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Educator Attitudes Towards Increased Behaviour and Mental Health Issues: Problem, Cause and Possible Next Steps

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Abstract It has become common for teachers in public education systems to express concerns about the increase of behaviour issues in their classrooms, at all age levels. Indeed, the recent annual meetings of teacher union provincial representatives in Toronto, Ontario in August 2025, focused on the one key issue of student needs and their impact on classroom functioning as the outcome of several days of discussions. Following these meetings, teachers' unions in the province have used public media such as television, to express concerns about the link that is perceived between class sizes and the ability of teachers to see and address the wide range of needs of their students. While the extent of needs is not being directly connected to mental health issues in these media campaigns, it is certainly evident that needs like individual learning supports, and poor nourishment are being seen as risk factors to academic and social success related to schooling. A key takeaway from the messaging is that students' academic success is being compromised by classroom conditions that could be improved and made more visible, in the teachers' opinions, by smaller class sizes. Mental health of the students is at the core of the concerns about classroom conditions, and it is argued in this paper that teachers need to see the disruptive behaviours that are exhibited in their classrooms as expressions of diminishing mental health due to stressors. In addition, it is argued that all teachers need to learn to address disruptive behaviours as stress responses rather than choices, which is a key focus of professional development about mental health impacts on education.

Keywords: *student mental health, teacher professional development, sociological approaches to student behaviour*

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1. Introduction

Mental health issues are observed across the education system (see for example Schools Mental Health Ontario website). It is imperative that coping strategies are developed amongst students so that they are equipped to both receive support and support themselves when the need arises (Schools Mental Health Ontario, https://smho-smso.ca/) [1]. Mental health infers various capacities in individuals, including: the ability to understand oneself and one's life, the ability to respond to one's environment, experiencing pleasure and enjoyment, handling stress and withstanding discomfort, evaluating challenges and problems, pursuing goals and interests, exploring choices and making decisions, associating with positive self-esteem, happiness, and interest in life, work satisfaction/mastery, sense of coherence, and the ability to realize potential and contribute to society (Gewirtz &Cribb, p.3) [2]. Alternatively, mental illness may be inferred as an absence as these self-management skills and attitudes.

Adverse childhood experiences (ACE) can impact mental health for an entire life span. ACEs include experiencing violence, abuse, or neglect, witnessing violence in the household, or community, exposure to other challenges within the home environment such as parental mental illness or problematic substance use, or having a family member in jail [3,4]. Additionally, trauma-based mental illness occurs when an experience "overwhelms an individual's ability to cope" (Clark, Sieman, & Jenkins, p.126) [5], whether through exposure to harmful events, the experience of such events, or the effects of those events (Gewirtz & Cribbs, p. 126) [6]. Drawing on the experience and recommendations of various medical professionals who specialize in mental health of youth, Pearson [7] has complied a descriptive list of eight strategies that teachers can use in the classroom, describing these as "sustainable strategies and tools to foster rigorous learning and care for wellbeing in the classroom" (8 Concrete Strategies for Trauma-Informed

Teaching - Moreland University) [8]. Among these strategies, Pearson includes:

- Starting each day's learning with a morning or course opening meeting to check in with students to ensure they are comfortable and ready for the upcoming learning;
- Providing a space in the classroom where students can withdraw to manage their stress using aids such as stress balls, fidget trinkets or mindfulness strategies;
- Providing choice in how students learn and demonstrate their learning;
- Providing a learning agenda or schedule (i.e., advanced organizers) for students and signaling changes to the usual schedule to allow students time to adjust their readiness to learn;
- Being vigilant and advocating for peer supports for every student;
- Supporting a sustainable repository of services and programs to support students' well-being (both physical and mental/emotional) (e.g., anti-bullying programs, anti-suicide programs);
- Asking open-ended questions to allow for various access points in classroom discussions, in recognition of the social and relational aspects of strong learning; and,
- Providing ongoing and detailed formative feedback to students during learning to support efforts while maintaining high standards, supporting students as they reach for those standards, and leading action steps to success with tasks. (Pearson, 2022) [9]

While most of these strategies are common in many classrooms, Pearson is calling for the universality of these approaches, which are also reflected in support documents available to teachers in the jurisdiction (e.g., See for example, Schools Mental Health Ontario at https://smho-smso.ca/) [10]. The same message is presented to teachers in *Growing Success*.

Additionally, a search of trauma-informed teaching strategies lists a number of techniques and approaches that are commonly reflective of the extant literature about building resilience in children, including: 1. create safe spaces for reflection; 2. adapt to individual student needs; 3. collaborate with families and communities; 4. prioritize restorative practices; 5. create predictable routines; 6. build strong relationships; 7. teach emotional regulation skills; 8. engage in professional development; 9. use trauma-informed, empathetic language; and 10. promote self-care for staff. The proliferation of online sites about teaching such self-care and resilience skills has been referred to as a child's 'invisible backpack' to stress the arming of children with suitable social readiness skills.

In an educational context, especially within our current world climate, professional awareness about mental illnesses and how they can affect a child's ability to learn, and associated behaviours, is imperative [11,12]. The available resources and the professional development and training that are optionally available to teachers (e.g., the Schools Mental Health Ontario online modules for teachers) can support the common use of these strategies across classrooms. However, the need for all teachers to know and routinely use these strategies may be lagging classroom needs. We tend toward a gentle, suggestive approach to professional development that is not related to certification for teachers; but world developments such as rapid immigration, conflicts, social unrest, increased societal and economic stresses, and the commonality of disruptive classroom behaviours may be highlighting the need for more universal approaches to professional competencies related to mental health supports.

2. Context of the Problem

The changes that have been observed amongst students in recent years may in part be due to the negative effects that the COVID-19 pandemic has had on students' social development which has, therefore, impacted their mental health. Indeed, many of the mental health indicators that were identified earlier may also be slow to develop in children and adolescence when ongoing global strife, social instability, and economic challenges are widespread. Amid such stressors, it may not be adequate to use proactive resilience skill training in classrooms to help to build the skills that may not be reinforced in other areas of a child's life, leaving students who are the most vulnerable without the consistent mental health supports they need. Parental supports to recognize and respond to stressors in their children could also be needed to achieve the cross-contextual levels of support that students require.

Mental illness is among the top two contributors to the global burden of disease and the top burden in high-income jurisdictions like Canada and is expected to become a bigger global burden by 2041, with anxiety and mood disorders being the top issues in Canada [13]. However, despite personally enduring the pandemic and observing the effects on family members, students, and themselves, many teachers do not seem to hold onto this knowledge as they go about their roles as educators. Rather than making the connection between the pandemic or other social stressors and student behaviours and using this knowledge as a potential catalyst to seek a solution to mitigate the mental health issues causing behaviours, staff may be contemptuous of students, blaming them for behaviour choices, instead of recognizing possible sources of the problems that precipitate the behaviours. Most frequently, this takes the form of blaming the student's behaviour on the lack of accountability for their actions.

Recently, due to the pandemic occurring during our students' formative years where social interactions with peers and other members of society are meant to provide the building blocks of empathy, resilience and compassion, students were unable to receive the developmental opportunities to help build mental health coping strategies that they have had in previous years. Although anosognosia involves the affected individual's lack of ability to recognize their own health issues, a similar impact may be present among teachers who fail to recognize the indicators of mental illness among students, then react to disruptive behaviours as if the child had a choice.

To make the matter more obscure in classrooms, teachers are working to support children from a broad range of cultures. Canada has the highest per capita rate of immigration of any country in the world [14], making daily classroom interactions complex as teachers navigate

cultural norms, language differences, and cultural values related to authority. The risk factors for ensuring mental health across cultures is an understudied aspect of multicultural classroom norms but it seems reasonable to expect that behavioural issues would be more complex in proportion to the variances in cultures in a single classroom unit. Equity-oriented care practices to ensure cultural safety, trauma and violence informed health practices (TVIP), and harm reduction strategies (Gewirtz &Cribb, pp.166-167) [15] are aspects of classroom management that may not be as familiar to teachers as is currently needed in the multicultural classrooms that are common across the country.

3. Determining Risk Factors for Mental Health Challenges: Part of Today's Classroom Management Skills for Teachers

One way of determining a student's risk factors when it comes to mental health issues is by using the Adverse Childhood Experiences (ACE) scale to measure how trauma has impacted a child's life. The more negative childhood experiences an individual has had, the greater the risk factors they have for recurring mental health issues (Gewirtz &Cribb) [16]. Interestingly, there was a study conducted recently (Sirhan et al.,) [17] where researchers surveyed students in grades 9 to 12 to measure the perceived effects that COVID-19 had on their well-being, focusing on these experiences as an adverse childhood experience (ACE). That study showed an increase in mental health risk in the post-COVID-19 era compared to pre-COVID-19. From 2019 to 2021, mental health risk significantly increased for all sexual identity groups. In the era of COVID-19, social distancing guidelines and school closures contributed to the poor social adaptability and worsening mental health in adolescents (Figueiredo at al., 2021) [10]. This age range lacks psychological capabilities of resilience and coping mechanisms to address this surge in social isolation during the pandemic. Lack of social support and poor coping skills may be associated with this worsening of mental health prevalence in this group [10]

These results highlighted that amid the COVID-19 pandemic, there was a negative impact on students' mental health. The lasting effects of these experiences are still evident in classrooms to this day (Ng & Ng, 2022) [12].

Additionally, teachers can draw on the emerging work of mental health specialists to understand the emergent nature of mental health issues for individuals. For example, authors and researchers Clark, Sleman, and Jenkins, [5] have identified indicators or stresses that signal emerging mental health issues into three categories of risk factors that portend trauma related disorders. These categories include: 1. Pre-traumatic factors; 2. Peri-traumatic or trauma related factors; and 3. Post-traumatic factors (p. 127). This framework could help teachers to identify the level of risk among their students and guide their actions related to seeking supports and interventions, while recognizing the limitations of their training and roles in addressing trauma. Indeed, having knowledge of this framework could serve as a support for teachers to help identify when their proactive strategies to support mental health in their students could be effective and when more intensive intervention is required from other professionals. Suitable professional development for teachers could allow them to understand this framework and to recognize trauma as widely prevalent in society, and impactful on learning and social behaviours, while also recognizing the "gradual process of understanding trauma and its effects" (Loughran, 2012) [23].

4. Discipline Versus Compassion

The professional adjustment in thinking about behaviour as a form of communication and negative behaviour as a communication about distress requires that teachers maintain empathy and compassion with these learners' situations. While students may not recognize where their behaviours and attitudes come from, as the responsible adults in the room, teachers need to make sure they are acting and reacting in a way that appropriately supports the students' needs. It is through no fault of these students that they were unable to achieve the socio-emotional developmental milestones of adolescence due to being in isolation exacerbated by current social and economic stressors. With this mindset, teachers can reflect on student behaviours that are likely a result of this interruption from a developmental perspective and respond to these behaviours accordingly.

4.1. Possible Next Steps

ACE scores (https://cfpcn.ca/wp-content/ uploads/ 2024/ 01/ RPMC-ACEs- questionnaire- and-patient-handoutApr2019.pdf) [14] indicate risk of mental health issues. While it is important to note that these are tools to be used by qualified mental health professionals, it is useful for teachers to examine and be aware of the range of issues that are contained in these diagnostic tools to bolster their vigilance about seeking appropriate supports for students (see also Diener et al,) [15]. COVID-19 reactions, including isolation and interruptions in schooling, created universally adverse experiences among school aged children and this is reflected in increases in mental health risk. Indeed, all teachers should have a professional awareness of Canada's International Classification if Diseases (ICD) and know the general summation of mental health challenges that are provided in this classification manual so that their professional practices can be informed by current mental, behavioural, and neurodevelopmental knowledge and related blocks of diagnoses used by mental health professionals. The World Health Organization is a helpful resource for such knowledge.

Teachers can make a difference in students' mental health by practising trauma-informed care: "a set of practices that address the impact of trauma by creating a safe and caring environment" (NEA, para. 1) [16]. Some examples of these practices include supporting students across all educational spaces, being aware of triggers, showing compassion, giving students space to share their

feelings, validating their feelings, helping students develop a growth mindset, building relationships, and recognizing each student's daily reality (aka - "meeting students where they are at") (NEA) [16], among many others. Teachers should further their educational expertise on these topics by actively seeking research and peer-reviewed articles that contain information regarding mental health and the effects of COVID-19 and other risk factors for poor mental health, including acquiring training about the practice of self-reflection. Professional self-reflection opens the door to being able to reflect on reactions to students' behaviours and how the cause, or context, of the behaviour should inform how it is being addressed.

At a school-wide level, administration and the school boards are encouraging educators to improve their practices by providing professional development sessions on trauma-informed care and mental health issues among our students (Schools Mental Health Ontario) [28] and online training modules that provide educators with mental health training micro-credentials are readily available for teachers and board leaders in that jurisdiction. Unfortunately, it is difficult for these professional development sessions to make an impact if the people attending them are not ready, nor willing, to self-reflect and change their perspective, or update their pedagogical practices.

In theory, the sessions provided by the province or the school board should be effective as they contain information on issues as well as strategies that could be implemented into participants' practice. Another specific example of this professional support is the Mental Health First Aid Course (https:// www.ontarioshores.ca/ mental health first aid) [17] that has been made available for all education staff across school boards in the provincial jurisdictions a two-day course. This course provides educators with a specific and practical framework for supporting students when they are having mental health crises. However, the course is optional so it may be that the educators who need the course the most are not attending it. Perhaps making this certification a mandatory requirement for teachers across the board, or even the province, would be a beneficial way of making sure everyone is receiving the same valuable training.

Unfortunately, not every educator places value on the same aspects of our practice. Perhaps, the reason some educators cannot grasp the importance of trauma-informed care or mental health first aid training is that they do not perceive these aspects of some people's lived experiences as having ever affected them personally and therefore cannot reconcile the information as valuable. Mandating certain training like the Mental Health First Aid Course for educators is a way to get the knowledge out there, but realistically, the system we have currently, where curriculum documents and the *Growing Success* (2009) document are written in a way that is open to interpretation, leads to choice in whether or not these strategies should be implemented.

In support of professional growth about mental health of students, the text *Understanding Education: A Sociological Perspective* by Sharon Gewirtz and Alan Cribb looks at mental health interventions in education through sociological schools of thought. However, those who offer professional development about mental health issues may be driven by Critical Theory, Poststructuralism, or may be driven by Symbolic Interactionism. Different perspectives on the issue of mental health in the classroom and personal lived experiences may reflect varying personal realities and priorities. Without the perspective of sociological thought applied at an organizational level, potential participants in mental health training may not see the positive effect on an individual that comes from valuing mental health issue awareness, or trauma-informed care.

While it is important to acknowledge lived experience as a factor that informs a person's world view when it comes to being an educator, educators also need to be aware that we are dealing with many students who have lived experiences that may be very different than our own. As suggested in a Poststructuralist school of thought, individuals who work within the education system need to emphasize the importance of students' contexts as valid and a driving factor in how we approach interactions with the students. The differing perspectives on the incidences and classroom responses to mental health issues and informed and consistent supportive responses may depend largely on educators' ability to see the issues and responses from multiple perspectives.

5. Conclusion

This paper has presented an argument for the need for all teachers to become informed mental health advocates for students. We can take steps towards creating a future that values supporting students with mental health issues through encouraging educator self-reflection, providing relevant research and data to support this research to help explain behaviours, and providing teachers with concrete, attainable strategies to add to their pedagogical practice. Providing professional development that exposes the aftermath of the COVID-19 pandemic as a disruption in student socio-emotional development and providing suggestions for measurable trauma-informed care practices that can be implemented are now required competencies for teachers. Mental health issues may be persistent in our schools, so it will benefit society for educators to use the knowledge that students will likely experience mental health issues, both because they are a normal part of being a human, a growing global reality and exacerbated by the universal experience of being a child who experienced a global pandemic. Frameworks, and identification tools that are emerging from medical sources, provide useful information for teachers to help them reflect on causes for, and responses to, behaviours that are increasingly evident in learning environments. A first step in recognizing next steps, is to acknowledge the inevitability of reactive and concerning behaviours from children who have endured reactive and concerning histories. Recognizing behaviour as a language of distress may help teachers develop appropriate and helpful responses to behaviours, especially to those that characterize the pre-and peri-traumatic scope of mental illness. We are at the nexus of mental health expertise and educational expertise; to respond appropriately to students in need of mental health support, the professional lines

that separate the two foci may need to be blurred to help us take advantage of theoretical health knowledge to inform effective educational practice.

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