Qualitative Research Paper

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CAAP 6617 – Fall 2014

Assignment 2

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Introduction

"Every child is a different kind of flower, and all together, they make this world a beautiful garden." ~author unknown

The quote above sums up how I view the children in my life that I interact with on a personal as well as on a professional level. Each one is unique and has individual needs that we as parents, caregivers, teachers, or counsellors need to attend to. I have spent fourteen years in the schools as a teacher and a counsellor. I also have children of my own, so it was only natural to choose a research topic that involved students. In particular, it is those who don't really fit the mould that I'm interested in; those students who struggle either academically, emotionally, or socially.

I chose to interview four staff members at our school that work in special education, two certified teachers and two teachers' aids. My own area of interest is in school counselling, and historically I have not had much interaction with the special education staff at our school. This seemed like a good opportunity to explore the attitudes of these special educators regarding mental health.

The qualitative research methodology that I have chosen to use is the phenomenological approach. Leedy & Ormrod (2013) define phenomenological studies as "attempts to understand people's perceptions, perspectives, and understandings of a particular situation" (p. 145). In this research, the goal was to gain an understanding of how the four special education staff members viewed mental health, what their role was in addressing mental health, as well as how their backgrounds influenced these views.

The uniqueness of the situation is also important. The school consists of approximately 800 students and is divided into three sections, grades K-5 make up elementary, grades 6-8 middle school, and 9-12 are high school. Elementary and middle school have dedicated special

education teachers who coordinate their programs with the help of several teachers' aids. High school special education is coordinated somewhat by the middle school teacher, in conjunction with administration and myself as high school counsellor. Neither elementary nor middle school have counsellors.

Given the exploratory nature of the research, along with the goal of connecting the research question to the unique situation of this school, using the phenomenological approach seemed to be the best fit.

Each of the participants was provided with a copy of the questions at least a day in advance. They were also given a copy of the consent form to read through ahead of time. Before beginning each interview the consent form was reviewed and signed. With the exception of participant 4, the interviews were conducted in my office and recorded. Participant 4 was interviewed in the classroom in which she works.

The research will be presented beginning with a brief literature review on the methodology used, followed by some background information about the participants as well as the method of coding. The results of the interviews are then summarized for each question. The paper concludes with some limitations of the research as well as concluding remarks and self evaluation.

Methodology

Literature Review

During the 2012/2013 school year in Alberta, 67 658 students in grades one to twelve were coded with a special education code (education.alberta.ca). This total is approximately 11.5% of the total student population in Alberta and the trend seems to suggest that this will increase in coming years. ECS students with codes has increased from 11 259 in 2009/2010 to 14

420 in 2012/2013 (education.alberta.ca). Regarding mental health, approximately 15-20 % of children and adolescents in Canada suffer from some form of mental disorder (Kutcher et al., 2009). This equates to about one in five students in the typical classroom. Manion and Short (2011) suggest that 70% of adults living with a mental illness indicated the onset of the illness occurred before they were 18 years old, and 50% said it began before age 14. It is apparent from these numbers that mental health is increasingly becoming a reality in schools.

     Numerous papers have been published emphasizing the importance of mental health. For example, Prince et al. (2007) state that: "about 14% of the global burden of disease has been attributed to neuropsychiatric disorders" (p. 859). They also argue that, in general, mental and physical disorders are treated and reported separately, and thus it is very likely that the burden of mental disorders has been underestimated. Meldrum, Venn, and Kutcher (2009) state that particularly during adolescence, mental health is as important to a person's well being as their physical health (p. 3).

     Research conducted by Mihalas et al. (2009) demonstrated that students who struggle with emotional and behavioural disorders had significantly poorer school and life outcomes. They tended to fail more courses, were more frequently absent from school, and their drop out rates were higher.

     The most common mental illnesses that arise in school age children are depression, anxiety, eating disorders, personality disorders, attention deficit disorder, and substance abuse. Schizophrenia does not usually occur until the late teens, but the signs may be evident in early teens. Suicide rates are also increasing. In Canada, suicide is now the second highest cause of death for youth aged 10 to 24 (Government of Alberta, 2014).

As mentioned in the introduction, the research was conducted from the phenomenological approach to qualitative research. Mental health and special education clearly overlap and the inquisitive nature of the phenomenological approach lends itself to the goal of gaining an understanding of the perspectives of special educators towards mental health.

According to Welman and Kruger (1999, as cited in Groenewald, 2004) "the phenomenologists are concerned with understanding social and psychological phenomena from the perspectives of people involved" (p. 5). The intent of this research was exactly that, to develop an understanding of the unique perspectives of the educators who are directly involved with the students on a day-to-day basis.

Background

The above statistics conclusively demonstrate the need to address mental health in children and adolescents. I prefer to think of it as addressing mental health rather than mental illness because if schools can be proactive in creating atmospheres that promote mental health, it is likely that in time fewer students will struggle with mental illness. Obviously, this starts in the classroom. Teachers interact with the students on a daily basis, which places them in the unique position to build positive relationships to promote mental health.

Students who show signs of struggling academically or socially are often referred to special education or counselling departments for some level of assessment and/or intervention. A quick Google search of special education referral forms revealed that most of them ask several questions regarding academic and behavioural concerns, and very few of them addressed any emotional/mental health issues. This led me to wonder to what extent special education departments conducted any type of screening for mental health issues.

Repie (2005) found that special education teachers rated issues like ADD/ADHD to be more problematic than issues like depression and suicidal thoughts. He attributes this to training that focuses on strategies dealing with presenting problems of students rather than any deeper issues that may exist. Reddy et al. (2009) differentiate between externalizing vs. internalizing behavioural concerns in students. Examples of externalizing concerns are aggressive or noncompliant behaviours, while internalizing concerns may include depression or social withdrawal. Teachers are more likely to identify students who exhibit externalizing than internalizing behaviours (Gresham, MacMillan, & Bocian, 1996, as cited in Reddy et al. 2009, p. 148). Internalizing concerns tend to be less disruptive and thus are less frequently identified.

In light of the above statistics, as well as the current research that suggests a divergence that currently exists between mental health and special education, my qualitative research was conducted from the phenomenological approach. The intent of the research was to gain some insight into the perspectives of special educators regarding mental health. According to Leedy & Ormrod (2013) phenomenological research depends almost entirely on lengthy interviews with carefully selected participants who have direct experience with the phenomenon being studied. This research is not intended to be an extensive study so my interviews were significantly shorter, from 10 to 15 minutes.

Participants

The participants in this research are all staff members of a K-12 Christian school of approximately 800 students. Two of them are certified teachers who have significant experience in special education. Both of them are currently enrolled in Master of Education programs. The other two are teacher's aids and also have many years of experience working in special needs students. The interviews were conducted using questions that were given to the participants in

advance. However, throughout each of the interviews, opportunities arose in which we digressed from the questions somewhat. Leedy & Ormrod (2013) also identified this as a key component of phenomenological research. These digressions were topics in which the participant seemed to have a noticeable interest. It was particularly interesting to see how each of them had a personal connection with mental health, either in family members or others to whom they were close.

Analysis

Once the interviews were transcribed, I identified key phrases in the answers to each of the question from each participant. For example, participant one identified one of the reasons for his interest in special education coming from a career opportunity that arose. I noted the word "opportunity" as a key word for this answer. This turned out to be a common theme with two of the other participants as well. I then created a chart that compared the key phrases of each of the participants for each of the questions (Appendix 4). Common themes were highlighted, and in this way the codes were clustered into categories, and from the categories, themes emerged (Saldana, 2009).

Results

The intent of this research was to gain an understanding of special educators views regarding mental health. The following are themes that emerged from the interviews.

Interests and opportunity

Three of the four participants identified two similar things as main contributing factors to their involvement in special education. The first is opportunity and the second is an interest in helping struggling students. Participant one mentioned that he was considering a career switch when the opportunity arose to become involved in coordinating elementary special education. Participant two noted that she had an interest in some of the students who were struggling in her

first grade seven class. When she was approached by administration about an opening coming up in special education, she was naturally attracted to it.

Individual student support

The ability to provide individual support to students who require the help was identified as a key component in special education by three of the four participants. Not only was this important to enable them to explain academic material, but also to build affective connections with them. Participant four mentioned how she felt comfortable addressing a particular student's anxiety issues because she had a strong one-on-one working relationship with the student.

Strategies and programs

In regards to what the participants would like to see incorporated into their programs, a common theme was the programing itself. In general it was felt that there is a lack of sufficient programs to meet the needs of the students. In addition, it was expressed that some of the programs that were used did not necessarily meet the unique needs of the students, nor were they sufficiently evaluated for success.

Screening for mental illness

All four participants noted that any screening that was conducted in regards to mental illness, or the social/emotional needs of students was conducted on an informal basis. Participant one indicated that there was a noticeable difference between the students who were coping well with the help they received and those for whom their learning difficulties were "getting them down." Participant two mentioned that they could "provide some quiet place to work, some discussion, some support, but it would be on a small scale." Participant three indicated that once she developed a relationship with the student, she would observe them informally during break times or other times when the student is interacting with others.

Personal beliefs about mental health

The mental health needs of students was recognized by all four participants as being very real and very important. Comments such as the following were made:

- *it's real*
- *everyone, at some point, will be affected by mental illness*
- *the emotional well-being of our kids is huge*
- *I very much believe that unaddressed [mental health] needs harm people for life*

It was quite clear from these statements that mental health was an area that each participant felt was very important to the overall well being of students. For some of the participants there were personal connections as they had family members or friends who struggled with mental illness in varying degrees. As a result they felt quite strongly that these needs should be met as early as possible in peoples' lives.

Addressing emotional needs along with educational needs

When the question was asked whether emotional needs should be addressed along with educational needs, the answers of three of the participants was resoundingly "yes." Participant three mentioned that she wrote some notes down prior to the actual interview, and that she wrote down "very important" and "underlined it three times." Participant two said, "It really needs to be the whole child, and you can't do just educational needs without touching on the emotional needs and the mental health. It has to go together." Interestingly, participant one indicated that emotional health and strategies towards maintaining emotional health should be taught more in the classroom during health classes. He recognized that emotional needs were real and that health classes were a great place to educate students about them.

Comfort level in addressing social/emotional needs of students

All four participants indicated that they experienced some level of discomfort addressing the social/emotional needs of students in a formal way, largely because they had little training in this regard. As mentioned earlier, there was definitely a level of comfort in addressing these needs at an informal level, but anything beyond that it was felt that it should be referred to other professionals. Participant four mentioned that she "would rather pass it off to someone who really knows what they're doing." At the same time, she indicated a willingness to talk to students and listen to them if she was familiar with the circumstances and had a rapport with the student.

Collaboration with high school counselor

Participants one and four were elementary educators and thus this question was a little hard to answer because typically the elementary and high schools have operated quite independently from each other. However, both of them indicated that they would appreciate having someone on staff that they could refer to for mental health issues when needed. Participant four said: "I think a lot of people think it's a high school problem, the little kids don't have that." Her feeling was that mental health and addressing the social/emotional needs of elementary students was just as important as for older students.

Participants two and three were middle school staff and have somewhat of a closer working relationship with the high school counselor. Both appreciated the opportunities, not only to refer students to the counselor, but also to have someone accessible to chat with for some advice, or a second opinion.

Methods & Analysis of Methodology

As an integral component of phenomenological research, getting a feel for the "voice" of the participants was very important in conducting this research. Each participant placed emphasis on different elements that they either felt strongly about or had more experience in. Conducting

these interviews in person was helpful to get this feeling from them. Comparing key phrases

through the coding process also enabled me to highlight aspects of the topic that were of

common interest to the participants and provided that channel out of which flowed the shared

themes regarding the topic of mental health in special education.

Limitations

The research presented in this report was specifically conducted with special educators in

one school. Special education staff members may not necessarily be in the best position to

present a holistic picture of the mental health needs of a school, as they work with a select group

of the entire student body. These are students who have different needs than the majority of the

student population and this might skew the perceptions of these educators. However, two of the

participants did have extensive experience as regular classroom teachers as well.

Another limitation of this study was that is was conducted in a short amount of time. The

interviews were relatively short and did not allow for a lot of in-depth discussion. Future

research should allow for more extensive conversations to draw out the unique perspectives of

each of the participants.

Summary and Conclusion

Statistics show that around one in five students in Canada suffer from a mental disorder

(Meldrum et al. 2009). Thus, the mental health of Canadian students is an extremely relevant

issue. It is incumbent upon schools to do their part in providing the necessary supports to help

students deal with this. The interview transcripts, along with the coding process, led me to

suggest the following four points. I've taken the liberty to assume that what is true for special

educators is likely also true for educators in general.

1. Mental health is an integral part of education.

2. Individual relationships between educators and students are essential in providing the educational as well as the social/emotional support that student's need.

3. Educators could benefit from formal mental health training. E.g. Mental health first aid.

4. There is a place for qualified mental health professionals to work alongside educators in the school system.

The methodology used in this research provided me with a clear idea of the perceptions of special educators on mental health issues. Their perspective as front line staff that work with students on a daily basis provided first hand information that enabled me to come up with the four points above. The system of coding that was used clarified the commonalities in the responses to the interview questions.

In order to gain a more comprehensive understanding of mental health in the entire school, future research could be conducted that involved various other audiences like school administration, classroom teachers, students, and parents. Other quantitative data may also be of interest, perhaps in the way of surveys to students, educators, or parents. Assessments like the Beck Youth Inventory conducted to random students may also help to generate a more complete picture of the mental health of the student population.

Self-evaluation

This research is my first attempt at formal qualitative research and was certainly a learning experience. I feel much more comfortable with it now than I did at the beginning. One of the strengths of phenomenological research is the flexibility that is built into it. The goal is to gain insight into the perspectives of the participants and I really felt that I was getting that, especially during the interviews. The coding process really helped to organize the common themes and solidify them into an overriding theory. I really felt this to be the success of this

process. I came away with a much clearer view of how others in the school viewed mental

health. This understanding enabled me to funnel all the ideas into the four overriding theories.

Time constraints were a major barrier in this process. It certainly would have been

beneficial to have more time to conduct the interviews. This would have provided the

opportunity to flesh out more of the individual perspectives, ideas, and thoughts of each of the

participants. I felt very limited by that.

In regards to professional development, there are several opportunities that could be

pursued. The main one that I felt arose from this process is researching and implementing a

screening process to address the social/emotional needs of special education students in

particular. Exploring to what extent students academic concerns are related to mental health

concerns and then designing programs that address these concerns so that we as a school can

support our students in these different dimensions.

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