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Children's Voices in a School-Based Mental Health Needs Assessment

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CHILDREN'S VOICES IN A SCHOOL-BASED MENTAL HEALTH NEEDS ASSESSMENT

by

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Abstract

As a part of a larger community mental health needs assessment, grade four students' experiences of emotions related to mental health constructs were examined using photovoice methodology. Descriptive statistics from a large-scale survey were included to add context to the findings. The overall purpose of the study aimed to: (a) inform the school-based mental healthcare initiative that will be implemented in the school of the participants, and (b) add to the literature regarding children's self-reported experiences of emotions. Photovoice allowed participants to visually represent their experiences and engage in dialogue about emotions linked to mental health and illness. Discussion questions were designed to uncover the situations in which children experience the emotions of sadness, worry, anger, and happiness, as well as what they find to be helpful in handling or promoting these emotions. Four major themes were uncovered during the content analysis of the photovoice discussions: *Emotions are linked to the physical world*; *Adults can be a source of help and support*; *Negative emotions occur when things are not as they should be*; and *Safety is important for well-being.* Practical implications and next steps for research are discussed.

Keywords: school-based mental health, needs assessment, photovoice, emotions, qualitative research, children

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Introduction to Youth Mental Health

There are currently a growing number of calls in Canada to address the mental health needs of children and adolescents, and it is suggested that schools may be in a particularly important position to address these needs (see, for example, Santor, Short & Ferguson, 2009). According to the World Health Organization, mental disorders are the most prevalent and disabling health concern in this particular demographic (WHO, 2003). It is conservatively estimated that 14% of Canadian youth meet the criteria for a diagnosable mental illness (CIHR, 2010). Of those who meet the diagnostic criteria for mental illness, approximately only one in five will receive psychological treatment (Burns et al., 1995). In other words, 80% of Canadian children and adolescents are not receiving appropriate interventions for their mental health needs. The demand for mental health services is further amplified by the fact that these reported rates do not reflect the many children and adolescents who could benefit from support, but who would not meet the criteria for mental illness (Manion, 2010).

Of the children and adolescents who do receive psychological treatment, the majority (approximately 75%) do so within a school setting by staff members who are not specialized in the treatment of mental illness (Burns et al., 1995). The lack of access to appropriate psychological treatment can be seen not only as a current problem, but one that will impact individuals in the future. It is estimated that of those adults who meet the criteria for a diagnosable mental illness, approximately 50% experienced onset of symptoms before the age of 14, and 75% experienced symptoms before the age of 24 (Kessler et al., 2005). *Out of the*

Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada, a Senate report outlining the state of mental health in Canada, highlights the urgent need to prioritize the mental health concerns of school-aged youth, as the majority of mental illnesses emerge during this period of development (Kirby & Keon, 2006).

The current project was designed to invite children to voice their perspectives on mental health and mental well-being. First, a literature review is presented that draws upon research regarding child and youth mental health, including prevalence, access to treatment, and models of service. A particular focus will be innovative approaches in research with children and their potential to inform the body of literature. Next, the research questions and methodology are presented, followed by the results of the study and the discussion of those results. The paper will finish with implications for professional practice and research.

Barriers to Service Access

Identification. There are several contributing factors to the infrequent use of mental health services despite the rates of mental illness in school-aged children (Gulliver, Griffiths, & Christensen, 2010). Proper identification of those individuals who would benefit from services is an issue, specifically for children dealing with internalizing disorders such as anxiety and depression. While externalizing disorders, such as conduct disorder, may be easily recognized by teachers and parents, symptoms of internalizing disorders are often more difficult to detect; the child may be the only person aware that there is a problem (Reynolds, 1994). It may also be possible that the child is unaware that they could benefit from support, or unaware of where they can go to seek help. In these cases, lack of mental health knowledge acts as a barrier to service use (Bowers, Manion, Papadopoulos, & Gauvreau, 2013). This issue of identification is

significant because anxiety disorders (as a group) and depression are two of the most common forms of mental illness across all age ranges (Kessler et al., 2005).

Stigma. It is not always the case that children and adolescents will disclose their internal struggles with those around them. This is likely in part because of the shame and stigma associated with mental illness. According to Byrne (2000), "secrecy acts as an obstacle to the presentation and treatment of mental illness at all stages" (p. 65). In relation to mental illness, stigma refers to the negative societal perceptions of those who are deemed mentally ill; for example, the assumption or stereotype that people diagnosed with mental illnesses are weird, weak, or dangerous (Corrigan, Watson, & Barr, 2006). *Self-stigma* can occur if the individual agrees with those societal perceptions and applies them to him or herself (Corrigan et al., 2006). While public stigma can impact whether a person reveals their need for help due to shame, self-stigma can additionally affect a person's sense of self-esteem and self-efficacy leading to a lack of confidence about their ability to succeed in treatment (Corrigan et al., 2006). If a person does not believe that they are capable of changing, they will likely not seek help in doing so. In a recent survey on the topic of school-based mental health, youth respondents identified stigma as the most salient barrier to accessing mental health services (Bowers et al., 2013).

Ease of access. Ease of access to appropriate psychological services is also a major barrier to treatment. While students who are identified as being in need may be referred to specialized mental health services, issues such as cost, transportation, availability of clinicians, and time constraints may be factors in whether the parent and child go forward with accessing referred treatment (Gulliver et al., 2010). An American study found that only 17% of students referred to clinic-based services sought treatment, while 98% of those who were referred to a

school-based treatment accessed services (Catron & Weiss, 1994). It can be argued then, that ease of access to mental health supports is a large determinant in whether or not individuals seek professional services.

      Limits of current system. Kutcher, Davidson, and Manion (2009) highlight the limitations of the traditional healthcare system in addressing the needs of youth who are dealing with mental illness. Comprehensive psychological service competencies have traditionally been limited to delivery by specialists who are separated from primary care (Kutcher et al., 2009). According to Kutcher and colleagues (2009), the separation of mental healthcare from primary healthcare perpetuates the stigma that those living with mental illness are 'different.' The traditional healthcare approach also limits the potential competencies of primary healthcare providers to deliver evidence-based psychological interventions. Research has found evidence-based interventions to be effective in the treatment of mental illness regardless of the credentials of the provider (e.g., nurse, social worker, counsellor, psychologist etc.), if the provider is properly trained: "…there is a growing realization that mental health care competencies, not professional identification, should define roles and functions of mental health care team members" (Kutcher et al., 2009, p. 316).

School as a Central Location of Mental Health Supports

      To properly address child and youth mental health concerns and the common barriers to service access, a movement towards integrating comprehensive mental health supports into the school system has been adopted by several schools in the United States (see Flaherty, Weist, & Warner, 1996) as well as more recently in Canadian policy, as exemplified by the *Evergreen Framework,* a report outlining the growing need to address youth mental health needs in Canada

(CYAC, 2010). Because children spend the majority of their waking hours in school, it seems to be the ideal location for an integrative network of mental health supports targeted at youth. Furthermore, the majority of interventions for children who access help already occur within the school setting (Burns et al., 1995). Goals of school-based mental health initiatives include promotion of mental health awareness, reduction of stigma, prevention, identification, and early intervention of mental illness, and research regarding the effectiveness of interventions (CYAC, 2010).

     Systems of care approach. The interdisciplinary, coordinated delivery of mental health supports based around the school can be best described as a *systems of care* approach to youth mental health. This approach has its roots in Bronfenbrenner's ecological systems theory, which suggests that human development is greatly influenced by the many systems in which the individual inhabits; i.e., the family system, the school system, the peer system and so forth (Bronfenbrenner, 1979). From this perspective, there are a number of factors, or systems, that contribute to mental health and illness. Interventions should, therefore, be delivered not in a "top-down" manner, but with the consultation and involvement of multiple providers, community stakeholders, families, as well as clients themselves (Kutcher et al., 2009).

     Flaherty and colleagues (1996) suggest that problems with school-based mental health initiatives often stem from a lack of input from community members to which the services would apply. In other words, providers must be aware of the specific needs of a given community in order to properly provide services. The *systems of care* model is not a "one size fits all" approach to mental health; rather, it is customized to reflect the unique community and their needs (Kutcher et al., 2009). Thus, a community assessment of mental health needs is a necessary first

step in the process of integrating mental health supports into a specific school system or community.

Needs Assessment: The Child's Voice

To have a full picture of the needs of a school, it is important to receive input from as many different sources as possible, including students, parents, teachers, school support staff, and mental health professionals. It seems that while parents, teachers, and mental health professionals are generally consulted about the needs of children, the voices of children themselves are not often heard: "research consistently reveals that children are not always asked for their views by those making decisions about their lives" (Davies & Wright, 2008, p. 26). Hill, Laybourn, and Borland (1996) discuss the relatively recent shift in research which involves treating children as competent participants who can share their opinions and experiences, as opposed to simply being subjects that are observed.

Based on a meta-analysis of studies about youth in the foster care system, Davies and Wright (2008) reported that young people generally *want* to be involved in decision making processes regarding mental health services. Aside from their desire to be involved, it is necessary to include children if we are to have an accurate portrayal of their mental health needs. Riley (2004) notes that children have a unique awareness of their own internal experiences and that these experiences may be unknown to parents, teachers, and clinicians who observe the children in specific settings. Furthermore, signs of mental illness are not always obvious, particularly with internalizing disorders such as anxiety and depression.

Based on feedback from students and school staff, Bowers et al. (2013) suggest that it is beneficial for school-based mental health programs to be developed and implemented with the consultation of students within the school system.

Challenges. While currently many researchers are committed to including the views of children and adolescents when it comes to mental health services, there are definite challenges in doing so. A major challenge is to protect the best interests of the child while acknowledging their right to be a competent participant in research that may directly affect them (Claveirole, 2004). A potential problem of including children in mental health research is the possibility that discussing certain issues or emotions may elicit discomfort. This may be the case when discussing sensitive information with all populations; however children are presumed to be more vulnerable than adults, so there is an increased ethical consideration involved.

The topic of informed consent must also be considered when working with children in research. In Ontario, parental consent is required for individuals under the age of 16 (Health Canada, 2010). Assent is used to ensure that the child also has a voice in this process; i.e., the child has the right to refuse to participate even if their parent has given consent. The use of consent and assent are meant to ensure both the protection and the rights of the children involved in research (Mishna, Antle, & Regehr, 2004).

Aside from the ethical considerations of including children as research participants, there may be a challenge, particularly with younger school-aged children, when it comes to actually voicing their knowledge, experiences, and needs: "…some [children] find it hard to convey their feelings and opinions readily in words, especially to a strange adult" (Hill et al., 1996, p. 133). While school-aged children are now largely considered to be competent reporters of their own

health (see for example, Riley, 2004), they generally do not have the verbal skills that adult research participants do and, therefore, may not have the vocabulary to verbalize more complex understandings of mental health and emotions. Furthermore, purely discussion-based data collection may not serve to keep younger participants interested and engaged in the process (Hill et al., 2006). Working with school-aged children as research participants may, therefore, require employing more creative methods of data collection.

Children's Understanding of Mental Health

Perhaps as a result of the tradition of having parents participate in research on their child's behalf and the challenges of including children in research, there is little literature about children's perceptions of particular emotions and their relationship to mental health and illness. One project which examined this topic primarily from the child's perspective was Spitzer and Cameron's (1995) study which aimed to describe how school-aged children perceive mental health and illness. The researchers analyzed four dimensions of mental health perception: definitions, characterization, causality, and treatment, and found that there was a developmental trend in children's abilities to conceptualize and understand mental illness. For example, when comparing responses to the question, "*What is mental illness?*", children in grade four had a more complex understanding of mental illness as opposed to children in grade one. Children in grade one tended to describe mental illness as a very serious *physical* illness, while children in grade four often qualified that mental illness was a serious illness that had to do with the brain or head (Spitzer & Cameron, 1995).

In a study examining children's experiences of emotions and well-being, Hill et al. (1996) aimed to use creative and develomentally-appropriate methods to engage younger school-

aged children in this topic. These methods included sentence completion tasks, use of drawings, and play acting scenarios. Hill and colleagues (1996) found that with respect to their emotions and experiences, children wanted the adults in their lives to: (a) stop and think about the child's viewpoint, (b) look for their feelings, and (c) listen to what they say.

Photovoice

Creativity is seen as an important element to including children in research regarding mental health, both in terms of communication and active engagement. A recent and creative method of engaging individuals in research and promoting community change is called *photovoice* (Wang & Burris, 1997). Photovoice is a process by which individuals (generally those with little power or status) are given cameras and asked to record images that represent personal and community issues and realities (Strack, Magill, & McDonagh, 2004). As such, it is a participatory research method in which the research participants are, in a way, co-researchers. This process has been used to enhance community needs assessments and to enrich understandings of specific individuals and communities using a "grassroots" approach.

Photos are used to facilitate discussion of issues for research purposes, and (often) shared in an exhibit so that policy makers and community members can *see* the perspectives of the photographers. This method may be particularly beneficial for use with children as it employs an image-driven, as opposed to a language-driven, and creative method of communication. Several recent studies have successfully used the photovoice method of research with youth (see Wang, 2006). Strack and colleagues (2004) found that youth photovoice participants reported feelings of importance and recognition because of their contributions to research.

Photovoice has been used to gain understandings of community health perceptions and has recently been used within mental health research. For example, Fleming, Mahoney, Carlson, and Engebretson (2009) utilized photovoice methodology to uncover and examine the perspectives of adults living with mental illness; and Cabassa, Nicasio, and Whitley (2013) had participants utilize photovoice to illustrate perspectives of recovery from serious mental illness.

Current Study

Because of the urgent need to prioritize youth mental health and the understanding that community involvement is needed in order to develop appropriate interventions, a school-based mental health research centre located within a large comprehensive university, along with several partners and community stakeholders, is in the process of conducting a community mental health needs assessment for one elementary school in an urban area designated by the local school board as "high need" in Southwestern Ontario. The plan is that upon completion of the needs assessment, this school will serve as demonstration site for a school-based mental healthcare initiative. This study is one piece of this needs assessment.

While the needs assessment will be receiving input from many different community member groups including teachers and parents, this study focuses on the children themselves (specifically students in grade four) using qualitative methodology. The overall purpose of the study is two-fold: (a) to describe the knowledge and experiences of mental health constructs (i.e., emotions) among grade four students at the school of high need in urban southwestern Ontario; and (b) to add to the literature about children's self-reported experiences and understandings of mental health and emotions.

The study employs a phenomenological approach using photovoice to uncover the knowledge and experiences regarding emotions of students in grade four at the specific demonstration site for the school-based mental healthcare initiative. While the main focus of this study will be on the qualitative data uncovered during photovoice sessions, some relevant descriptive statistics will also be included from results of a large-scale Survey distributed by the local School Board to all students attending schools within the district. Because this study is exploratory in nature, there are no hypotheses being tested. The main research question can be phrased as: How do children experience emotions related to mental health constructs?

Methods

Ethics

Ethical approval was granted through the University Research Ethics Board for Non-Medical Research Involving Human Subjects (APPENDIX A). Ethical approval was also obtained through the School Board (APPENDIX B).

Participants

The population for the photovoice sessions was all students enrolled in grade four at the designated school of need. Recruitment letters (APPENDIX C) and consent forms (APPENDIX D) were sent via the Vice Principal to all grade four students and their parents. Six students assented with parental consent to participate in the study. Five of six of these students participated in all four workshops. A letter of information (APPENDIX E) was sent to the participants and parents once the workshop dates were confirmed with the contact person at the school.

The participants for the Survey were all students within the district in grades four, five, and six who completed the survey in 2012.

Measures and Procedures

Survey. The Survey is an annual questionnaire developed and distributed by the School Board to all students in grades four through 12 attending schools within the district; the elementary school and secondary school students complete the survey every other year. The purpose of the Survey is to better understand student perspectives on certain issues within their own school, such as feelings of safety, inclusion, and incidences of bullying, as well as the experience of negative emotions such as sadness, while at school.

Representatives from the School Board obtained ethical approval, and collected, compiled, and forwarded to this researcher all Survey response data. No identifying information apart from grade level and gender were included in the data set. The data to relevant questions about mental health constructs were analyzed for mean scores and prevalence rates of responses. The particular items that were deemed relevant to this study were: *I feel worried, sad, or stressed at school* and *I feel angry or upset at school.* Respondents were asked to fill in whether they felt this way: *daily, weekly, monthly, seldom*, or *never.*

Photovoice. A nine step procedure outlined by Wang (2006) was used to guide the photovoice portion of the study. According to Wang (2006), successful photovoice projects should be designed with the following steps in mind:

1. Select a target audience of policy makers or community leaders

2. Recruit a group of photovoice participants

3. Introduce the photovoice methodology to participants, and facilitate a discussion about photo-taking

4. Obtain informed consent

5. Pose themes/topics for photos

6. Distribute cameras and review operating instructions

7. Allow time for picture taking

8. Meet again to discuss photos and identify themes

9. Plan with participants to meet again and share photos and perspectives with policy makers and community members

Based on these guiding steps, this particular study was designed by this researcher and this researcher's supervisor, and organized with the consultation of a contact person at the designated school. Participants attended four 40-50 minute long workshops during their nutrition breaks. These four workshops took place over two days in January, 2014, and were led by this researcher and a co-facilitator. The workshops (apart from session 2 which involved photo-taking) were held in a private room in the participants' school. A brief schedule and session outline is included in APPENDIX F.

While the parental consent forms were signed by the participants as well as their guardians in advance, the purpose of the study was explained to the participants at the beginning of the first workshop. Students were assured that the project was voluntary, that they would not be graded on their involvement, that there were no wrong answers to the questions asked, and that they could withdraw from the study at any time if they wanted to. Facilitators were trained to look for signs of distress in the participants, and participants were encouraged to take a break if they felt uncomfortable with the discussion in any way, although this did not occur during the course of the workshops.

During the first workshop, introductions and ice breaker activities were used to build rapport and increase comfort in discussion with the facilitators and one another. Facilitators introduced the concept and method of photovoice and allowed for children to talk about the project and the topic of mental health. Children were taught to use the cameras and were given instructions (APPENDIX G) to take pictures in the school and on school grounds that represented each of the following emotions: happiness, sadness, worry, and anger. These four emotions were selected based on their association with mental health and symptoms of mental

illness as described in The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013): happiness in relation to mental health or well-being, sadness in relation to mood disorders (e.g., major depressive disorder), worry in relation to anxiety disorders (e.g., generalized anxiety disorder), and anger in relation to impulse control disorders (e.g., conduct disorder). Because of privacy concerns, participants were instructed to only take pictures of objects, places, or nature, as opposed to pictures of people.

During the second workshop, this researcher and the co-facilitator accompanied the children on a walk around the school to provide the opportunity to take photos and have a supportive adult present. Because of cold weather warnings and school policy, participants were required to stay inside during their nutrition breaks on this particular day. As such, participants were limited to taking pictures inside the school as opposed to in school and on school grounds, which was the initial plan.

The third and fourth workshops took place two days after the initial workshops to allow time for the photos to be developed. At the beginning of the third workshop, photos were distributed and participants were asked to each pick one picture per emotion that they would present and discuss with the facilitators and group members. Children were asked to discuss themes and issues that were captured by their photographs. The discussion was facilitated by this researcher and the co-facilitator. Guiding questions regarding photos were modified from the photovoice mnemonic SHOWeD (Wang, 2006):

- What do you *S*ee here?
- What's really *H*appening here?
- How does this relate to *O*ur lives?

- *W*hy does this situation, concern, or strength exist?

- What can we *D*o about it?

For the purposes of this study, the discussion was guided by the following questions which were adapted by this researcher:

- Describe the picture and what emotion it represents.

- How does this photo represent _____?

- How does this emotion relate to members of this school/community?

- Why do people feel this way? In what situations?

- What can we do? What can parents do? What can teachers do?

This researcher and the co-facilitator asked further probing questions during the discussions, as well as made re-statements to keep the conversation on topic.

The workshops, with the exception of session 2 (which involved photo taking) were audio-recorded with the permission of the participants. Participants were provided with lunch/snacks and beverages during each meeting and were presented with copies of their photographs to keep. Participants were informed that they may be contacted to meet again to discuss displaying these photos, if they are interested in doing so.

Data Analysis

    Survey. Using SPSS, descriptive statistics were performed on Survey responses by students in junior levels (i.e., grades four, five, and six) to the two relevant mental health items: *I feel worried, sad, or stressed at school* and *I feel angry or upset at school.* Participants selected from the following five responses: *daily, weekly, monthly, seldom,* and *never.* The response of

daily was assigned a score of 1, weekly was assigned a score of 2, monthly was assigned a score of 3, seldom was assigned a score of 4, and never received a score of 5.

The average response (M=mean) and standard deviation (SD) for junior levels were calculated, as well as the frequencies and percentages for each response category (i.e., daily, weekly, monthly, seldom, and never).

Photovoice. The photos taken by participants served both to illustrate the perspectives of the participants and to facilitate group discussion. The discussions were audio-recorded and fully transcribed by this researcher. Transcripts of the two discussion sessions (workshops 3 and 4) were read multiple times by the researcher. Data which related to the research question, *How do children experience emotions related to mental health constructs?* were coded and categorized into common themes using a qualitative phenomenological content analysis procedure described by Creswell, Hanson, Clark, and Morales (2007).

Results

Reflections

The process of working with the School Board, school staff, and particularly the students for the photovoice project was a pleasure. The photovoice participants were eager and engaged throughout the four workshops, particularly when taking photos during session 2 and when receiving their photos and choosing which to discuss during session 3.

The first session was the most calm of the four workshops, perhaps because the participants were still getting comfortable with the facilitators. Much of the session was spent with housekeeping tasks such as getting to know each other, collaborating to set up group guidelines, and going over the purpose and logistics of the project. In the process of explaining photovoice to the students, this researcher showed some example photos and had participants discuss how the photos might represent certain emotions. The students quickly caught on to the notion that objects could represented emotions and were able to come up with explanations for the example photos as well as novel examples of photos that they could take for each target emotion. Participants acknowledged that different objects can represent different emotions depending on the perspective of the photographer. For example, one student explained that a merry-go-round could represent happiness because they are fun. Another participant noted that a merry-go-round would represent worry for her because the spinning sensation makes her feel nervous.

The second workshop (in the afternoon of the first day) was spent walking around the school so that the participants could take their photographs. This process went smoothly despite the number of students and distractions in the hallways. Having two facilitators was key as some

participants moved more quickly through the school setting, while others took their time. During the majority of this session, the co-facilitator went ahead with the "faster" half of the group and this researcher stayed back with the "slower" half. Staying with the participants for the photo taking portion of this study would have been very difficult with only one facilitator, particularly because the session took place on break and many other students were crowded in the hallways. The participants were particularly enthusiastic during this session, and two of five of the students seemed to put a lot of consideration into which photos they took for each emotion. For example, one student made notes while she was taking her pictures. Another student kept a tally of how many of each photograph he was taking so that he got enough of each emotion.

The participants were excited about getting their photos back, and about the pizza that was provided for lunch on the second day (workshops 3 and 4). It seemed that the children were more comfortable and talkative with this researcher and the co-facilitator after spending the first two workshops with them. As can be expected in a group setting, there were some participants that were more vocal than others, and some that remained on topic more than others as well. Ensuring that the participants did not talk over each other was a challenge, as was transcription of these sessions because of this reason. At one point in the third workshop, an older student participating in a photovoice project in the next room came to ask if the group could be a bit more quiet as their group was trying to have a discussion as well. This incident prompted a revisiting of the group guidelines that were developed in the first session; for example, that all group members listen when others are talking.

Overall the project was successful and this researcher and the co-facilitator were encouraged by the insight and participation of all members of the group. Further reflections

about the photovoice process will be discussed in the limitations, challenges, and strengths sections below.

Survey Findings

For the two Survey items of focus in this study, a score of 1 indicates that the student experiences this statement on a daily basis, a score of 2 indicates that the student experiences this weekly, a score of 3 indicates that the student experiences this monthly, a score of 4 indicates that the student seldom experiences this, and a score of 5 indicates that the student never experiences this. For the item, *I feel worried, sad, or stressed at school*, the mean score for students in grades four through six was 3.57 (SD=1.217), indicating that the average student experiences feelings of worry, sadness, or stress at school somewhere between *monthly* and *seldom*. Similarly, for the item, *I feel angry or upset at school,* the mean score for students was 3.72 (SD=1.175), indicating that the average student experiences feelings of anger or upset at school between *monthly* and *seldom*. The results are presented in Table 1.

Table 1

Mean Score for Mental Health Items

Item	N	M	SD
I feel worried, sad, or stressed at school.	13087	3.57	1.217
I feel angry or upset at school.	13058	3.72	1.175

For the item, *I feel worried, sad, or stressed at school,* 1269 of the participants reported feeling this way on a daily basis, 1762 reported weekly occurrences, 1820 reported monthly occurrences, 5999 reported that they seldom feel this way, and 3115 reported never feeling this over the last year at school. For the item, *I feel angry or upset at school,* 967 of the respondents

indicated that they feel this way daily, 1551 indicated weekly occurrences, 1773 indicated

monthly, 5818 indicated that they seldom feel this way, and 3825 indicated that they never feel

this way at school over the last year. The results and corresponding percentages are presented in

Table 2.

Table 2

Response Distribution for Mental Health Items

Item	Daily N (%)	Weekly N (%)	Monthly N (%)	Seldom N (%)	Never N (%)	Total N (%)
I feel worried, sad, or stressed at school.	1269 (9.1)	1762 (12.6)	1820 (13.0)	5999 (43.0)	3115 (22.3)	13965 (100)
I feel angry or upset at school.	967 (6.9)	1551 (11.1)	1773 (12.7)	5818 (41.8)	3825 (27.5)	13934 (100)

Photovoice Themes

Four major themes emerged from the content analysis of the photovoice discussion data.

Specific photos and quotes are included under the themes to which they relate. Participants are

labelled as Pt 1, Pt 2, Pt 3, Pt 4, and Pt 5. An F for female and an M for male is included to

indicate the gender of the participant.

Emotions are linked to the physical world. A recurring theme that emerged during the

discussion of photographs, as well as related conversations, was that emotions are often linked to

concrete or physical objects and experiences. This theme encompassed both "negative" and

"positive" emotions as well as internalizing and externalizing emotions.

"Stairs are scary! Cause I fell down the stairs. And almost broke my wrist."[Pt 1, F]

(speaking about what makes her feel 'worried').

"Anything metal makes me scared. Cause you can get shocked."[Pt 2, M] (in response to Pt 1's statement).

"A computer that does not work." [Pt 2, M] (describing his picture that represents the emotion 'angry'). See Figure 1.

Figure 1

Out of Order Computer Representing Anger

"When I'm angry, I go downstairs to my brother's Lego table and smash stuff." [Pt 3, M]

"Like running around in the gym" [Pt 2, M] (explaining what helps when he feels angry).

"Yeah yeah that helps. When we play hockey, I got mad, but then I when I started playing it just went away." [Pt 3, M] (agreeing with Pt 2's statement).

This theme of emotions being tied to the physical world extended to positive emotions as well as negative emotions.

"Because we're lucky to have food…and cause we have homes, schools, and I have a nice place, that's why."[Pt 3, M] (explaining why he took a picture of the Canadian flag to represent happiness).

"It makes me happy because it has all my stuff in it." [Pt 5, F] (on why she took a picture of her school bag to represent happiness).

"Cause I like popping bubble wrap." [Pt 1, F] (when asked why bubble wrap represented happiness). See Figure 2.

Figure 2

Bubble Wrap Representing Happiness

The comments from the participants suggest that physical experiences not only precede emotions (e.g., feeling worried about stairs because of a previous falling incident), but that they may follow them as well (i.e., smashing Lego when angry). Furthermore, physical acts were also reported as relieving negative feelings (i.e., anger going away when running or playing hockey). This theme encompassed tangibles or physical entities that do not involve action as well; for example, a broken computer represented anger to Pt 2 and a school bag represented happiness to Pt 5. While the broken computer and school bag are concrete or tangible objects, they are not active events.

Adults can be a source of help and support. In the discussion of photographs, particularly with respect to what can be done when specific emotions occur, students agreed that adults (e.g., parents and teachers) can help the situation.

"Like the teacher can…uh help them by working through different questions to help them understand in a way that they might understand." [Pt 4, F] (explaining how teachers can help when kids are sad or worried about how they are doing in school).

"The teachers could probably figure out a way to help the kid get through when their parents are splitting up." [One of the participants].

Figure 3

Kids Help Phone Posters Representing Sadness

The students expressed that it is important to receive attention and help from adults (e.g., parents and teachers).

"Sometimes parents…they push their kids aside when they're trying to talk to them. When-if they're angry, they push the kids aside." [Pt 4, F].

"This should be a commercial for this. 'If you're having problems with your parents, buy the one cent cloning machine! Clone your parents. They'll always have time for you.'" [Pt 5, F].

"Because they don't care while he's yelling for help." [Pt 3, M] (explaining why a person not getting help represents sadness).

"Uhhh…calm them down. Cheer them up… '(Say) don't worry, don't cry. I'm here for you.'" [Pt 1, F] (on what adults can do when kids are feeling sad).

"Put more teachers in a room…Get more mental health people to come out and teach more kids." [Pt 1, F] (on what the school can do so that kids get help when they need it).

The participants reported that adults can also help increase positive emotions in children by encouraging them to accomplish their goals.

"(The message) We Can Do Anything makes kids feel stronger." [Pt 4, F]. See Figure 4.

Figure 4

We Can Do Anything Poster Representing Happiness

"People can help me think I can do anything is by…making me believe that I can be a pro hockey player." [Pt 3, M].

"I know, I know. Cheer them on. Say good job, keep going." [Pt 1, F] (explaining how adults can help kids feel like they can do anything).

"…if you have a dream, don't let it down, like boost it up." [Pt 4, F].

Negative emotions occur when things are not as they should be. One theme that was present throughout the discussion of negative emotions (anger in particular), is that when things are not as they should be, or "not fair", negative emotions occur.

"That makes me angry because they're fighting each other and they're superheroes. They're not supposed to be fighting each other." [Pt 3, M].

"Princesses make me angry most of the time, because my sister acts like a princess and then she gets me really mad…Cause most of the time she… wrecks my Lego stuff. Like yesterday my new yacht…she completely smashed it." [Pt 5, F]. See Figure 5.

Figure 5

Princesses Representing Anger

"Me and my brother got a new game for Christmas…And my mom said an hour on the PlayStation. I had an hour, and my brother took two." [Pt 2, M].

Safety is important for well-being. The topic of safety was a prevalent theme during photovoice discussions, particularly with respect to the emotion, "worry."

"I don't like security cameras also, because…what you said. You're being watched. It's like someone's just following you wherever you go." [Pt 3, M]. See Figure 6.

Figure 6

Security Camera Representing Worry

"Because sometimes when like, when you-when you're doing something or your friends are doing something, you don't know if it's right or wrong, and some things catch you and surprisingly enough, it could be right or wrong... And we didn't know."[Pt 4, F] (explaining why she took a picture of a security camera to represent "worry").

When asked if security cameras made participants feel safe, it was reported that in some ways the security camera made them feel safe (i.e., if it caught a "bully" doing something bad), but that in a lot of cases it made them feel uneasy because they were being watched and could potentially get in trouble themselves. One participant suggested that the school hide the cameras so that they are not as obvious.

On the topic of bullying, several students reported that they would feel safer if more teachers supervised during breaks, particularly outdoor breaks. These comments also could be said to fit within the theme that adults can be a source of help and support.

"They should have more teachers monitoring the outside." [Pt 1, F].

Participants also discussed a "Bullying Box" in which students can anonymously report incidences of bullying. Two participants reported that the Bullying Box was helping to reduce incidences of bullying, while one participant expressed that she has not noticed a change.

Trustworthiness

Because this project utilizes qualitative methodology, the concept of *trustworthiness* (as opposed to reliability and validity) was an important consideration. Shenton (2004) describes trustworthiness as being made up of 4 elements originally proposed by Guba: *credibility, transferability, dependability*, and *confirmability*.

Credibility is often compared to the concept of internal validity within quantitative research, and refers to whether the findings are congruent with reality (Shenton, 2004). In other

words, if the purpose of the study is to uncover the experiences of children, the study should be designed to uncover the experiences of children. This study aimed to examine children's understanding of emotions related to mental health constructs, and credibility was increased by talking to children themselves about their own experiences, as opposed to the traditional research approach of consulting adults about the needs and experiences of children. According to Shenton (2004), there are many ways in which credibility can be increased. This study employed several of these methods, such as: the adoption of an established research method (i.e., Wang and Burris' [1997] photovoice), attempting to ensure honesty in informants (i.e., building rapport, assuring participants that there are no wrong answers), and debriefing with non-involved professionals throughout the course of the study, including during the content analysis of themes.

Transferability refers to the extent to which findings of one study may be applicable to other situations (Shenton, 2004). Transferability is difficult to ensure within qualitative studies because there is an emphasis on describing a particular population within their environment. According the Shenton (2004), transferability can be addressed by describing the process in detail so that readers can see for themselves if the findings are likely to apply to their own experiences or context. Detailed accounts are also important when addressing dependability or the extent to which similar findings would be obtained if the study was repeated (Shenton, 2004). In order to address transferability and dependability in this study, detailed accounts of the photovoice process are described in the methodology and results sections.

Finally, confirmability is often compared to objectivity in quantitative research, and refers to ensuring that the findings are reflective of the participants' experiences and ideas, and not the researcher's (Shenton, 2004). The inclusions of participants' direct quotes and

photographs above can be said to increase the confirmability of this study. While efforts have been made to reduce bias, this researcher recognizes that the worldview and experiences of the researcher can impact how information is attended to and interpreted, particularly within qualitative research. This researcher therefore acknowledges that her own orientation and experiences working in the mental health field in urban southwestern Ontario has coloured the lens through which she views the world, and may have shaped how research data was interpreted.

Discussion

Purpose and Major Findings

The overall purpose of this study was to describe the knowledge and experiences of grade four students with regards to emotions related to mental health constructs in order to: (a) inform the school-based mental healthcare initiative that will be implemented in the school of need, and (b) add to the literature of children's self-reported experiences of emotions. Qualitative methodology using photovoice allowed participants to visually represent their experiences and engage in dialogue about emotions linked to mental health and illness. Questions were designed to uncover the situations in which children experienced the emotions of sadness, worry, anger, and happiness, as well as what they find to be helpful in handling or promoting these emotions. Four themes emerged in the analysis of the discussions: *Emotions are linked to the physical world*; *Adults can be a source of help and support*; *Negative emotions occur when things are not as they should be*; and *Safety is important for well-being*.

Self-reported Survey data about emotions were also included to add context to the qualitative reports. Findings from the Survey revealed that 21.7% of surveyed students in grades four, five, and six, indicated that they feel worried, sad, or stressed at school on at least a weekly basis (9.1% daily; 12.6% weekly). Externalizing symptoms such as feeling angry or upset were also reported as occurring on at least a weekly basis by 18% of respondents in grades four through six (6.9% daily; 11.1% weekly). These findings (which will be discussed further below) support the expressed need and push for mental health interventions aimed at children and youth (e,g., CIHR, 2010; Kirby & Keon, 2005; Kutcher et al., 2009). While the Survey findings cannot be said to be fully indicative of a diagnosis of a mental health disorder, the rates at which these

feelings occur are reflective of the estimated rates of mental illness in youth as described in the

literature; i.e., that 14% of youth would meet the criteria for a diagnosable mental illness (CIHR,

2010).

Photovoice discussions supported the findings of the Survey in that each of the five

participants reported that they had experienced the emotions of sadness, worry, and anger while

at school. Though specific rates were not assessed for these participants, the concept that these

feelings can occur at school was not a novel one, and participants had plenty to say about each

emotion.

A major theme that emerged from the photovoice discussions was that adults have a large

role to play in children's mental health and wellbeing. Children reported that they *wanted* help

and attention from adults and that their support could indeed be helpful. These findings are

similar to what Hill et al. (1996) found in their study examining children's experiences of

emotions: children wanted the adults in their lives to stop and think about their viewpoint, look

for their feelings, and listen to what they say. The reported impact that adults can have on

children ties in with Bronfenbrenner's (1979) ecological systems theory: that children are

impacted by the multiple systems in which they exist, e.g., the parent system and the school

system. Stigma at a personal and societal level as well as access to treatment would also be

considered systems which impact the child with respect to their mental health needs. Based on

the discussions, children indicated their awareness of the fact that they are affected by the adults

who largely make decisions on their behalf. Furthermore, they acknowledged that adults can help

in this regard. A major way in which the adults are presumed to help is by paying attention to

what the children have to say. The child's emotional well-being is therefore a shared

responsibility; the adult needs to be aware that children should be listened to and consulted about their own needs, as opposed to solutions being imposed on them.

The physical world was a very prevalent theme throughout photovoice discussions. Comments would often be phrased as *"Object/physical experience makes me feel _____"* or *"When I feel _____, I want object."* This is in contrast to more abstract concepts in relation to emotions; for example, that disagreements with friends or not understanding content in school might make kids feel sad or worried. This is not to say that more abstract situations and their relation to emotions did not come up during discussion. For example, Pt 4 discussed how divorce and doing poorly in school relate to feelings of sadness and worry. However, the majority of statements related emotions to a tangible or physical experience.

Perhaps one way in which the participants' emphasis on the physical world can be understood is simply by the acknowledgement that the physical world can have more of an impact on children, or on those who are vulnerable. Children are physically smaller, have less experience navigating the world, and generally don't have as many resources (intellectual, emotional, physical) as their adult counterparts do. When considering these points, it is understandable that the physical world is so relevant to children's emotions. Children often have a lack of control about the things that occur in their lives. Parents and teachers make decisions for them about what they do and where they go. Having a sense of control over something (e.g., objects) might be one way in which children can develop their sense of autonomy. There is perhaps such a focus on the physical world that it becomes intertwined with internal feelings or emotions.

A further explanation for the emphasis on the physical world may be understood according to the participants' developmental level. According to Piaget (1971), based on their age, the participants would fall into the category of *concrete operations.* This stage of development is characterized by an understanding and competency in dealing with concrete events; however, abstract events are more difficult to comprehend and verbalize. In this way, it is intelligible that the participants would cite physical experiences and tangibles in relation to emotions (which cannot be seen or touched). Tying the abstract to the physical may be a way for children to better comprehend and communicate about emotions.

Implications for School-Based Mental Healthcare Initiative

The Survey results of self-reported prevalence rates of students feeling worried, sad, stressed, angry, and upset at school reinforce the position that mental health initiatives targeted at children and adolescents are an important and relevant endeavor.

Emotions are linked to the physical world. An understanding that children are particularly affected by their physical surroundings and experiences may be important in several aspects of school-based mental healthcare initiatives: prevention, identification, and in developing intervention plans for children experiencing mental health concerns. For example, two photovoice participants mentioned how physical activity can help them when they are experiencing negative emotions. Ströhle (2009) highlighted several studies which examined the relationship between exercise and mental health. While this research is relatively new and further questions need to be addressed, there have been promising findings that link exercise to mental health and well-being both in terms of prevention and intervention (Ströhle, 2009).

Self-soothing and coping strategies which focus on the physical world may be of particular benefit for younger children dealing with mental health issues. The participants mentioned how physical stimuli can help to increase positive feelings, e.g., popping bubble wrap. School-based mental health projects aim to use empirically supported techniques to treat childhood mental illness (Kutcher et al., 2009), however, specific treatment procedures are generally not outlined within these frameworks. Based on the findings from the photovoice discussions, it may be beneficial for this particular initiative to look at evidence-based approaches that integrate the physical and tangible, particularly for younger school-aged children.

Adults can be a source of help and support. This theme may seem obvious, however, this likely has particular relevance with respect to younger school-aged children. While adolescents often look to their same-aged peers (as opposed to adults) for support (Piaget, 1971), the children who participated in the photovoice study reported that they still rely heavily on adults to guide and support them. Discussion revolved around adults being involved in order to help children through difficult emotions and situations; the children did not report that they wanted parents and teachers to leave them alone when they are struggling. This is consistent with Berndt's (1979) findings that participants in grade three were more likely to rely on and conform with parents as opposed to their same-aged peers. This trend was found to decline as children aged towards adolescence. A possible implication here is that there should be increased adult mental health supports within the school system, particularly for children in younger grade levels (older students may benefit more from similar-aged peer support).

Negative emotions occur when things are not as they should be. This sentiment was often linked to things being *unfair*. This theme may also be said to be reflective of the participants' developmental stage. Kohlberg (1973) outlined his theory on moral development and described morality differences in six distinct stages: punishment and obedience orientation, instrumental relativist orientation, interpersonal concordance orientation, law and order orientation, social-contract legalistic orientation, and the universal ethical principle orientation. Kohlberg's theory suggests that individuals move through these stages in a linear fashion with the punishment and obedience stage being the earliest to emerge. While Kohlberg does not assign particular age ranges to each stage, stage 2 (instrumental relativism) may be of particular relevance to the sample: "Elements of fairness, of reciprocity, and of equal sharing are present, but they are always interpreted in a physical or pragmatic way" (Kohlberg, 1973, p. 499). This statement also fits with the theme that the physical world is of increased importance to this group.

The most direct way to address this concern of "fairness" within a school-based mental healthcare initiative is for teachers and school staff to be aware of the potential and perceived inequalities among students, and to strive to treat children equally and with respect. Attempts should be made to make all students aware of the services that are available to them, not simply those students who have been identified as in need (e.g., children whose externalizing symptoms are obvious to teachers, parents, and other students). As mentioned in the literature review, identification and lack of mental health competency can be a huge barrier to treatment access. Kutcher et al. (2009) suggest that mental health knowledge is lacking not only among children, but among adults and other health professionals. Interventions that do occur within the school

often focus on those students whose mental health issues are disruptive to the class, and not those students who suffer from internalizing or less obvious symptoms. One participant expressed this sentiment during a discussion about wanting attention from teachers: *"Yeah, (pay attention to us) instead of the bad boys. Pay them less attention" [Pt 1, F].*

Education which aims to increase mental health literacy among school staff, teachers, and all students is a clear way to combat the treatment barrier and potential inequalities that relate to lack of knowledge.

Safety is important to well-being. This theme can be tied in with the theme of adults being a source of help and support, as adults are primarily responsible for the safety of children. Participants identified some specific concerns with regards to the safety procedures at their school, particularly surrounding the topic of bullying (which they related to feelings of sadness and worry). It is striking to note that three of five participants selected a photo of a security camera to represent the emotion "worry." When probed further, the participants reported thinking that the security cameras were put in to create an atmosphere of safety and to "catch" those who are doing something harmful; however, they also revealed that the experience of being watched by the cameras (or not knowing if they are being watched) was uncomfortable. It is important to mention that the participants did not report feeling uncomfortable when real-life teachers or school staff members monitored them and, in fact, it was suggested by some that there should be more teachers to monitor both in the classroom and outdoors during breaks. It is possible that the presence of a security camera suggests to children that there is something that they *should* be concerned or worried about. Furthermore, security cameras cannot do anything

about what is happening in the moment; they simply record what has happened. On the other hand, school staff could theoretically intervene if something unsafe were to occur.

Implications for Counselling

In addition to the implications for the school-based mental health initiative, this study has implications for the broader field of counselling and counselling research. This study fully supports the perspective that children can and should be considered valuable sources of information about their own experiences and needs. Furthermore, the use of a creative and empowering method of data collection (e.g., photovoice) proved to be appropriate for use with younger school-aged children on the topic of emotions and mental health.

Remaining Questions and Implications for Future Research

Since this study was exploratory in nature, there are many further questions about children's experiences of emotions and mental health constructs that warrant continued investigation. This particularly study did not compare gender or age; therefore, further investigation could be done about what differences (if any) are relevant. Knowing this information could possibly aid in developing intervention strategies for youth within the school. It would also be beneficial to explore other emotions besides happiness, sadness, worry, and anger.

A question for future study surrounds the reported theme of the physical world and its relation to emotions. The methodology of this study involved having children use photography to capture a physical object that represented a specific emotion. It is possible that this methodology impacted the extent to which participants focused on the physical when discussing emotions. It would be interesting to see if this theme emerged if children were simply asked to talk about

emotions without having a physical representation in the form of a photograph. It would also be interesting to see if this theme would emerge if children were permitted to take pictures of people instead of just objects.

Limitations

Because the study examined emotions from the perspective of a small sample of convenience (N=5) of grade four students in a specific school in Southwestern Ontario, the results cannot be generalized to other populations. In other words, it cannot be inferred that the knowledge and experiences of these particular children are similar to those of children in other schools, or even of different children within the same school. The principal of the school pointed out that many parents at the designated school remain hesitant to consent to their child talking to researchers because they fear involvement from the Children's Aid Society. Therefore, the students who were a part of the study may not be a fully reflective sample of the grade four students at the school.

Since one of the purposes for the study was to help develop a specific mental health integration plan into the designated school, the limitation of generalizability to other populations (outside the school) is not a major concern. As mentioned before, this study is simply one piece of the much larger scale needs assessment which will involve other qualitative and quantitative studies that consider the experiences and knowledge of children surrounding mental health. The included Survey is another piece of this assessment.

There were a few methodological limitations that came into play during the course of the study. While participants were originally instructed to take photographs around the school and on school grounds, the weather was very cold and students were not permitted to go outside during

their break. It is possible that more information and topics could have been addressed if participants had been able to take pictures around school grounds.

Challenges

Upon reflection of the photovoice process, notable challenges included ensuring that participants did not talk over each other and that they listened while their peer was speaking. This was particularly difficult for this researcher during the transcription phase. Staying on topic was often a challenge as well, particularly for some participants. Re-statements and probing were used to keep conversations on track; however, maintaining a balance between keeping conversations on-topic and facilitators being too active in *leading* the discussion was a concern. One participant also mentioned that sitting still during the discussion sessions of the project was an issue. Perhaps more active ways of engaging in dialogue with the material or taking a short break during workshops 3 and 4 would have been helpful.

Strengths

The main strength of this study is that it revealed the child's voice on the topic of mental health. Children were consulted about their own needs and experiences, instead of solely relying on information from parents, teachers, and mental health professionals, which has been the traditional approach to research involving children. Instead of assuming what children are experiencing in terms of emotions, this study came from the position that children are the best sources of information about their own internal experiences (e.g., Riley, 2004). A creative method of data collection (i.e., photovoice) was used to engage children in the research process. Therefore, the study did not simply rely on verbal methods of communication, which has been identified as one of the main challenges to including children in research (Hill et al., 1996).

The use of photovoice itself can be considered a strength as this process aims to empower individuals to voice their experiences, opinions, and needs (Wang & Burris, 1997). School administration revealed to this researcher that the students involved in the photovoice project expressed feelings of importance about their participation in the project. The children also voiced this perspective to this researcher and the co-facilitator at the end of the study; they noted that they enjoyed the process and that they hoped to participate in research again. This feedback supports the statement by Strack and colleagues (2004) that youth photovoice participants can benefit on a personal level by participating in this form of research. It is worth noting that the children *wanted* to be involved in research regarding their own needs, which is similar to what Davies and Wright (2008) found. It is also possible that having this platform to discuss the topic of mental health was helpful in reducing stigma for the few students that participated in the photovoice portion of the study.

In addition to the positive experiences reported by research participants, photovoice is a process that is intended to directly promote community change within the environments of the participants (Wang & Burris, 1997). Findings from this study, as well as other studies within the broader community assessment of need, have recently been presented to representatives from the School Board as well as school administration at the designated school. Child perspectives are reported on in the hopes that those who have increased power to facilitate change have all the relevant information from those who are not often consulted about the matters that directly impact them, i.e., children.

An additional strength of the study is that, despite using primarily qualitative methodology, results from relevant questions to a community Survey were included to add

context and practical relevance to the photovoice findings. It is clear that student's self-reported rates of feeling these emotions on a daily/weekly basis while at school are substantial in this large community sample.

Conclusion

Mental health and illness are concerns that are extremely relevant to school-aged children and adolescents. The movement towards integrating mental health supports into the school system is a practical approach for dealing with youth mental health needs, and is one that is gaining increasing momentum in Canada. This movement requires an inter-disciplinary and multi-modal approach to youth mental health, with a particular emphasis on assessing the specific issues, needs, and strengths that are relevant within a particular population. Consulting children about the topic is an absolutely integral piece of this process. Children have important things to say about their own experiences and needs with regards to mental health. If adults hear what the children are saying, the implications could be far reaching. Perhaps then, school could be a safer, healthier, more enjoyable, and more productive setting for all who attend.

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APPENDIX A

Western Education
WESTERN UNIVERSITY
FACULTY OF EDUCATION
USE OF HUMAN SUBJECTS - ETHICS APPROVAL NOTICE

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Principal Investigator:	Susan Rodger
Student Name:	Shannon Byrne
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Expiry Date:	March 31, 2014
Type:	M.Ed. Thesis
Ethics Approval Date:	August 26, 2013.
Revision #:	
Documents Reviewed & Approved:	Western Protocol, Letter of Information & Consent

This is to notify you that the Faculty of Education Sub-Research Ethics Board (REB), which operates under the authority of the Western University Research Ethics Board for Non-Medical Research Involving Human Subjects, according to the Tri-Council Policy Statement and the applicable laws and regulations of Ontario has granted approval to the above named research study on the date noted above. The approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the REB's periodic requests for surveillance and monitoring information.

During the course of the research, no deviations from, or changes to, the study or information/consent documents may be initiated without prior written approval from the REB, except for minor administrative aspects. Participants must receive a copy of the signed information/consent documentation. Investigators must promptly report to the Chair of the Faculty Sub-REB any adverse or unexpected experiences or events that are both serious and unexpected, and any new information which may adversely affect the safety of the subjects or the conduct of the study. In the event that any changes require a change in the information/consent documentation and/or recruitment advertisement, newly revised documents must be submitted to the Sub-REB for approval.

Dr. Alan Edmunds (Chair)

2012-2013 Faculty of Education Sub-Research Ethics Board	
Dr. Alan Edmunds	Faculty of Education (Chair)
Dr. John Barnett	Faculty of Education
Dr. Wayne Martino	Faculty of Education
Dr. George Gadanidis	Faculty of Education
Dr. Elizabeth Nowicki	Faculty of Education
Dr. Julie Byrd Clark	Faculty of Education
Dr. Kari Veblen	Faculty of Music
Dr. Jason Brown	Faculty of Education
Dr. Susan Rodger	Faculty of Education, Associate Dean, Research *(ex officio)*
Dr. Ruth Wright	Faculty of Music, Western Non-Medical Research Ethics Board *(ex officio)*
Dr. Kevin Watson	Faculty of Music, Western Non-Medical Research Ethics Board *(ex officio)*

APPENDIX B

15 October 2013

Ms Shannon Byrne
█████████
█████████
█████████

Dear Ms Byrne:

Your project, entitled "Children's Voices in a School-Based Mental Health Needs Assessment" has been approved by Learning Support Services at the ███████████████ School Board. I will contact the Principal at ███████████ School. I will contact you when you are able to begin data collection for your study.

As you are no doubt aware, the continued willingness of our faculty to participate in these studies is greatly enhanced by pertinent feedback of findings. I would suggest, therefore, that you make definite plans to provide the appropriate feedback to the school(s) involved. The system also expects a copy of your final report for our research files.

Best of luck with your study. If I can be of further assistance, please feel free to call me.

Sincerely,

█████████

█████████ Ph.D.
Manager - Research and Assessment Services
█████████████ School Board

/sd

cc: ███████, Superintendent of Student Achievement

APPENDIX C

Western Education **Letter of Information – Parents**

Children's Voices in a School-Based Mental Health Needs Assessment

Introduction
My name is Shannon Byrne and I am a graduate student studying counselling psychology at the Faculty of Education at Western University. I am currently conducting research into children's perspectives on mental illness and wellness, and would like to invite your child to participate in this study.

Purpose of the Study
The overall purpose of this study is to examine children's perspectives regarding 'mental health' and what that means to them. The goal is to explore grade 4 students' knowledge with regards to the overall mental health of students in their community.

If you agree to participate
As a part of a greater mental health needs study, a group of 5-8 children in grade 4 will participate in a photo-taking activity and subsequent discussion regarding mental health and illness. They will be asked to take pictures that represent different mental health constructs and then describe and discuss in a group setting what that means.

Participants will participate in up to 4 meetings during their lunch time, the first of which will introduce the concept and method of 'photovoice.' This will include a discussion about photo-taking and will involve a demonstration and practice opportunities. Disposable digital cameras will be provided to participants with operating instructions as well as directions to take pictures in the school and on the school grounds of places and objects that represent different emotions. At the second meeting, the researcher will accompany the children on a walk around the school and on the school grounds to provide the opportunity to take photos and have a supportive adult present. A third meeting will be scheduled for children who are unable to attend the first photo-taking tour, or who wish to take additional photos. Participants will meet a final time to present and discuss their photographs and work with the facilitators and other group members to identify themes. If the children express an interest, these photographs may also be put in a display to be located at the school.

Confidentiality

The information collected will be used for research purposes only, and neither your child's name nor information that could identify you will be used in any publication or presentation of the study results. All information collected for the study will be kept confidential. This will be ensured by keeping all collected information in a secure filing cabinet accessible only by the researchers, and encrypting all digital information.

Risks & Benefits

Participants may find discussion about mental health concepts and pictures emotionally distressing. Both the facilitator and co-facilitator of this study are trained in identifying this and will address any concerns of this nature that arise with children and be sure to connect them with school supports if necessary. Benefits include an appreciation of research in counselling psychology and a deeper awareness of students' perceptions of mental health and the supports and challenges that exist for this population.

Voluntary Participation

Participation in this study is voluntary. Your child may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on their academic status.

Questions

If you have any questions about the conduct of this study or your rights as a research participant you may contact the Office of Research Ethics, Western University at ▮▮▮▮▮▮▮▮ or ▮▮▮▮▮▮▮▮. If you have any questions about this study, please contact:

Shannon Byrne (M.Ed. Counselling Psychology Candidate) - ▮▮▮▮▮▮▮▮

Susan Rodger, Ph.D, C. Psych – ▮▮▮▮▮▮▮▮▮▮▮▮

This letter is yours to keep for future reference. Thank you.

APPENDIX D

Western Education

CONSENT FORM- Parent and Child

Children's Voices in a School-Based Mental Health Needs Assessment

Shannon Byrne (M.Ed. Candidate) & Dr. Susan Rodger, Ph.D.

Photovoice Project

"I have read the Letter of Information, the nature of the study has been explained to me and I agree that my child may participate. All questions have been answered to my satisfaction."

_____YES, the researcher may use the photographs taken/developed for this study by my child in publications/presentations of this research.

_____ NO, the researcher may NOT use the photographs taken/developed for this study by my child in publications/presentations of this research.

Printed Name of Child:_____

Signature of Child:_____

Printed Name of Parent/Guardian:_____

Signature of Parent/Guardian: _____

Date: _____

If applicable, please list any allergies or dietary restrictions for your child:

_____

_____

_____

APPENDIX E

Western Education **Session Information for Participants**

Children's Voices in a School-Based Mental Health Needs Assessment

Thank you for supporting your child in participating in this research project. We are looking forward to learning more about mental health from children's perspectives, and appreciate your child's contribution to this knowledge base. The sessions will take place during both nutrition breaks on two school days. The schedule is as follows:

<u>Wednesday, January 8th, 2014</u>

- Session 1 (10:40-11:30) NOTE: Lunch will be provided.
- Session 2 (1:10-1:50) NOTE: Snack will be provided.

<u>Friday, January 10th, 2014</u>

- Session 3 (10:40-11:30) NOTE: Lunch will be provided.
- Session 4 (1:10-1:50) NOTE: Snack will be provided.

If any of these sessions conflict with a pre-arranged appointment or other engagement for your child, please call or email Shannon at ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ Otherwise, we look forward to meeting your child on Wednesday, January 8th, 2014.

Thank you,

Shannon Byrne (M.A. Counselling Psychology Candidate) - ▮▮▮▮▮▮▮▮▮▮▮

Susan Rodger, Ph.D, C. Psych – ▮▮▮▮▮▮▮▮▮▮

APPENDIX F

Session Outline:

Workshop 1 (Day 1-10:40-11:30):

- Introductions, lunch, ice breaker activity, group rules
- Introduce purpose of project, photovoice, instructions
- Talk about how to operate camera
- Practice using cameras

Workshop 2 (Day 1-1:10-1:50):

- Snacks
- Accompany children in taking their photos around school and on school grounds

Workshop 3 (Day 2-10:40-11:30):

- Lunch
- Return photos to children
- Discuss photos and generate themes

Workshop 4 (Day 2-1:10-1:50):

- Snacks
- Continue discussion

APPENDIX G

Take pictures around the school and on school grounds that you think represent the following emotions:
- Sadness
- Happiness
- Worry
- Anger

Try to get at least 3 pictures of each emotion.

Take pictures of objects and places, not of people. Be creative!

Think about each picture you are taking and why you think it represents the emotion you are trying to capture.

Remember that we will be discussing these together when we meet on Friday.

APPENDIX H

Curriculum Vitae

Name: Shannon Byrne

Post-secondary   Grant MacEwan College
Education and   Edmonton, Alberta, Canada
Degrees: 2004-2006 (B.A. Transfer Program)

                  University of Alberta
                  Edmonton, Alberta, Canada
                  2006-2008 B.A. (With Distinction)

                  Western University
                  London, Ontario, Canada
                  2012-2014 M.A. Counselling Psychology (Candidate)

Honours and   Jason Lang Scholarship for Academic Achievement
Awards: 2005-2006, 2006-2007, 2007-2008

                  MacEachran Humanities Scholarship in Psychology
                  2007-2008

                  Western Graduate Research Scholarship
                  2012-2013, 2013-2014

Related Work   Junior Facilitator
Experience: The Behaviour Institute
                  September 2008- June 2012

                  Wait List Clinic Volunteer
                  Canadian Mental Health Assocation
                  January 2013-May 2013

                  Senior Facilitator
                  The Behaviour Institute
                  September 2010-February 2014

                  Independent Contractor
                  Research and Assessment Services, Thames Valley District School
                  Board
                  September 2013-March 2014

Intensive Behavioural Intervention Program Developer
The Behaviour Institute
June 2012-Present

PAI Data Clerk
Student Development Centre, Western University
September 2013-Present

Group Co-Facilitator
Merrymount Family Support and Crisis Centre
September 2013-Present

Counsellor Intern
Student Development Centre, Western University
September 2013-Present