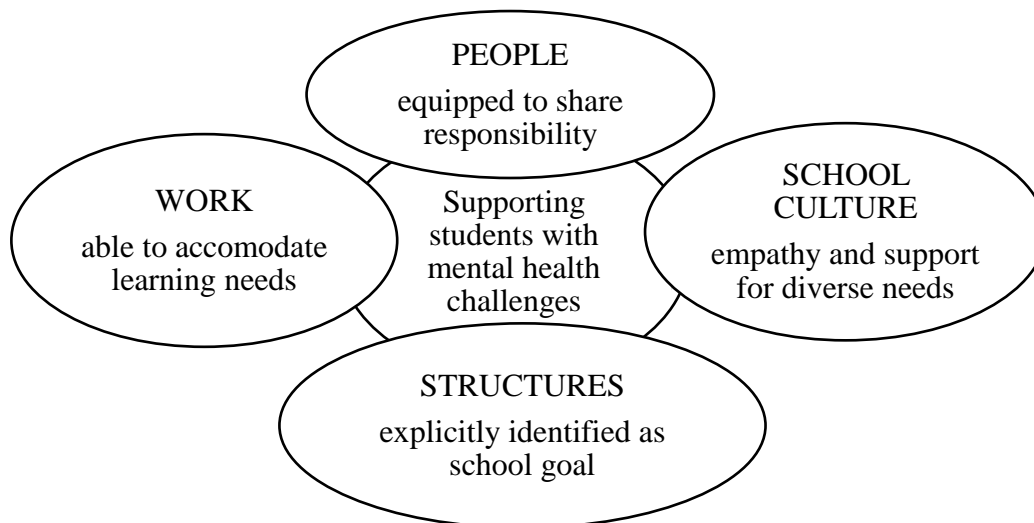


Figure 2. Nadler and Tushman's (1989) four elements aligning to support student mental health.

**Congruence and coherence: A wider view.** It is important to ground both organizational analysis and change initiatives in concrete and specific terms. Schein (2010) asserts that an operational problem must be posed as needing behavioural change and cognitive redefinition (p. 308), a new way of thinking and a new way of doing. While the Congruence Model emphasizes alignment, coherence is defined as "a continuous process of making and remaking meaning in your own mind and in your culture" (Fullan & Quinn, 2016, p. 2). In our history of developing, implementing and constantly fine-tuning our philosophy of self-directed learning, we have grappled with meaning-making through openness to a tough question: is what we're doing in daily practice consistent with our vision? At different times and in different

circumstances, this question has been asked of each element in the Congruence Model (Nadler & Tushman, 1989) and has required new thinking and new doing. Fullan and Quinn's (2016) conceptualization of coherence brings together the notion of congruence, our model, and the problem of practice explored in this OIP. The "right drivers" of change, in Fullan and Quinn's (2016) view, are: (i) capacity building; (ii) collaboration; (iii) pedagogy; and (iv) system-ness (pp. 5-6). Echoing Nadler and Tushman's (1989) configuration, the notion of "coherence" sees people, their work, organizational culture and formal system structures as critical areas of focus in educational improvement strategies. Improving skill sets, employing the collaborative power of social capital within groups, connections to mission and values and supportive formal policies and structures are essential in sustaining change (Fullan & Quinn, 2016, p. 11). Connecting to school vision, and to a larger sense of shared moral purpose, this OIP will challenge current practice and current structures in responding to the underserved needs of students with mental health concerns. There is an undercurrent of hope that when revealed through organizational analysis, commitment to action will begin. The first steps of change require asking the following questions: (i) "What can we do?" (ii) "What are we willing to do?" and (iii) "How should we do it?" As Fullan and Quinn (2016) assert, "when large numbers of people have a deeply understood sense of what needs to be done – and see their part in achieving that purpose – coherence emerges and powerful things happen" (p. 1).

### **Possible Solutions**

There are yet to be definitive pathways marking methods of improvement that school leaders can apply to improve teacher capacity in addressing the learning needs of students with mental health challenges. While it can be argued that students and indeed all persons affected by mental health challenges are a historically marginalized under-served group across many



domains of society, the issue has risen to the fore as the rates of adolescent depression and anxiety are increasing rapidly. Atkins et al. (2010) note “there is little consensus” (p. 41) on how best to address the issue of mental health in schools, yet it is critical that there is improvement in how teachers recognize and support student need. An exploration of current research on this problem of practice suggests three possible solutions, each targeting improved teacher capacity with different approaches, all of which are adaptable to this organization and current leadership role. The three possible solutions are: (i) reconceptualizing mental health as a learning need; (ii) reorganizing school mental health support; and (iii) developing a community of practice.

**Reconceptualizing mental health as a learning need.** The traditional process of identifying and accommodating students’ learning needs typically begins with a classroom teacher recognizing that a student is struggling to meet academic expectations. Through the expertise of Special Education personnel, input from family, and support from administration and the school board, an Individualized Educational Plan (IEP) is developed, shared with teachers, and reviewed annually. Currently, in the province in which this organization is located, depression and anxiety – even with evidence of a professional diagnosis – are not considered a learning need that warrants an IEP or any academic accommodations. However, growing research repositions mental health and academic outcomes as having a “bi-directional relationship” (Powers et al., 2011, p.23) and as “inter-related domains of functioning” (Suldo et al., 2013, p. 84), fuelling the argument that mental health needs to be newly and differently understood as a critical element of successful academic functioning. Suldo et al. (2013) further argue that since schools are held accountable for academic achievement, “a focus on student mental health is warranted” (p. 85).

Rothi et al. (2008) assert that teachers do recognize both a duty to care and the increase in student mental health issues as a challenge to learning, but are without the training or resources to act effectively. They suggest that schools and teachers should use “needs-based language” (Rothi et al., 2008, p. 1224); reconceptualizing mental health as an obstacle to learning, similar to other focus and outcome challenges, would allow access to Special Education resources. Reconceptualizing mental health as an element affecting all students’ learning also opens the door to wider socio-emotional learning program initiatives, which can be presented as consistent with the provincial educational goal to recognize student well-being as critical to school success.

In our self-directed learning model and the foundational TA role, we are well-positioned to recognize learning obstacles. We closely monitor Grade 9 students, to see if they are appropriately placed at level of study, if they may have undiagnosed focusing or processing issues, and if there are socio-emotional concerns. We are, however, limited in formalizing socio-emotional challenges so that they can be accommodated across all subject areas. Guidance counsellors, tasked with recognizing and supporting those needs, are aware that the informal exchange of mental health information and suggestions made to subject teachers about possible academic accommodations are limited to individual students, and are often time-sensitive. With a formal IEP, students with mental health challenges would be known to all teachers, supported by Guidance and the Special Education departments, and perhaps, far less vulnerable to experiencing stigma. Just as other IEP learning needs must be met and are re-evaluated regularly for fit, a similar process for mental health challenges would allow our entire system of TA – subject teacher communication to function optimally.

Implementing this possible solution would require a re-allocation of Special Education resources at the Ministry, district, and local level since, as the statistics suggest, a great number

of students would be referred to access these resources. At this time, Special Education allocations for already-identified student needs are cut to critically low levels. Should a shift occur and resources be allocated to the issue of student mental health, teachers would require training, time and funding. Targeted training in mental health literacy and specifically recognizing the signs and symptoms of anxiety and depression would improve a TA's ability to intervene quickly, resulting in formal identification. Since TA's have an established role as student-advocate within our model, the lines of communication are already open, but could be broadened to include the specific learning needs of students who are affected by mental health issues.

**Reorganizing school mental health support.** A second possible solution supported by existing research and adaptable to this organization is the notion of an in-school or "in situ" mental health counsellor (Rothi et al., 2008), p.1224). Ideally a certified teacher familiar to the school staff, student body, and parent community, this position combines critical knowledge of local context with improving supports to students with mental health challenges. Although most schools have guidance counsellors on staff and access to school board professionals such as social workers and psychology services staff, a single person dedicated to student mental health can offer unique and important supports. Teachers with concerns about changes in student behaviour or mood would know who directly to contact as would parents with similar concerns. With a formally recognized role, a School Mental Health Counsellor would also be understood as a liaison with subject teachers, able to recommend and support academic accommodations. Kelly, Harrison, Schaughency and Green (2014) suggest that schools must work at building relationships among the stakeholders in student mental health: the individual student, teachers, parents and community supports (p. 112). A School Mental Health Counsellor working from a

collaborative systems mindset would be well-positioned to facilitate growth in these relationships. Our SBAT model already acknowledges the notion that a TA's work is best supported by a designated administrator and counsellor, collaboratively strategizing solutions when obstacles to student achievement appear.

A second critical task for a School Mental Health Counsellor would be developing teacher-based educational programs, designed to increase teacher mental health literacy and improve instructional practices to better support student mental health. As much of the literature suggests, traditional methods of professional development do not include the ongoing application of new strategies with a supervision and feedback loop, seen as critical components of actual and sustainable change in practice. A School Mental Health Counsellor can offer full staff training, and meet with smaller groups and individual teachers to learn new instructional strategies, continuing to meet as new practices are tried and as new learning begins. This potential solution addresses gaps in current organizational structure – with no personnel directly tasked with student mental health care – and offers an important avenue for improved teacher capacity.

The role of School Mental Health Counsellor has been an informal title for several years, by virtue of personal interest in student mental health and training in cognitive-behavioural counselling for adolescent depression and anxiety. Limits in the amount of dedicated time to focus exclusively on student mental health as it is not an official role further limits the scope of how colleagues can be engaged in increasing their capacity to work with students with mental health challenges. Until there is greater understanding of mental health as a learning need, as outlined in the previous possible solution, and the formal placement of School Mental Health Counsellors, there will continue to be sporadic and limited change in how student needs are

supported. Currently, this potential solution is tied to personal willingness to accept this informal role; there is limited likelihood of sustainability.

The necessary organizational restructuring to implement the role of School Mental Health Counsellor requires a re-allocation of existing guidance staff resources. Currently, guidance staff allocations are dictated by school population, and schools have limited ability to differentiate from that funding model. Provincial funding for student success, however, is far greater; perhaps this envelope can be distributed differently, building on a wider understanding of the bi-directional relationship between mental health and academic outcomes as argued previously.

**Developing a community of practice.** Capacity-building through collaborative processes offers a potential solution that incorporates aspects of both previous suggestions and draws in all four of Fullan and Quinn's (2016) "right drivers" in school improvement initiatives.

Communities of practice, as envisioned by Wenger and Wenger-Trayner (2015) involve three critical elements: a domain, a community, and an action, or practice. Working together in a structured and deliberate way to problem-solve, communities of practice share information, experiences, expertise and resources in an ongoing learning and feedback loop. Wenger and Wenger-Trayner (2015) suggest communities of practice are most simply defined as "groups of people who share a concern or passion for something they do and learn how to do it better as they interact regularly" (p.16).

Our learning model has always entailed, without formal recognition, several characteristics of a community of practice: a unique domain, a group of people committed to non-traditional teaching roles and specialized operational actions and practices that support the philosophy of self-directed learning. As challenges have emerged, it has been through collaborative problem-solving that solutions have been generated and through changes in

perception and practices, growth. A community of practice devoted to teacher capacity, from mental health literacy to accommodations, can vastly improve outcomes for students, rooted in the notion of professional learning and collaborative professionalism, both natural and necessary in our unique model.

In describing professional communities, Louis (2008) suggests that building on the contextual strengths of schools and educators is an important pathway to school improvement, as the focus on the social capacity requires only a rearrangement of existing resources rather than a major infusion of funding (p. 42). Research supports this notion of professional communities, which is shown to be associated with improved instruction and improved student learning (Louis, 2008, p. 42). A change initiative that targets improved teacher capacity in supporting student mental health challenges clearly involves changes in practices in an effort to better serve student needs, yet must also engage all teachers if it is to be effective. Where there is a sense of collective responsibility and shared norms, communities of practice appear able to authentically address challenges in student and teacher experience (Louis, 2008, p. 44).

The notion of developing a community of practice focused on student mental health has unique benefits: it is ongoing, collaborative, and a community not individual approach which has greater potential to change school culture in a lasting and sustainable way. Involving shared learning and shared norms, the mental health focus may rely on the initial leadership of an expert but will become, over time, shared knowledge embedded in teaching practices. As TAs grow professionally as individuals, the collective wisdom and expertise grows, positively impacting all students. For those who are experiencing mental health challenges, a greater likelihood of early intervention exists, and a developing sense of mental health and mental disorder serves to benefit all students (Manion, Short, & Ferguson, 2012, p. 120).

The resources necessary to implement this third possible solution are related more to mindset than money. It will be a change initiative led by a member of the community of practice who will begin the growth process: as teacher leadership initiatives are often framed, leading from the middle. There will be a need for release time for training and collaboration and funding for resources. The greater resource is the community itself: it will be an example of what Fullan and Quinn (2016) suggest: “if you want to change the group, use the group to change the group” (p.6), putting into practice the new provincial goal of increased collaborative professionalism.

### **Leadership Approaches to Change**

Sergiovanni (2007) writes that where there is hope of change, there must also be distinct goals, followed by articulation of pathways and then informed action (p. 156). Hoping to see growth in how students with mental health needs are supported in this organization, the distinct goal is to improve teacher capacity and the choice of pathway the development of a community of practice. The informed action will be the process of sharing knowledge about mental health, and through collaboration and active participation in a learning circle, the development of a skill set that better equips teachers to identify mental health issues in their students and to better support their academic achievement. To accomplish these goals and even to begin to take initial first steps will require shifts in current leadership practices at the individual and institutional level; to move forward as an informal leader will require adopting a teacher leadership model, which will need the support of formal leadership. Despite operating as a self-directed learning model, current leadership practices have a traditional and authoritarian flavour; it will be a shift toward parallel leadership and a more democratic view that will best support a community of practice working to improve teacher efficacy in student mental health.

**Supporting new provincial goals.** In 2014, the province in which our school is located articulated four renewed goals for achieving excellence: improving achievement in numeracy, ensuring equity, promoting well-being, and enhancing public confidence in the system. In May, 2016, a fifth goal was added via Policy/Program Memorandum No.159: collaborative professionalism. This new goal is defined as “a shared commitment of stakeholders to building a culture of collaborative professionalism” in the province’s education system, through “building a shared understanding” and “transforming culture and optimizing conditions for learning, working and leading at all levels of the education sector” (Ontario Ministry of Education, 2016, p. 2). The memorandum further discusses the need to build trusting relationships among professionals in school communities, to share exemplary practices, to create opportunities for increased collaboration, and to recognize formal and informal leadership. The renewed provincial goals offer an important framework for this OIP which connects to two areas for growth: promoting well-being and increasing collaborative professionalism.

**Individual leadership practices: Leading from the middle.** A critical and necessary piece in the OIP is to adopt a clearer, more defined leadership role through an explicitly articulated teacher leadership initiative. The groundwork for this step is set, as current organizational role and informal reputation as mental health expert supports taking on the larger task of increasing teachers’ capacity to understand student mental health. Crowther, Ferguson and Hann (2009) state quite simply that the goal of teacher leadership initiatives is to “advance technical skills to contribute to program improvement” (p. 41). What teacher leaders possess, as is true in this change plan, is an understanding of local context and local issues which come from specific work in the organization. The tacit knowledge which fuels the change vision is rooted in observation, experience, and dialogue with students and teachers as issues of mental health have



emerged. This knowledge is combined with an understanding of context, namely self-directed learning philosophy, and the many constructs that accompany the organizational vision. While equipped with the tools necessary to start the project, the next steps of wider support and generating energy for change require stepping forward into a leadership role that is distinctly different: beginning to construct a community of practice that helps teachers increase capacity in student mental health. This will involve overt networking, advocacy and participation in strategic planning (Conway & Andrews, 2016, p. 175).

Servant leadership is an appropriate model due to the dimension of advocacy in this OIP and current leadership style. Northouse (2015) suggests that servant leadership is best understood as leadership behavior, not a trait; it can be modelled for others, who then may choose to undertake their own leadership differently (p. 224). Focused on a greater good – in this project, better support for students with mental health challenges – servant leadership has a distinctly ethical dimension: a social responsibility to attend to those less privileged (Northouse, 2015, p. 227). Servant leadership has two key characteristics: putting followers first, and working to empower them, so as to help them develop greater capacity and achieve their full potential (Northouse, 2015, p. 224). Organizational roles have typically involved a servant leadership dimension, as long-time Chaplain now Guidance Counsellor, and can continue to inform leadership in this change initiative.

**Institutional leadership practices: Meeting in the middle.** An important dimension of the implementation and sustainability of this OIP will be the degree to which current formal leadership, namely school administration, is willing to both support the purpose of the change and engage in the process of change. A shift away from formal, traditional leadership practices currently in place and a new stance of open collaboration with teacher leadership is a hallmark of

parallel leadership (Conway & Andrews, 2016; Andrews & Crowther, 2002; Crowther, Ferguson & Hann, 2009). While our school has a long-standing committee structure with varying purposes, designed to keep our philosophy at the fore, all are considered advisory only; decisions are still made by formal administration, behind the proverbial “closed door.” Conversely, parallel leadership involves collaborative decision-making through the engaged and open-minded “meta-strategic principal” (Conway & Andrews, 2016, p. 175) who recognizes that teacher leadership initiatives offer critically important pathways to achieving school improvement goals. There are three distinct qualities in this new leadership paradigm: mutual trust, shared purpose, and allowance for individual expression (Crowther et al., 2009, p.53). Distinct from shared and distributed leadership models, parallel leadership relies on leadership from within the community and embraces a stance of collective responsibility for teaching and learning.

Teacher leadership initiatives such as this OIP entails are supported in this model, mirroring the notion of “joint inquiry into ways to enrich the school’s vision and pedagogy and to enhance the alignment between these key school elements” (Andrews & Crowther, 2002, p. 8). In our SBAT groupings, a loose parallel leadership model already exists as we share responsibility for addressing issues of student achievement involving an Administrator, Guidance Counsellor and TA. Taking the next step, using the SBAT model to engage in professional learning about student mental health, may be understood as a natural evolution. What will be necessary, though, will be explicit and ongoing support from administration that the change is indeed connected to school vision, that participation and commitment is required, and that the improvement is necessary. As Heck and Hallinger (2005) assert, “alternative ways of situating leadership is advantageous to addressing blind spots in our knowledge and disciplinary practices” (p. 238). Parallel leadership, as a new leadership paradigm, allows new and significant

possibilities in improving practice through teacher leadership projects. This marks a culture shift within which responsibility for student mental health can also be differently understood.

**Why a community of practice?** The Canadian Teachers' Federation survey (Froese-Germain & Riel, 2012) offers three significant findings, echoed in personal observation and experience of teacher capacity and student mental health: (i) it is a significant and emerging problem; (ii) teachers recognize the need to be better equipped to help; and (iii) current professional development models are not effective. These findings from the field of practice are reiterated in findings from formal research, as outlined in Chapter One, that there is widespread understanding of the fact that mental health emerges as a problem in schools but that there is insufficient training to support students. Communities of practice, led by in-school experts or board personnel, are shown to be more effective than traditional professional development models as they rely on knowledge acquisition and practicing new skill sets within a feedback loop. Centred in a constructivist view of knowledge as the result of social interaction involving active participation, teachers can grow in understanding mental health and have greater capacity to recognize and respond to individual student needs. This large task necessarily requires collaboration and ongoing support. In our model, TAs understand their role in connecting to support services for other learning needs but are without wider awareness relating to mental health needs. Explicit training and education followed by the technical assistance and ongoing coaching needed to sustain changes in practice are emerging, in research, as effective ways for teachers to develop increased capacity (Gibson et al., 2015, p. 276).

Through this OIP employing professional learning in a community of practice, all teachers in the school – since all are TAs – become better able to support student mental health. Our current and future students stand to gain from this approach; in our model, students move

freely around the school and through resource areas, coming in contact with and observed by an unlimited number of teachers daily. Our resource areas are the size of four classrooms, and at any given time, three to five teachers and support staff are present to assist students on a one-to-one basis. Communication on various topics regarding progress in academic courses, behaviour in areas, or concern about quality of work have always been exchanged openly between subject teacher and TA; equipped with greater knowledge of what to look for and how to support student mental health, our entire teaching community is able to contribute to student well-being in a far more effective and efficient way.

**Shared vision, shared purpose.** An important undercurrent in the problem of practice that is teacher capacity to support student mental health needs is one of social justice: increasing numbers of adolescents experience anxiety and depression, yet schools may not be able to ensure that academic achievement continues. Other learning needs are accommodated in IEPs, in access to supports and community services in order to assist the student in the journey through high school towards graduation and beyond. Mental health, surrounded as it is in a complex web of social stigma, in misinformation, and in lack of awareness of how to effectively and efficiently help, poses a challenge to teachers and to schools. As Bezzina (2008) asserts, there is a moral nature of teaching and an ongoing challenge to recognize injustices and to respond (p. 45). Further complicating responses, though, is the reality that in an era of focus on literacy and numeracy results, of budget and resource constraints, “it takes a great deal of energy and enthusiasm for school communities to keep their focus” (Conway & Andrews, 2016, p.176). Bezzina (2008) also argues that any real, substantive and sustainable change toward a greater sense of moral purpose in schools will require an organizational focus (p. 40). The leadership dimension of this OIP supports this notion: “as principals and teacher leaders together set their

moral compass with collective responsibility and parallel leadership, the capacity for teacher leadership and meta-strategic leadership is enhanced, leading to sustainable school improvement (Conway & Andrews, 2016, p. 176).

In our self-directed learning model, a strong element of moral purpose imbues our pedagogical philosophy and is intended to inform our daily practices. Further supported by our shared faith, there is often open discussion about values and deep questioning as to whether our students are as well-served as possible. Our unique model gives us the freedom to filter change initiatives and external demands, questioning how we can incorporate the change without compromising our philosophy. Indeed, over time it has been change initiatives from within, designed to improve practice, that have been well-received. The local expertise and experience that accompanies teacher leadership ideas aligns with Conway and Andrews' (2016) suggestion that it is contextually relevant goals and focus on what truly matters that helps hone the moral compass of teaching communities (p. 176). What this OIP hopes to accomplish is a new model for change, involving professional, collaborative learning in an environment of mutualistic goal-setting and parallel leadership. While the initial target is the narrow goal of increasing teacher capacity in student mental health, there is a wider goal of improving the quality of teaching and professional collaboration throughout the school. The ideal is a greater articulation of our shared moral purpose – which should be informed by social justice values (Blackmore, 2013, p. 151) – and a sense of collective action.

An important component of professional learning is the notion of continuous change; in a culture of engaging, collaborative exploration and continuous learning, improvements in practice occur regularly (Louis, 2008, p. 50). Where there is an established common meaning to collective action, and where individual reflection and adjustments are supported in a group

context, organizational learning becomes an element of culture. Trust in leadership and trust in the group is imperative, as the community becomes the driver for improved professionalism. Bryk and Schneider's (2003) extensive review of attempts at reform demonstrate clearly that "the dynamics of relational trust across a school community influence its reform efforts" (p. 41). Further, relational trust supports "a moral imperative to take on the difficult work of school improvement" (Bryk & Schneider, 2003, p. 43), an important overlay with the notion of moral purpose and collective action which underscores this OIP. Bezzina (2008) conceptualizes trusting relationships as the "glue and the lubricant" (p. 52) of change, necessary to move forward while sticking to organizational values. In a change initiative that targets mental health, there may be varying degrees of comfort and personal experience complicating the professional learning; relational trust will be an important resource. Together, the notions of servant leadership, relational trust and shared moral purpose align in advancing school improvement: "if schools are in fact to nurture "deep" democracy, they must become professional learning organizations, with students, teachers and leaders bound by relationships that are grounded in trust, collaboration, shared mission, risk taking and ongoing professional learning" (Crowther et al., 2009 p. 33).

Teacher leadership initiatives from within a parallel leadership model may offer the best hope for sustained change, perhaps most particularly when connected to the moral purpose of schools (Bezzina, 2008; Conway & Andrews, 2016; Crowther et al., 2011; Sergiovanni, 2005; Starratt, 2007). Teacher leadership allows for leading and learning that "is not passed down from on high" (Bezzina, 2008, p. 48) and draws teachers into a collaborative and developmental practice that becomes community-focused, not classroom-based. When teacher leaders create safe and supported spaces for professional growth within their communities, individual teachers

can experience a greater sense of their own agency. In an issue as complex and demanding as increasing capacity to address student mental health needs, the critical connection between shared moral purpose and daily practice can be forged.

### **CHAPTER THREE: Implementation, Evaluation and Communication**

#### **Change Implementation Plan**

**Goals and priorities.** In working to address the problem of practice that stems from increasing rates of adolescent anxiety and depression, the overarching goal that informs the entire OIP is to improve teacher capacity in supporting the learning needs of students with mental health challenges. To achieve that goal, a new priority emerges for teachers and leaders: to identify and employ professional development strategies that facilitate and support gains in the knowledge base necessary to increase teacher and leader skills in recognizing, accommodating and supporting student mental health. As teacher leader and change agent, priorities will include engaging formal leadership support, generating interest among colleagues, and developing sustainable learning circles that facilitate professional development. Involving sharing knowledge and expertise followed by continued collaboration as new skills are developed, learning circles encourage and support teacher growth. Targeted professional development underscores the central goal: increasing the quality of care offered to all students and particularly those with mental health challenges, whose academic achievement is threatened.

The philosophy of self-directed learning which shapes our organizational strategy and daily operations centres on the premise that students can only learn when they learn at their own pace, and that their learning is ideally supported in relationship with a TA. Three larger groupings, called School Based Advisory Teams (SBATs), connect each TA to one of three administrators and guidance counsellors. This network connects each student and parent to a TA, Counsellor and Administrator, in the joint goal of supporting student achievement. When teachers, parents or students themselves express concern about academic progress or personal issues, the first step is often a meeting with the designated counsellor and administrator. A



second use of the SBAT model in the past has been a means of distributing information in staff meetings on curricular issues such as numeracy, literacy, assessment and school improvement goals. This application of the SBAT model is consistent with a distributed leadership frame, as discussed in Chapter One, with guidance counsellors as medians between formal leadership and teaching staff. The change plan shifts the SBAT structure to a professional development model, with a new parallel leadership framework positioning formal leadership and teacher leadership as mutually supporting all TAs in their pursuit of better serving student needs. The new organizational strategy extends to the teaching staff what we extend to our students: the central belief that learning requires relational support, attention to individual needs, collaboration, communication and feedback.

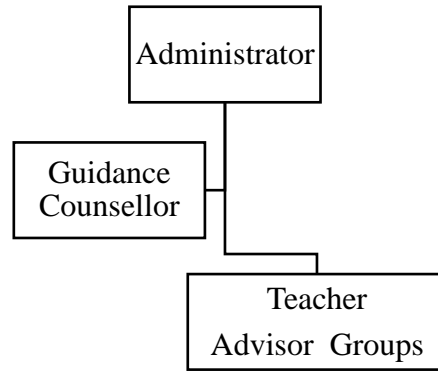
As TAs develop skill sets that include conversational skills, greater mental health literacy and understanding of protocols for accessing care, there is distinct potential for improvement in the quality of care afforded all students. Better able to identify shifts in mood, behaviour and academic progress as potential signs of emotional distress, all students with whom teachers come in contact have greater likelihood of being connected to proper supports in an efficient and effective manner. Since all TAs are subject teachers, the change plan enables a potential cultural shift across the school allowing mental health needs to be as much a priority as more commonly recognized – and traditionally accommodated – learning needs. The social stigma associated with mental health challenges is lessened when the circle of care around students can include their TA, guidance counsellor, subject teachers, and SBAT administrator in addition to family and community supports.

The change plan relies on and expands the school vision that teachers and leaders are commissioned with the work of supporting diverse learning needs on a student's academic

journey, identifying and working with and on the mix of strengths and struggles that are the hallmarks of the high school years. The change plan attempts to improve specific capacity in supporting the unique learning needs that accompany mental health challenges, and in doing so prepare us to better serve our current and future students. Our holistic view of students as beings comprised of spiritual, intellectual, emotional and physical domains has long existed, but the professional development required to increase capacity in supporting the emotional domain has been lacking.

**New strategic organizational chart.** In current practice, SBAT groups meet as part of larger staff meetings and in professional development settings for two general purposes: (i) to review school improvement plans such as literacy and numeracy goals; or (ii) to discuss policy and practice and specific operational concerns, such as course completion. Typically, the administration sets the agenda and enlists the support of the Guidance team to facilitate discussion and record input. A re-organized SBAT structure can incorporate the teacher leadership initiative to address student mental health, in parallel leadership with formal administration, bringing the change plan to TA groups. The shift marks a new form of collaboration both among teacher and formal administration and within SBAT groups, as a greater sense of shared purpose emerges (see Figure 3). The inclusion of stakeholders – namely students and parents – is an important addition; not only do they represent the beneficiaries of growth, they are an untapped asset.

Current model:



New model:

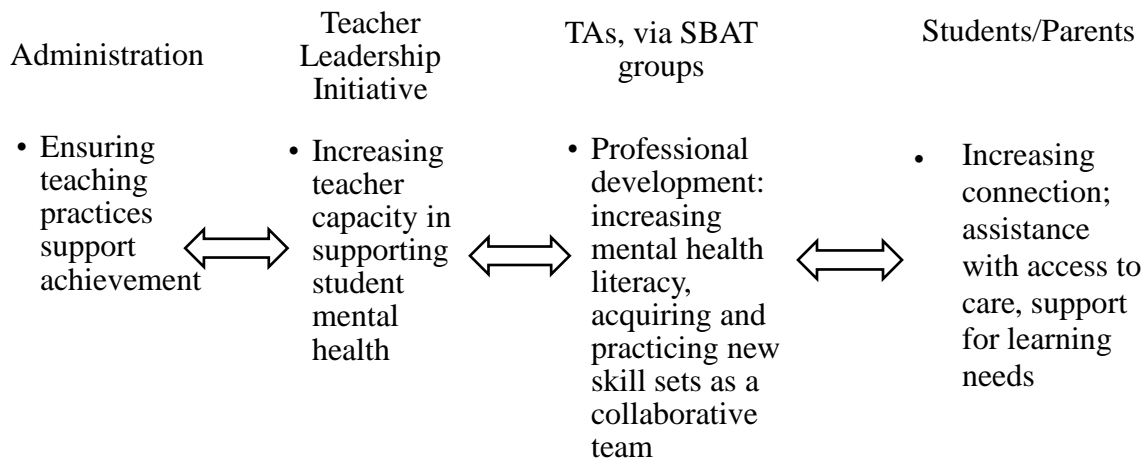


Figure 3. Restructured SBAT Organizational Chart

**Managing the transition.** In emphasizing the complexity of managing organizational change, Cawsey et al. (2016) offer a vivid image: change agents need to develop the skill set and sensitivity that enables them to change a tire on a moving car (p. 54). So too for those attempting change in living, breathing institutions such as schools as the daily work of teaching and learning, with all its inherently human interruptions and distractions, must be taken into consideration and indeed respected while moving forward, methodically and purposefully, with improvement plans.

**Stakeholder reactions.** While made even more challenging by the nature of the OIP itself and its focus on mental health, anticipating, acknowledging and addressing stakeholder

reactions is a critical step in the transition process. As teachers understand and consider the change plan, the expectations about their role and responsibilities, and the commitment that will be necessary to bring the change – increased capacity – to fruition, reactions across a broad spectrum can emerge. Some predictable reactions will include the notion that the change will require “more work.” as with many change initiatives that come from board, ministry and school improvement goals, there is an expectation that teachers will willingly engage, and can “find the time.” To offset this concern, the change plan will emphasize the collaborative nature of the professional learning that will be necessary, and that, through the parallel leadership model, time will indeed be designated.

A second predictable reaction will be that “it is not our work:” mental health expertise, and a skill set required to support student learning needs, was not part of teacher preparation education (this only recently has begun to change). Further, school support systems, such as guidance counsellors, are in place for this purpose. This is a legitimate response also; however, with the increasing frequency of mental health issues in adolescents, it follows that teachers – who have daily contact and interactions with students - should be better prepared to recognize the signs of distress to alert those who can help students access care. The response from the change agent can emphasize that it is not about teachers becoming mental health experts, but rather about teachers becoming able to support student learning, as is the case with other special needs, through increased mental health literacy.

**Engaging others.** While the change plan centres on an individual teacher leadership initiative, it will be necessary to engage two additional groups of personnel: (i) those with mental health expertise; and (ii) key opinion leaders, whose experience and informal leadership within our unique model make them people of influence (Cawsey et al., 2016, p. 165). Early work in

developing the community of practice will require teaching and learning core concepts in helping conversations, (i.e. asking open-ended questions), which can be explained and modelled using members of the guidance team, already positioned in each SBAT group. Experienced TAs, intentionally distributed through the SBAT model, will be invited to share their best practices in the TA interview, where a conversation about changes in mood and behavior would first occur. By broadening the awareness of these important relational skills, the developing skill set can underscore the connection between what we already do in our interviews and what we can do better; look for the signs and listen for the clues that may indicate the onset of a deeper emotional struggle.

**Supports and resources.** The primary organizational support is a valuable commodity in schools: the allotment of designated time to meet. The change process requires significant professional development time such as in formal staff meetings, where SBAT sub-meetings often occur. Human resources are also necessary, primarily in administration's willingness to differentiate guidance department team time. School board personnel, community experts, hospital and clinic representatives can all provide free support, but will be restricted to the time allowed by administration. Financial support may be helpful in having greater numbers of staff access conferences, seminars and workshops on anxiety and depression, or to bring experts on site.

**Potential implementation issues.** Apart from the practical implementation issues connected to the allocation of resources, the change initiative may be derailed by changes in organizational structure. While the current administration is in full support of the change initiative, new leadership may not agree with the change process or with the shift to parallel leadership. Other staffing changes, within the guidance department and throughout the school

due to retirement, may challenge the sustainability of the project, discussed further in Next Steps. The very nature of the OIP and the focus on a sensitive topic, mental health, raises challenges: it is impossible to gauge the spectrum of personal experience with mental health issues that participants bring to the project. Resistance to change, social stigma attached to mental health, and teachers' own mental health must be explored as the change process unfolds, yet remain unpredictable in their scope of impact.

**Building momentum.** As the change initiative takes shape and teachers begin to engage in the professional development and collaborative learning at the heart of the change, maintaining motivation and building even greater momentum will be essential. Frequent use of scales and surveys that generate data supporting growth based on short-term learning goals can help participants recognize that the change plan has merit and can be tangibly measured - even in early and small steps - as growth. Inviting personal reflection through guided questions and connecting learning to specific students, past or present, for whom mental health challenges have impacted academic achievement can make the deeper connection between learning and application. A shared drive - both a need and an interest - to increase our skill sets as TAs has shaped our choices of professional development opportunities in the past. With diverse needs in our own TA groups, such as Special Education or English as a Second Language learning challenges, an openness to acquiring new support skills is a constant. Deepening capacity with the complex and challenging issue of mental health will indeed require close attention to momentum shifts, both positive and negative. Explicitly stating and publicly celebrating all measures of increased capacity will create opportunity to validate the change process as necessary and accomplishable.

**Limitations.** Organizational change cannot be without challenges if it is to be a genuinely new way of thinking and new way of doing (Schein, 2010, p. 308). Four specific limitations are evident in this OIP: (i) scope; (ii) deficits in related systems; (iii) method, and (iv) resources. The scope of this OIP is a single school in a large province, and does not address the significant crisis in a health care system that consistently underfunds mental health care for adolescents. Teachers having greater capacity to recognize signs of anxiety and depression in students does not guarantee greater access to effective care. A further limitation is connected to method; research on school mental health initiatives and constructing effective professional learning communities is restricted to a web of best practices, not the singular, widespread application of a results-based program. Wading into the perpetual battle of how and what to prioritize as improvement goals and the challenges connected to garnering support and procuring resources, bolstered by organizational analysis and change readiness, will still be at the mercy of political will and change demands coming from external sources.

### **Change Process Monitoring and Evaluation**

Recently, the focus on how best to enact organizational improvement in educational settings has shifted to incorporate key ideas from improvement science. Working from a foundational questioning exploring “what works, for whom, and under what conditions” (Cohen-Vogel, Tichner-Wagner, Allen, Harrison, Kainz, Socol & Wang, 2015, p. 258), improvement science allows for a different relationship between research and practice as context-specific problems of practice are addressed. Change leaders working from within diverse contexts – and with a depth of local and specific organizational knowledge and expertise – can design and implement improvement plans applying the unique perspective and skill set of scholar-practitioner. This OIP fits with this conceptualization; drawing on both research and practice to

inform leadership, and becoming practitioner and implementer in developing, testing and refining initiatives designed to discover and address a local need. As Cohen-Vogel et al. (2015) contend, the small changes that accrue through the continuous improvement mindset can “cumulatively result in larger system change” (p. 262). Aligning with Fullan and Quinn’s (2016) “right drivers of school improvement,” namely capacity building, collaborative work, pedagogy and systemness (pp. 5-6) using improvement science and the PDSA (plan-do-study-act) model provide a helpful formula for this OIP, providing a method and tools for tracking, gauging and assessing change in teacher capacity to support the learning needs of students with mental health challenges.

Improved organizational functioning involves a significant increase in teachers’ capacity to identify, accommodate and support students’ learning needs; with this increased ability comes a greater knowledge base, and a skill set. It follows that with an increased awareness, there will be a shift - albeit over time - in the culture of the school, toward a shared mindset of mutual responsibility for the care and well-being of students challenged by mental health issues. The primary stakeholders in any education system, students, should be the prime beneficiaries of this broader openness and understanding as mental illness becomes less stigmatized. The explicit connection between academic functioning and mental health functioning (Suldo et al., 2014, p. 84; Whitley et al., 2012, p. 58) furthers the notion that improved academic achievement follows supported mental health needs.

To achieve this system-wide change, from the TA role across all teacher-student interactions, several change processes are required. Rather than employ a single PDSA change model, this OIP involves several small change steps along a wider trajectory toward system and culture change (see Figure 4). Multiple PDSA cycles cover four phases of system change:



development, refinement, implementation and spread (Cohen-Vogel et al., 2015, p. 265).

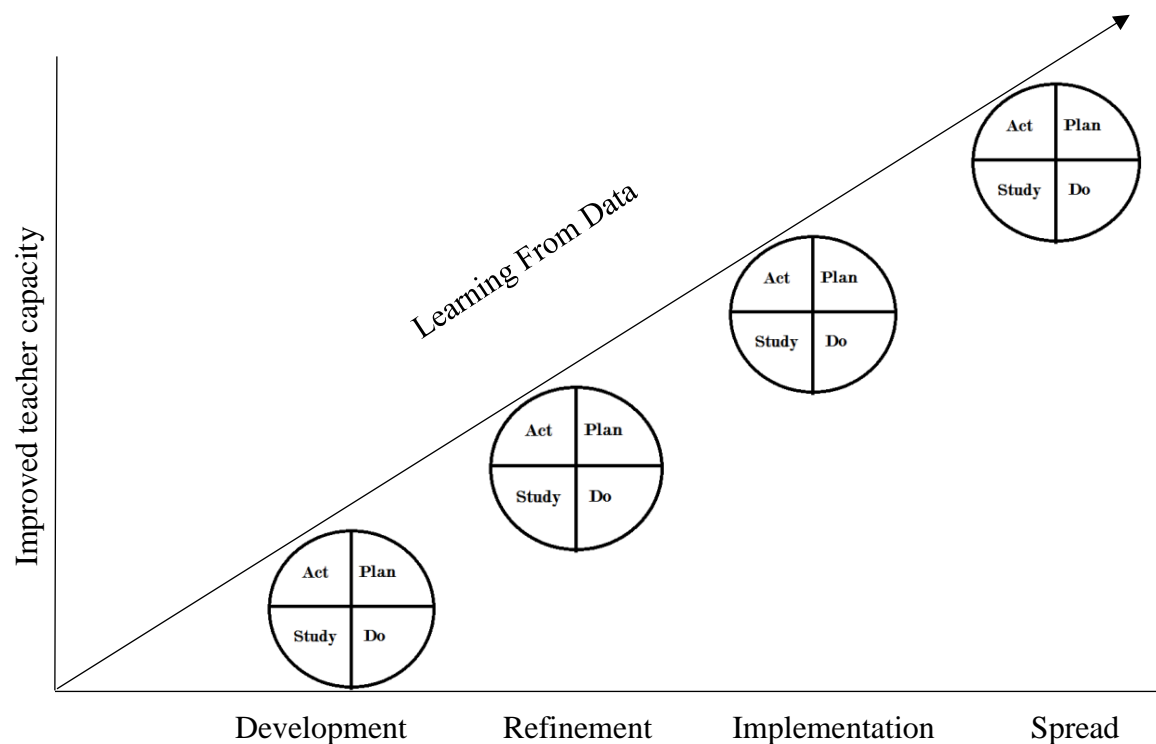
Kotter's (1996) Eight Stage Process (p. 21) can be overlaid on this conceptualization:

“development” involves creating a sense of urgency and creating a guiding coalition;

“refinement” involves change vision and communication; “implementation” centres on the

empowerment of individuals to enact change, and to identify and celebrate gains; and “spread”

suggests the larger goal of any school improvement initiative, to consolidate changes, anchor new approaches and realize the shift in culture.



Kotter: *Creating Urgency*   *Change Vision*   *Empowering Action*   *Consolidating Change*

Figure 4. Change trajectory. Adapted from Kotter, 1996, p. 21; Cohen-Vogel et al., 2015, p. 265.

Small scale change plans using multiple PDSA cycles will have specific objectives (see Table 3).

While the “plan” and “do” quadrants can be mapped at this stage of the OIP, “study” and “act”

can only be asked as hypothetical questions.

Table 3

*Change Cycle Objectives*

Goal	Plan	Do	Study	Act
Development: Mental health literacy	Designate in-school PD time to educate through SBAT groups	Use surveys and scales to measure pre and post learning	Look for evidence of growth, reluctance or resistance	How did this learning model work? What changes need to be made?
Refinement: Informed skill sets	Apply mental health literacy knowledge to common interactions with students	Use role-plays, instructional videos, case studies to learn and practise skills	How is the learning progressing? Are participants engaged?	What does the feedback suggest as next steps? Is the learning pace acceptable?
Implementation: New skills in professional learning community	Put literacy and skill set into daily practice; prepare interaction	Provide coaching and feedback as teachers try new skill set	What went well? What did not? Are motivation and commitment continuing?	What procedures and/or processes need adjustment?
Spread: Culture change	Broaden application of skill set to all interactions	Create opportunities for ongoing, collaborative learning	How is student mental health differently understood?	What mechanisms are necessary to continue growth?

**Tracking change.** Three guiding questions anchor improvement science: what is the problem we are trying to solve? what is the change we are putting in place? and how will we know if the change is an improvement? (Cohen-Vogel et al., 2015, pp. 261-262). Since the OIP involves phases of change targeting different areas of teacher capacity, from knowledge to classroom practice, different means of generating data is necessary. Further compounding attempts to measure the growth trajectory is the reality that participants begin at different points in knowledge and expertise, have varying beliefs about mental health and are shaped by personal experience that may not be known to all participants. These factors necessitate employing tools to track change on both an individual and group basis. Scaling questions measuring pre- and

post- knowledge, especially in the development phase of the change process, can generate concrete data to share with the larger group marking improvement as even incremental gains can generate motivation and build commitment. Personal reflection, with guiding questions exploring attitude, motivation, recognition of need to increase capacity but also inviting feedback as to the change process method itself, helps underscore an openness on the part of change leader to accept critique. A prediction in the early PDSA cycles is that participants may express concern about the pace of the overall change or about the rate at which information is distributed. This informative feedback can lead to adjustments to the overall plan, to the creation of additional PDSA cycles if wider gaps are identified, or to the need for more frequent one-to-one coaching and feedback conversations.

Tracking change in the later phase of implementation, as SBAT groups begin to operate as communities of practice (outlined in Chapter Two), will require different measuring tools. As the application of new skills begins and teachers engage in real-time practice, a broad spectrum of experiences and responses can be expected. The community of practice will be the sharing field of those experiences, ideally a safe and protected space, but will require leadership with attentive eyes and ears to detect any shifts in commitment and motivation to the change process. The early phases which target learning will likely be experienced as much easier than the harder and more challenging work of changing teaching practices and interactions with students. Explicitly acknowledging this reality prior to and throughout the PDSA cycles of implementation will be important.

**Assessing change.** In the multiple PDSA cycle trajectory of change central to this OIP, assessing change will occur repeatedly through the “study” mechanism. Each cycle will ask the same question, the third focus in improvement science, namely assessing if the change in place is

actually a measurable improvement. Toward the end of the change process trajectory, a larger-scale assessment will explore the sustainability of the changes and target the key questions at the heart of the OIP: are teachers increasing their capacity to work with students with mental health challenges? Do they know more about identifying signs of depression and anxiety in their TA groups? Are they able to accommodate the unique learning needs that accompany mental illness? Have their teaching and conversational strategies broadened to support this awareness over time? Responses to these questions, revealed through discussion with SBAT team leaders, individual participants and personal analysis of data and feedback, will be the indicators of genuine change.

**Refining the change process.** Improvement science allows for and encourages modifications to be made constantly, as the intentional testing of each phase draws to the surface any issues, concerns or missteps in design that may hinder the full implementation of the change plan. Fullan and Quinn (2016) assert that constant use of the right drivers also support sustainability: where collaborative work, pedagogy and capacity building have been employed, the goal of systemness and lasting change can be realized. Cohen-Vogel et al. (2015) argue that “improvement science focuses on characterizing the situation in all its complexity and uses an iterative, flexible process wherein design and research plans are revised as the work progresses” (p. 268). Indeed, tackling the issue of teacher capacity and student mental health is a complex task with many points of personal and professional intersection. The organization, joined in moral purpose and a unique learning philosophy recognizing diversity in student need and the centrality of relationship in the learning journey, already validates the assessment cycle of change that attempts, reflects, critiques and modifies according to need, and not only according to alignment of operational practices but to coherence and a shared mindset. The work of “making and re-making meaning” (Fullan & Quinn, 2016, p. 2), at the heart of collaborative

processes, divided into small but meaningful change cycles can help us stay rooted in our values and vision while adapting to the “changing inputs” of student mental health.

### **Leadership Ethics and Organizational Change**

The question of ethical leadership runs through the entire process of an OIP from development through implementation. The implementation of the action plan and its possible consequences must be carefully considered from an ethical perspective, with all possible outcomes – positive and negative – fully explored. Taking the “helicopter view” of the ethical philosopher that Gallagher (2005) suggests (p. 6), every step of the OIP must be assessed from a holistic, organizational lens that considers the consequences of each step, each possible gain, each possible risk, each hopeful outcome. Intricately bound to each other yet distinct elements, ethics, leadership and organizational change are both “highly context-dependent” and “value-laden,” requiring delicate navigation and constant analysis (Todnem By & Burnes, 2013, p. 1). As the change agent within the organization at the helm of a change initiative as a values-based scholar-practitioner, there exists a responsibility for scrutiny to ensure that ethical standards are met and maintained through each PDSA cycle.

Understanding leadership as an inherently relational and social practice ties naturally to a sense of shared moral purpose, as colleagues engage in school improvement initiatives. As Ehrich, Klenowski, and Spinam (2013) argue, “school leaders, middle managers and teachers engage in ethical leadership practices to promote equitable learning outcomes” (p. 198). This OIP targets improving learning outcomes for students with mental health challenges, who are otherwise a marginalized and underserved population, and employs both leadership from the middle and the engagement of a collective moral energy. Through intentional reiteration of

organizational values and vision, we will explore this equity issue as we work to make organizational beliefs evident in daily practice.

A challenge right from the outset is recognizing that as an “action researcher” and “insider” (Zeni, 1998, p. 10), complex ethical questions are at play: the “subjects” are my colleagues and students, the setting, my own workplace, and the method of my own design. Positioned as scholar-practitioner, using knowledge from studies in educational leadership and organizational change, assuming leadership from among equals requires sensitivity to others’ understanding of the change process and perhaps more importantly, their perception of my integrity and intention. There is a need to “work to balance [my] own finite capacities in a two-fold mission to participate in and support the process while simultaneously studying it” (Cohen-Vogel et al., 2015, p.271). Further, there will be issues related to standard ethical guidelines such as participant anonymity, confidentiality of data, ownership and responsibility and issues emanating from leading change from within the organization: challenging subjectivity, conflict of interest, dual roles, and acknowledging alternate views.

Northouse (2015) summarizes five key principles of ethical leadership helpful in developing a critical sensibility and capacity: respect others, serve others, show justice, manifest honesty and build community (p. 341). It is helpful to frame these principles using Starratt’s (1991) three ethics of care, justice, and critique in combination with Zeni’s (1998) guide to ethical action research. Such a framework anchors a working definition of ethical leadership as a social, relational practice concerned with the moral purpose of education (Ehrich, Klenowski, & Spinam 2013, p. 197), echoes servant leadership, and underscores the goal of the OIP itself: to address unmet needs of students whose mental health issues are affecting their academic potential.

**Essential ethical concerns.** Practical ethical guidelines such as anonymity, privacy and confidentiality can be established at the outset as the change plan is presented to staff. While perhaps appearing as other change initiatives we have engaged in over our history, the implementation of a community of practice and the exchange of information that will happen in dialogue necessitates gathering full consent for participation, and an agreement that all information be treated as confidential. Since we are not a large staff or student body, identifying information must be carefully protected to safeguard against risk to both staff and student participants. As helpful as sharing observations of student experience through anecdotal stories in both one-on-one and large group discussions may be, there must be vigilance in protecting the identity of both staff and students: as Thomson, Bzdel, Golden-Biddle, Reay and Estabrooks (2005) suggest, it will be necessary to find a way to “tell the story without telling whose story it is” (p. 18). A commitment to anonymity and confidentiality is important as an ethical practice and as a modelled behaviour, consistent with the guidelines governing counselling and helping relationship practices. As teachers are developing new skill sets, understanding these ethical guidelines is essential new knowledge with important application to daily practice.

An ethical consideration unique to an OIP led by “an insider” is that of subjectivity; Zeni (1998) cautions that scrutiny is necessary to assess power relationships, personal relationships, and the personal views that may be or become biasing influences on the project (p. 13). Ironically, it is a wide set of personal relationships and a position of informal leadership, which involves influence, that allows pursuit of the change initiative. There are, however, multiple dual roles: as counsellor working with students with mental health issues, as teacher working with other teachers, and as change agent assuming a leadership role. Transparency is key in managing this challenge of objectivity: ideally, the introduction and shift to a parallel leadership model and

professional learning teams will lead to greater relational trust. Transparency about decision-making is also supported by repeatedly modelling openness to refinements and adaptation as each learning cycle unfolds. To meet Zeni's (1998) challenge, it will be necessary to assess how these relationships are experienced by others – perhaps newer teachers – and ultimately, what importance is attached to different clusters of input. To ensure that all voices are allowed to be heard and all forms of input equally accepted, intentionally seeking out alternate views of the project – even of the issue itself – can be included in feedback to the group. There is a need to be explicit: there cannot be a singular view upheld as the only view on the experience of change and the change itself.

Further to a scholar-practitioner perspective, every step of the process should be shaped by fundamental values, which in turn shape ethical guidelines such as respect for persons and a commitment to justice. A three-fold ethical framework from which to approach our practice as educators and the change implementation plan can be found in Starratt's (1991) model: an ethic of care, an ethic of critique, and an ethic of justice. Understanding "ethic" as both a principle and a practice, the three ethics can act as a filter through which to assess our work and set our future goals. As both a leadership model to be emulated and a framework to be explicitly stated, the three ethics incorporate our school philosophy and vision, our organizational structures, particularly the TA role and SBAT process, and the problem of practice and change plan. Attaching context-specific details and infusing our own school values into the ethical framework may indeed promote sustainability in this initiative.

**Starratt's (1991) three ethics: Care, critique and justice.** The duty of care is a foundational ethical guideline in academic and action research; steps must be taken to ensure that throughout, no harm is done to any participant. Precautions can include full disclosure of the



intent and purpose of the plan, expectations about participation and sureties that anonymity and confidentiality will be maintained. These ethical guidelines are critical, yet can open a larger discussion about the very issue at the heart of the change: a group of students whose mental health needs require care for which new learning is needed. If we are to extend care, we need to increase our capacity to understand, accommodate and support their learning needs. At the core of our self-directed philosophy is the premise that students present diverse learning needs and learn best when supported by a TA, whose care and attention in an ongoing relationship allows for the joint discovery of both obstacles and solutions in the learning journey. Since the philosophy already articulates an ethic of care, explicitly stating it as the basis for implementing the change plan offers important alignment with school goals and school values: supporting students in achieving their full potential.

As a school rooted in a philosophy of learning, we are often engaged in critique through vigorous discussion about daily practices, challenging ourselves and our structures to match the ideals of truly self-directed learning. The willingness and openness to reflect and dialogue demonstrates a professional humility that allows for organizational problem-diagnosis and creative, co-constructed solutions. While historically not understood as an example of collaborative professionalism, this form of critique involves the reflection on practice that reveals gaps such as our capacity to serve student needs. Furthering the notion of relational learning, and as Lieberman and Miller (2011) suggest, the “talking together about particular work in specific settings” (p.40), an ethic of critique taps into the “renewable and re-combinable resource” (Conway & Andrews, 2016, p. 175) that is the collective wisdom and collective curiosity of our staff.

Starratt (2007) argues that schools need to create “environments that enable students to develop into fully functioning, fair and just human beings” (p. 205); this is an important challenge, pointing to what is beyond the standard measurements of learning outcomes such as literacy and numeracy. Perhaps the thread that runs through all three ethics, the concern for justice ties directly to the servant leadership framework, as explored in Chapters One and Two. Greenleaf (1977) suggests that at all times, the servant leader has three roles: historian, contemporary analyst and prophet (p. 25), each infused with a deep ethical commitment to moving people and organizations toward a more just and good society. Using the tools of vision, self-reflection and creative collaboration, similar to Starratt’s (1991) three ethics, servant leaders model and inspire generating solutions to real-world issues that conflict with or undermine the common good. This OIP, working to help teachers increase ability to work with an underserved population is well-suited to a servant leadership model as its goal of developing a culture of continuous learning must begin with - and be sustained by - leaders working from within, in a supportive and empowering leadership framework.

### **Change Process Communication Plan**

If ethical principles inform the leadership “walk,” communication strategies become the critical “talk” of the change initiative. In exploring sustainability in leadership efforts toward organizational change, Hargreaves and Fink (2006) suggest that “communication trust” (p. 213) is of paramount importance and therefore a critical task for leaders in the implementation process. Communication is essential in helping participants – those who are the target of change and the enactors of change– understand what exactly the change is about, why it is necessary, what it means for their daily practice and as it unfolds, how it is being realized. To create that critical trust, Hargreaves and Fink (2006) promote clear, open and frequent communication that

involves sharing information, telling the truth and keeping confidences (p.213); an interesting blend of the PDSA cycle model and ethical leadership. The notion of relational trust is echoed across change literature as an imperative (Bezzina, 2008, p.52; Bryk & Schneider, 2003, p. 41) suggesting that change leaders will generate - or undermine - that trust in their choices and actions about communication strategies and tools. Mento, Jones and Dirndorfer (2002) further suggest that purposeful, structured communication strategies underscore the shared effort and joint engagement in change. As an organizational change plan rooted in teacher leadership, communication will be a critical responsibility from the outset, connecting our school vision of recognizing diversity in learning needs to the issue of students with mental health challenges. This important connection to the notion of shared moral purpose and our school vision and values must be explicitly articulated throughout the change process, albeit taking different shape and form in each phase and employing different communication tools. Applying the essentials of effective and persuasive communication plans as suggested by experts in the corporate world include situational analysis, objectives, target audiences, key messages, and tactics (Westersund, 2017). Chapters One and Two present an organizational analysis, including change readiness tools, and identify key messages embedded in the change vision; a consideration of target audiences and communication tactics are important next steps.

**Communicating the path of change.** As a local and context-specific change plan, there are only two targets to incorporate into the communication plan; administration and teaching colleagues. The first step in the change path is gathering the appropriate permissions and formal support from administration, elsewhere labelled “the pre-change phase” (Cawsey et al., 2016, p. 320). The communication tactics required at this step will involve a written proposal, face-to-face discussion, and a visual representation of the plan, timelines, resources and costs and

personnel/participants. Components will include data from the Canadian Teacher's Federation (Froese-Germain & Riel, 2012) survey, research from the field, and examples from personal experience as a Guidance Counsellor working with students affected by mental health challenges. A similar communication strategy will be used when addressing the SBAT leaders, the vice-principals and other guidance counsellors, who will be co-opted into a larger role within the change plan.

Introducing the change plan to the full staff, the true target audience, and initiating the first steps in Kotter's (1996) model will use similar data, visual representations and informal survey results. This situational analysis will demonstrate the increasing rates of adolescent anxiety and depression in conjunction with the more objective results from current research: teachers see the need, yet lack the skills necessary to support the learning needs that accompany mental illness. Positioning the issue as a question of justice and a practical need can begin to give shape to the action plan, as a step naturally flowing from the values of the school philosophy. While this communication will be largely informational, articulated support for the change plan from administration and the other counsellors should assist in creating the sense of urgency. Using the SBAT groupings, post-presentation discussions can elicit further ideas about both the problem diagnosis, personal experience with students, and the change path toward growth. These discussions lay the groundwork for introducing the specifics of the vision for change.

**The change phase.** The main vehicle of the actual change will occur through the implementation cycle, and professional learning in each of the three SBAT groups involving key communication components: instruction, dialogue, coaching, and feedback. Since effective feedback is rooted in a relationship of trust and respect, modelling behaviours conducive to building a positive culture of support enhance the larger framework. It will be important to

outline what role feedback plays in the OIP; it will be a critical learning tool, not connected to performance evaluation. Park, Takahashi and White (2014) contend that effective feedback can be the cornerstone of a culture of continuous learning, especially when it is offered as instructive, collaborative and facilitative (p. 15); as teachers try new skill sets and engage in follow-up conversations, feedback that is specific and actionable (p. 10) generates learning. Opportunities for one-to-one feedback can help assess growth, but also allow participants to voice any concerns about the change plan: “blending these modes of communication is critical to the outcomes of self-reflection, improved practice and trusting feedback relationships” (Park, Takahashi & White, 2014, p. 19). This critical feedback – echoed in the PDSA cycle and the notion of Starratt’s (1991) ethic of critique – can be shared with the larger group, demonstrating openness to adjustments, to others views, and the professional humility necessary to maintain servant leadership. In essence, the plan uses communication to open communication; as Westersund (2017) suggests, listening is an excellent way to build trust and motivation, and to continue to be persuasive in achieving change.

Credibility for both the leader and the change plan grows out of effective communication techniques. Mento et al. (2002) suggest that when communication is used to increase an organization’s understanding of the plan, commitment grows and confusion and resistance can be reduced (p. 55). This may require almost constant communication, in many modes and channels including face-to-face, small and large group meetings, email, newsletter updates, sharing field notes, cognitive interviews and topic-based webinars (Cohen-Vogel et al., 2015, p. 268). Kotter (2011) claims that it is necessary to “repeat, repeat, repeat” (p. 1), and that under-communication is the Achilles’ heel of many change initiatives. Allowing for constant communication through open avenues of two-way dialogue can help keep the change plan

moving forward; even when participant input may appear to be negative or critical, it is invaluable in alerting the change agent of the need to make crucial adjustments. As refinements are made and the input validated, empathic and responsive listening is modelled, as is an ongoing and genuine interest in participant experience of the change process at each step.

**Assumptions.** For colleagues to grasp the how and why of the change plan, data will need to be presented that makes the gap between teacher capacity and student need apparent. The Canadian Teacher's Federation survey (Froese-Germain & Riel, 2012) provides insight into teacher perspective on the issue; in combination with literature outlining the connection between student mental health and academic risk, a sense of urgency emerges. In articulating our new goals and priorities – improving our ability to identify, accommodate and support mental health needs – and introducing the notion of leveraging our existing SBAT structure to form communities of practice, we will need to carefully define the essential concepts. For example, operational definitions of collaboration, feedback, and teacher and parallel leadership will need to be concretized. This audience-specific communication, rather than being delivered as information, can involve input: in guided discussion, we can explore our common ideas of what professional learning requires. Communication is essential in collaborative processes and in doing so effectively, we jointly shape our expectations of ourselves and each other. The notion of parallel leadership will be introduced as an updating of the existing SBAT model, with teacher-led initiatives – such as this OIP – as natural extensions of the concept of school-wide teams composed of administration, counsellor and teachers as an effective and encompassing mode of bringing vision to action.

**Milestones.** Communicating even the smallest gains, measured in terms of the main target of increasing teacher capacity in supporting students with mental health challenges, serves

three purposes: (i) validating that the change plan can work; (ii) maintaining commitment to the change plan requirements; and (iii) offsetting lingering hesitation or resistance. Perhaps the earliest measurable gain will be professional learning about basic mental health literacy, understanding causes, signs, and symptoms of adolescent anxiety and depression. Using evidence gathered from pre-change plan surveys, objective data can verify gains in knowledge and be shared within each of the three SBAT groups. Measuring personal growth may have an even greater impact, increasing commitment to full involvement in the change plan and but also providing important self-assurance that change and growth are possible, and are occurring in a safe and supportive environment. Scaling questions demonstrating personal growth in mental health literacy offer a quick and efficient visual marker and evidence of personal gains. Guided reflection questions, overlapping Starratt's (1991) ethic of critique, can allow a deeper personal analysis of how growth has been experienced, and to articulate hopes about working toward the next milestone. A strategy map may be helpful to outline a series of milestones along the path to change, and can be used repeatedly as a communication tool bringing the teams back to similar moments of measuring growth on both an objective/group and subjective/personal level. Because the goal is ongoing professional learning, the final "win" stage of the change plan will not be arriving at an end point, but rather a culture shift; when we are regularly engaged in collaborative, professional learning about supporting learning needs of students with mental health challenges, we will have moved from implementation to sustainability.

### **Conclusion**

#### **Next Steps and Future Considerations**

At the heart of this OIP is the very core of our school's vision: relationality is essential in human learning and the fulfilment of human potential. Through the TA role – which staff,

students, and parents claim is the most unique and “best” part of our model – we have a structure, a capacity and a mindset to continue to grow, to continue to find new and more effective ways to assist students with their learning, well-being and future goals. But as Jim Collins (2016) asks leaders of their initiatives, “is it bigger than you?” That is the larger challenge moving forward: how can this small change plan help the organization move toward a sustainable culture of continuous, collaborative learning? As we engage in school improvement goals at the time of this writing, we are using three filters (influenced by recent reading of Starratt’s (1991) three ethics); the relational, operational and philosophical. In this way, we are looking at how people, practice and policy are aligning in our students’ everyday experiences of learning and engagement. This next step, unfolding now in real-time, sets the stage for the future implementation of a change plan that will draw out our need to build capacity in supporting the many students we work with who are experiencing mental health challenges.

A second component of the Collins’ (2016) challenge to “make it bigger” will be finding ways to make a teacher leadership/parallel leadership framework a more embedded, if not permanent, organizational structure. We are in a time of wide succession planning, as close to one third of the staff will retire over the next five years, creating opportunities across many departments for significant change. New leadership, new teachers, and new ideas about teaching and learning within our system will emerge, yet need to filter through the larger philosophical tenets of our model. There is potential, with a teacher leadership model, to re-energize many of our people, practices and policies, and to embrace the Ministry of Education’s (2016) vision of greater collaborative professionalism. In reality, we have been using many of these ideas throughout our organizational development as a unique model, the only school in the province operating fully as a self-directed school, and as a stand-alone entity within our board and union.



To work to a deeper understanding of the theoretical underpinnings of collaboration, through Fullan and Quinn's (2016) right drivers, and a call to bring moral purpose (Bezzina, 2008; Conway & Andrews, 2016) into change conversations may fuel this change plan yet also give spark to those new ideas that our collective wisdom holds.

Schools can and should do more in supporting the learning needs of students with mental health challenges; four distinct possibilities for future improvements are in place, but need wider application. First, in our province, the IEP allows for team involvement in developing modifications and accommodations to ensure that students with identified needs are properly supported in their learning journey. Statistics alone make the case for a widespread overhaul of the IEP to include diagnoses for depression and anxiety. Second, as the province continues to expand its use of the phrase "student well-being" in documents both as mission and as policy, greater attention – and dedicated resources to allow greater attention – to daily practice can follow. Third, being more explicit about mental health in conversations with all stakeholders, perhaps most particularly parents, and in school practices can further break down cultural and social stigmas that currently obstruct students getting the help and support they need. Finally, the field of positive psychology provides evidence-based research making a compelling case for implementing mental health and well-being learning in schools, an important preventative approach involving life skills such as stress management, healthy eating, exercise and connection to others.

The hope of any OIP is genuine and sustainable change. Hargreaves and Fink (2006) suggest seven principles of sustainability: depth, length, breadth, justice, diversity, resourcefulness and conservation (pp. 18-20). These guidelines are helpful in articulating next steps and future considerations, as there is an undercurrent of moral purpose in each as there is in

this change plan and in our school vision. Depth, length and breadth encompass our relational learning about mental health, and our shared commitment to growth over time which has been a necessary and valued hallmark of our program throughout our history. A particular focus on “length” and succession planning is necessary, as we anticipate numerous retirements; to achieve sustainability over time, there must be an intentional and explicit engaging of colleagues, with offers of training, mentorship and feedback (Hargreaves & Fink, 2006, p.65). Justice, diversity and resourcefulness are at the core of the urgency for change, and greater professional collaboration helps us “use the group to change the group” as Fullan and Quinn (2016, p. 6) suggest.

It is perhaps the final principle of conservation that best encapsulates the aim of this OIP, to “preserve and renew longstanding purposes and revisit and revive organizational memories while honouring wisdom” (Hargreaves & Fink, 2006, p. 19). It is our TA role and SBAT structure that give this organizational change plan shape, but it will be the engagement of shared moral purpose and a desire to achieve greater coherence between vision and practice that will create change. When, collectively, we can see “a new way of doing and thinking” (Schein, 2010, p. 308) in response to the emerging learning needs of our students faced with mental health challenges, it will be a revival of our belief in the power of relationship in learning and in schools.

This OIP, however successful, will begin and end with the reality that mental health care is far more than a local school issue; it is a growing, global crisis affecting all age groups, all cultures, all health care systems. We simply must find better means of caring for our students – and teachers, and administrators – whose mental health challenges impair daily functioning and disrupt the trajectory of human potential. It is not that effective care is not available, it is that it is

scarce. Social stigma continues to prevent self-reporting, and complex cultural and personal views impact how mental health is understood and approached. At the frontline of child and adolescent experience are teachers, whose daily interactions and observations can be the lifeline to the early identification of emotional distress that, if treated, can minimize the long-term impact on academic, social and personal functioning. Until teachers are trained to understand what they are seeing in subtle behavioural and emotional changes, they cannot act - rendering their presence on the frontline ineffective, however well-intentioned and caring they may be.

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