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Early Adolescents' Experiences of Mental Health: A Mixed-Methods Investigation

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

EARLY ADOLESCENTS' EXPERIENCES OF MENTAL HEALTH: A MIXED-METHODS INVESTIGATION

(Thesis format: Monograph)

by

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Abstract

A mixed-methods research design was employed to explore early adolescents' experiences of mental health. First, quantitative data from a school board wide survey in southwestern Ontario was analyzed. Next, focus groups were conducted to explore early adolescents' perceptions and language associated with mental health, causes of distress, and individual coping strategies. Results from the survey demonstrated that knowing where to get help, beliefs that students at school are concerned about each other, and feelings of belongingness account for more variance in feelings of distress in females than in males. Qualitative data revealed that early adolescents do not differentiate between the phrases "mental health" and "mental illness." Main themes that emerged from the focus group discussions include knowledge of, and attitudes about, mental health, the significance of cognitions and emotions in personal feelings of distress, the role of connection in distress, and actions that accompany feelings of distress. Implications for counselling and future directions are discussed.

Keywords

Early adolescents, mental health, wellbeing, gender, belongingness, transition, mixed-methods, focus groups

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1.1   Introduction

Children's mental health has been brought to the forefront of research and health-related initiatives in recent years. Mental health conditions are the most prevalent and disabling issue to affect Canada's youth (Child and Youth Advisory Committee, 2010). Furthermore, 15-20% of young Canadians report having mental health concerns (Kutcher, Venn, & Szumilas, 2009). Developmentally, physically, and socially, childhood and adolescence are times of great change, and factors that are detrimental to mental health during these pivotal years should not go unnoticed. Left unattended, these concerns may impact academic, familial, and social realms of life, therefore early intervention and prevention is necessary (Kutcher et al., 2009).

Despite these recent advances in children's mental health, little research is available surrounding the importance of bringing forth students' voices, opinions, and concerns regarding their own mental health experiences. There is a gap in the research literature pertaining to children and youths' understanding and interpretations of mental health and mental illness. Gaining a deeper understanding of what these topics mean to early adolescents would aid in bringing students' voices into the development of suitable interventions.

The current study was a mixed-methods investigation exploring experiences and perspectives related to mental health for young adolescents. First, data from a school board-wide school survey was analyzed to discover self-reported feelings of worry,

anger, sadness, and stress in early adolescents. Next, focus groups with students in grades seven and eight were conducted to gain a richer understanding of what mental health and mental illness mean to them and what they do to cope with feelings of worry, anger, sadness, and stress. Furthermore, students were asked how they keep themselves well in response to these feelings.

1.2   Early Adolescence

Early adolescence is considered a particularly critical transitional time because of the multitude of changes in the self and the environment occurring simultaneously (Petersen & Hamburg, 1986). Specifically, early adolescence is marked by dramatic physiological changes, as well as increases in cognitive capacity, resulting in altered social and psychological development (Petersen & Hamburg, 1986). It is a stage of development marked by the emergence of a more abstract mode of thought, referred to by Piaget (1983) as the formal-operational stage. A child or emerging adolescent in the formal-operational stage can think and reason about hypothetical and abstract concepts that have no basis in reality. The current study explored early adolescents' conceptualization of mental health and mental illness, which are certainly abstract concepts.

Increases in formal reasoning are applied not only in the physical world, but to interpersonal relationships during early adolescence (Spear, 2000). Social interaction becomes paramount at this stage and increased affiliation with peers is the norm. Interaction with peers can help youth to develop social skills outside of the home and act as a source of positive experiences (Spear, 2000). Interpersonal relationships contribute

to the early adolescent's establishment of an identity, the major developmental milestone of adolescence (Erikson, 1963). An individual's identity is composed of a firm and cohesive sense of self, what he or she wants from the future, and where he or she fits into society (Erikson, 1963). The inevitable confusion experienced by an adolescent regarding these monumental components of life is termed an *identity crisis* (Erikson, 1963).

1.3   Belongingness

Due to the increasing importance on social interaction during early adolescence and developmental changes allowing for abstract reasoning, students naturally begin to conceptualize their place within their environment, in particular, the school environment where many social interactions occur. There has been increasing interest in the literature around student perceptions of belongingness at school. Anderman (2002) found that for students in grades seven to 12, belongingness was associated with higher levels of optimism, and lower levels of depression, social rejection, and problems at school. Belongingness serves to be a protective factor against negative psychosocial outcomes including depression and at-risk behaviour (Blum & Rinehart, 1996). Blum and Rinehart (1996) found that youth who felt connected to their school demonstrated fewer at-risk behaviours and attitudes than students who reported not feeling connected. Similar results have been demonstrated in multicultural early adolescent populations. For example, Baskin, Wampold, Quintana, and Enright (2010) explored belongingness as a protective factor in a sample of 294 eighth grade students in culturally and ethnically diverse communities. The researchers found that belongingness was a buffer against the negative effects of low peer acceptance and high feelings of loneliness. Essentially, even if the

early adolescents were not widely accepted by peers, feelings of belongingness with other peers, family, and adults in the school or community protected them from the loneliness and depression often associated with peer rejection. Thus, Baskin and colleagues (2010) suggest that assisting adolescents in developing a sense of belonging through supportive relationships at home and school promotes resiliency and strength in the face of peer rejection.

Academically and socially, early adolescents are on the verge of a major change: the transition from elementary to high school. This transition is believed to increase psychological vulnerabilities due to the new environment (Eccles, Midgley, Wigfield, Buchanan, Reuman, et al., 1993). High school possesses features that may not satisfy changing student needs for greater independence, support from nonparental authority figures, and closer relationships with peers. Furthermore, secondary schools tend to judge students on academic performance in such a way that values competitiveness and social comparison. Youth are particularly sensitive to how they are viewed by peers and thus the new environment may be detrimental (Eccles et al., 1993). Eccles and colleagues (1993) postulate that student feelings of lack of social support are due to the widening lack of fit between developmental needs and the environment. Early adolescents are likely anticipating the impending transition with mixed feelings of anxiety and possibility. Difficulties in high school might be further exacerbated if students continue to lack a sense of belongingness in the face of peer rejection, which is a highly probable experience in high school.

1.4   Early Adolescence, Mental Health, and Wellbeing

Mental health in children and adolescents is not just the absence of disease, it is a state of emotional and spiritual wellbeing (World Health Organization, 2009). Mental health refers to the maintenance of successful mental activity, which includes engaging in productive daily activities and maintaining fulfilling relationships with others (Kutcher, 2008). Furthermore, mental health involves the ability to accept change and cope with stresses.

Each individual has strengths that they draw upon to promote personal wellbeing. A strengths-based approach to mental illness and mental health involves taking individual strengths into consideration when conceptualizing wellbeing and understanding what resources individuals draw upon to maintain wellness. The current study explored strengths and resources early adolescents employ to promote their own wellbeing when dealing with feelings of distress. Identifying and understanding what "strengths" means to early adolescents would assist in developing strength-promoting interventions for this age group. Focusing on improving mental health and functioning from a strengths perspective will, in turn, increase their ability to contribute to society in meaningful ways in the short and long term (Teen Mental Health, 2013).

Bromley, Johnson, and Cohen (2006) found that 16-year-old adolescents who had high scores on a measure of strengths in the form of personality traits were less prone to exhibit psychiatric disorders, violent and criminal behaviour, interpersonal difficulties, and educational or occupational issues six years later. Strengths also appeared to protect

against mental illness even in the presence of two or more negative life events. In addition to benefits for wellbeing, encouraging students to identify their strengths promotes enhanced academic achievement and class engagement (Gordon, 2006). Austin (2005) assigned students to a strengths-based condition where their strengths were identified and fostered through discussions about these strengths with others and journaling about them over six weeks. As compared to students in the standard curriculum condition, students who received the strengths-based intervention had higher academic expectations, efficacy, self-empowerment, extrinsic motivation, and perceptions of ability (Austin, 2005). Thus, identifying and promoting students' strengths in schools may have monumental positive outcomes.

Social support is a particularly important factor for youth and early adolescents. In a national survey of Australian youth, relationships, namely family and friends, emerged as a main source of wellbeing (Hampshire & DiNicola, 2011). These relationships are important to youth and serve as the main point of contact when there is a problem. Furthermore, the significant impact that conflict with friends and family has on young people highlights how fundamental these relationships are to wellbeing (Hampshire & Di Nicola, 2011).

1.5   Depression, Anxiety, and Gender Differences

During adolescence, rates of depression occur at rates similar to those found in adults, suggesting that the period leading up to adolescence is a critical stage where depressive symptoms are likely to emerge and predict future episodes of depression (Kaslow,

Adamson, & Collins, 2000). Depression negatively affects various spheres of

psychosocial functioning for adolescents (Dirdikmon-Eiron, Inredavik, Bratberg,

Taraldsen, Bakken, & Colton, 2011).

Hankin and colleagues suggest that gender differences in depression emerge between the

ages of 13 and 15 (Hankin, Abramson, Silva, McGee, & Angell, 1998). In a longitudinal

study, the researchers examined the development of gender differences and found that

rates of depression begin to increase for females at the age of 13 and dramatically

increase for both genders between the ages of 15 and 18. While the prevalence increases

at this age for both genders, the rate of depression in females tends to be double that of

the rate of depression in males. The study suggests that the period between the ages of 15

and 18 is characterized by heightened vulnerability for the increase of depressive

symptoms. This research examined depression in a clinical sample whereas the current

study explored feelings often associated with depression in a community sample.

Depression is often comorbid with anxiety in youth and adults, lending support to

examining both constructs together.

Anxiety is a complex response system that involves behavioural, physiological, cognitive

and affective components (Silverman, La Greca, & Wasserstein, 1995). Generalized

Anxiety Disorder (GAD) is characterized by excessive anxiety about a number of events

or activities occurring over at least a six-month period, difficulty controlling worries, and

worries associated with restlessness, becoming easily fatigued, difficulty concentrating,

irritability, muscle tension, and sleep disturbances (American Psychiatric Association,

2000). Anxiety affects approximately 8-10% of youth, and the first occurrence of anxious symptoms typically appear during childhood and adolescence (Kutcher & MacCarthy, 2011). The presence of an anxiety disorder has a negative impact on a child's life; academic performance may suffer, social interactions and self-confidence may decrease, and the ability to enjoy daily experiences is impaired (Barrett & Pahl, 2006). Children who suffer from anxiety may become withdrawn at school, and might experience peer rejection leading to loneliness, sadness, lowered self-image and future depression (Gazelle & Ladd, 2003; Hymel, Rubin, Rowden, & LeMare, 1990). Girls may be particularly prone to this outcome as interpersonal relationships are often more highly associated with their sense of self compared to boys (Rose & Rudolph, 2006)

Lewinsohn and colleagues examined gender differences in anxiety disorders and anxiety symptoms in a community sample of adolescents (Lewinsohn, Gotlib, Lewinsohn, Seeley, & Allen, 1998). They found a preponderance of female cases of anxiety disorder compared to male cases. Results showed that by age six, twice as many girls as boys experienced an anxiety disorder. Furthermore, the results suggested that gender continued to be significantly related to anxiety even when controlling for psychosocial variables. In examining comorbid depression and anxiety, elevated symptom levels were restricted to those with a current or past episode of the disorder. Nevertheless, the elevated rate of depression and anxiety begins early in life for females.

Early adolescence is an opportune time to examine the relationship between anxiety and depressive symptoms since depression frequently begins to emerge at increased rates

(Angold & Rutter, 1992) and gender differences begin to emerge (Hankin et al., 1998; Twenge & Nolen-Hoeksema, 2002). Chaplin, Gillham, and Seligman (2009) examined gender, anxiety, and depressive symptoms in a one-year longitudinal study of early adolescents. Results demonstrated that total anxiety symptoms, worry, and oversensitivity symptoms (i.e., having one's feelings easily "hurt") were stronger predictors of later depressive symptoms in girls than boys in early adolescence (Chaplin et al., 2009). Physiological symptoms of anxiety predicted later depressive symptoms for adolescents of both genders. Results point to the possibility that worry in childhood may lead to the development of depression among girls more so than boys, and that identifying and treating worry and oversensitivity in girls might prevent depression in adolescence (Chaplin et al., 2009). Having male and female early adolescents explain their worries and how they cope with them would assist in developing relevant interventions.

1.6   Coping

The current study invited adolescents to share the strategies that they employ to keep themselves well and cope with feelings of distress and difficulties. Some studies have examined the relationship between coping and psychological distress. For example, Glyshaw, Cohen, and Towbes (1989), examined coping strategies and psychological distress in early and middle adolescents. Results suggested that problem-solving coping, such as thinking about choices before acting, considering consequences, and changing behaviour that contributes to the problems was negatively associated with psychological distress. Interestingly, problem-solving coping was a significant prospective predictor for early adolescents but not for middle adolescents. Results also supported the importance

of social entertainment, including spending time with friends as a coping strategy for early adolescents.

Hampel and Petermann (2005) investigated age and gender effects on coping with common stressors in children and adolescents. Results indicated that there was a decrease in distraction and recreation coping strategies, and an increase in maladaptive coping strategies between the ages of 11-14. This lends support to the idea that early adolescents are a high-risk population for the development of psychological distress due to the lack of successful coping strategies, and increases in life stressors characteristic of this developmental stage (Hampel & Petermann, 2005). In terms of gender differences, Hampel and Petermann (2005) found that girls engaged in increased maladaptive coping strategies such as rumination, resignation, and aggression. Additionally, girls exhibited decreased emotion regulation strategies of minimization and distraction or recreation, as well as a limit in the problem-focused coping strategy of positive self-instruction (Hampel & Petermann, 2005). Girls did, however, engage in the problem-focused coping strategy of support seeking, thus suggesting that girls tend to cope with daily stressors using social resources consistent with other studies (e.g., Nolen-Hoeksema, Girgus, & Seligman, 1991). Hampel and Petermann (2005) found that mid-adolescent boys were more likely to respond to common stressors by utilizing aggression. The current study will explore gender differences in coping and maintaining mental wellbeing.

It is important to consider the relationship between wellbeing and psychosocial functioning in early adolescents with symptoms of anxiety and depression. Dirdikman-

Eiron and colleagues (2011) sought to explore gender-specific associations between symptoms of anxiety and depression, and subjective wellbeing, self-esteem, and psychosocial functioning in adolescents. Self-report data was collected from almost 9000 Norwegian adolescents between the ages of 13 and 19 years old. Results showed that roughly 10% of adolescents exhibited symptoms of anxiety and depression, and symptom prevalence was strongly related to gender; nearly 15 percent of females compared to nearly six percent of males reported symptoms of anxiety and depression. The study's main finding was that gender was a moderator in the wellbeing and functioning of adolescents with anxious and depressive symptoms; the associations between symptoms and lower subjective wellbeing, self-esteem, increased academic problems, and decreased psychosocial functioning were larger in males than in females. The authors suggest that males may lose their social support earlier on when distressed in comparison to females, which might result in a cycle that affects their self-esteem, subjective wellbeing, and school functioning (Dirdikman-Eiron et al., 2011). These results highlight the need to consider gender differences in discussions of wellbeing, distress, and coping in early adolescents.

1.7   Children's Perceptions of Mental Health

Focus group discussions are a source of information about children's understanding of mental health. Roose and John (2003) explored 10- and 11-year-old children's understanding of mental health in a qualitative study. The results suggested that children are able to discuss the concept of mental health and are aware of the mental health needs that plague peers in their age group. The participants identified difficulties in friendships,

bullying, and school changes as sources of distress and understood that mental health is a complex topic involving emotions, thoughts, and behaviours. One child's description of mental health involved peace of mind and balanced emotions (Roose & John, 2003).

Roose and John (2003) found that gender was a topic of discussion in the focus group study and participants recognized that boys might experience difficulties in expressing their feelings due to pressures to live up to a certain image, which could lead to future mental health problems. This research supports the value of focus group research designs for the investigation of youth mental health issues and further highlights that children in pre and early adolescence are capable of discussing mental health. The current study sought to extend this research by exploring the implications of the term mental illness compared to mental health and possible coping strategies.

Armstrong, Hill, and Secker (2000) also examined 12 to 14-year-olds' perceptions of mental health and mental illness within focus group discussions. The study focused on aspects of positive mental health including youth's understanding of mental health, how it could be promoted, how young people coped with difficult feelings, and the differences between adolescents and adults. Results reflected an uncertain understanding of mental health in this age group. Respondents often focused on either the "mental" or the "health" part of the phrase although some young people associated mental health with normality. Relationships with friends and family members emerged as an important factor that affected how the early adolescents felt.

In terms of coping with negative feelings, Armstrong and colleagues (2000) found that internalizing feelings was a common response in boys more often than girls, whereas females explained that they were more likely to discuss issues with friends and family. It appears that discussing feelings and sharing difficult situations with others rather than dealing with them in isolation promotes wellbeing for these young women. Moreover, the respondents tended to view their problems as more trivial than those of adults. Armstrong et al. (2000) suggest that this might prevent children and youth from coming forward so as to avoid troubling others, namely adults, with their problems, which might lead to worsening of symptoms before help is sought.

Fok and Wong (2005) examined stressors identified by early adolescents in a focus group and the coping strategies they most often engaged in. They developed and evaluated the effectiveness of an educational activity to promote positive coping behaviour in this age group. The researchers acknowledged the necessity of tailoring interventions to the needs of the target group, thus Fok and Wong (2005) employed a focus group design in which students were interviewed and their responses were analyzed in order to identify respondents' salient stressors as well as how they dealt with them. The early adolescents explained that they perceive sources of stress as arising from family or school-related issues, youth engaged in positive and negative coping strategies, identified parent-child dynamics of parental expectations or conflict with parents as significant, and discussed relationships with teachers and peers. Academic performance appeared to be the most stress-inducing event for early adolescents. Similar to Roose and John's (2003) findings, participants sought help from friends and family when faced with feelings of distress or

unhappiness. Early adolescents recognize the necessity of social support in keeping themselves well.

Fok and Wong (2005) went on to analyze participants' responses and through their analysis developed and offered an open forum to educate the students and their parents regarding social and emotional changes, types of stress and coping strategies that are relevant to early adolescents, and the role of parents in facilitating healthy development. Findings suggested that educational programs for students and parents in these areas are helpful, and that the early adolescents were able to identify coping strategies such as positive thinking, relaxation techniques, and seeking assistance. The study's generalizability is questionable due to cultural differences and the sample was very small, however, it lends support to the importance of assessing mental health needs in the particular community where interventions and programs will be implemented.

1.8   Prevention and Early Intervention

Research supports the use of prevention and early intervention programs that target symptoms of distress in children and adolescents. A meta-analytic review of programs that target prevention of anxiety in children and adolescents lend support to the effectiveness of such programs (Fisak, Richard, & Mann, 2011). Universal anxiety prevention programs that are delivered to large populations regardless of risk status may be uniquely effective for many individuals, since fear, anxiety, and stress responses are common experiences and the coping skills taught can be widely utilized (Fisak, Richard, & Mann, 2011). Along with the strong effect sizes observed in the review, the ease of

implementation, accessibility, and non-stigmatizing nature of the prevention programs provide a rationale for their continued use (Barrett & Pahl, 2006).

Many programs for prevention and early intervention of depression in children and adolescents exist (e.g., LISA-T: Pössel, Horn, & Hautzinger, 2004; Problem Solving for Life: Spence, Sheffield, & Donovan, 2003). Kowalenko and colleagues (2005) investigated Adolescents Coping with Emotions (ACE), a school-based early intervention program for depression in girls. Results demonstrated that females who participated in the program reported significantly decreased levels of depressive symptoms post-intervention (Kowalenko et al., 2005). Furthermore, participants reported increased positive problem-solving skills and were less likely to engage in maladaptive coping strategies. Decreased symptomatology and improvements in coping were maintained at a six-month follow-up. This study lends support to the potential effectiveness of gender specific early interventions. Moreover, research demonstrates that school-based programs appear to have a place in the treatment of depression (Andrews & Wilkinson, 2002).

1.9   The Significance of Incorporating Youth Voices

The importance of taking youth voices into consideration regarding promotion, prevention, and intervention was highlighted in the Evergreen framework (Child and Youth Advisory Committee; CYAC, 2010). The representation and active participation from young people in developing and delivering mental health initiatives is key to the future of children's mental health. The current study recognizes the value of discussing mental health and mental illness with youth and utilizing their responses to tailor

prevention and intervention programs to their needs. Facilitating discussions with youth is the optimal way to discern experiences of mental health and mental illness.

1.10   Aims of the Current Study

In order to form a picture of the mental health issues that concern early adolescents in southwestern Ontario, mental health questions from an elementary school survey distributed by the collaborating school board were analyzed. The data indicated the prevalence of student-reported mental health experiences around personal feelings of sadness, anger, and worry. An extension of this work included asking students directly about their experiences with mental health, how they conceptualize mental health and mental illness, and alternatively, mental wellbeing. This information will be a starting point in determining how to incorporate youth voices into future research, programs, and services for early adolescents in southwestern Ontario and beyond.

1.11   Hypotheses and Research Questions

Based on the preponderance of anxiety and depression in females compared to males found in the literature, early adolescent females in southwestern Ontario will report increased levels of stress, worry, and sadness compared to males. Further research questions will examine the experiences of mental health specific to this age group. These questions include:

- What does mental illness mean to early adolescents and how do they express these feelings?

- What does mental health and mental wellbeing mean to early adolescents?

- What are the experiences of early adolescents around feelings of sadness, worry, anger, and stress?

Method

2   Mixed-Methods Research Design

A mixed-methods research design was used to test the hypothesis and address the research questions of the present study. Mixed-method research designs are useful because they reflect the complexity and multilayered nature of social research (Denscome, 2008). Qualitative data was employed to elaborate on and expand the quantitative representation of the experience of mental health for grade sevens and eights. The research design is sequential explanatory as outlined by Creswell, Plano Clark, Gutmann, and Hanson (2003). There is no specific advocacy lens for the study. Quantitative data was collected first, followed by qualitative data. Priority was placed on the qualitative data, as understanding the experiences and perspectives of mental health in early adolescents was the main goal of the current study. Analysis of the data was connected and integrated at the interpretation stage.

2.1   Study 1

In order to examine the prevalence of self-reported feelings of sadness, worry, anger, and stress among early adolescents, data from the collaborating school board's annual survey was analyzed. A secondary analysis of these data was conducted for the current study.

2.1.1   Participants

There were 4319 males and 4469 females in grades seven and eight who completed the board-wide survey. The participants were youth from southwestern Ontario.

2.1.2   Measure

Four items from the "Student Feelings" subscale of the school board survey (APPENDIX A) comprised the measure identifying feelings of sadness, stress, anger, and worry. All items are self-report questions scored on a five-point likert scale. Participants selected responses ranging from "*strongly disagree*" to "*strongly agree*" for the following three items:

- "I feel like I really belong at this school."
- "People at this school are concerned about the feelings of others."
- "I know where to get help if I or a friend am feeling worried, sad, or angry."

The remaining item requested that respondents identify how often the following phrase is true for them ranging from "*daily"* to "*never*".

- "I feel worried, sad, or stressed at school.

2.1.3   Procedure

The survey was distributed by teachers in their classrooms and completed during school hours. The data was inputted by researchers from the collaborating school board and provided to the primary investigator. Identifying information of participants was not available to preserve anonymity and confidentiality.

2.2   Study 2

Focus groups with students were conducted in order to understand the experiences of early adolescents regarding feelings of sadness, worry, anger, and stress. These groups allowed for the exploration of early adolescent perspectives on commonly used phrases

such as mental health, mental illness, and mental wellbeing. Furthermore, the small group setting allowed for discussion about coping with feelings of distress and maintaining wellbeing in this age group. This method of data collection provided the opportunity to gain insight into what this topic means to early adolescents.

2.2.1   Participants

The focus group participants were seven early adolescents from an urban elementary school in southwestern Ontario. Of the seven students, four were females and three were males. Three of the females were in grade eight and were 13 years old. The fourth female was in grade seven and was 12 years old. The three males were all in grade seven and were all 12 years old at the time of data collection.

According to Heary and Hennessy (2002), the optimal size of a focus group for this age ranges between four and six individuals. This ensures that despite a smaller group size at least a few of the participants will be willing to participate, whereas a larger group becomes difficult to control or does not stay on topic. Heary and Hennessy (2002) also suggest that homogeneity of gender for the focus group is preferred due to heightened sensitivity and interest in the opposite sex. The current study examined the topic with both males and females, thus there was an added preference for creating groups with same sex participants. The male and female groups were run separately and the primary investigator conducted the female focus group. The male focus group was co-facilitated by two of the primary investigator's male colleagues.

2.2.2   Measure

Participants were asked a series of questions guided by a semi-structured interview. The questions asked included:

- What is mental health?

- What is mental illness?

- What is mental wellbeing?

- What is stress for you? What makes you stressed?

- What is sadness for you? What makes you sad?

- What is worry for you? What makes you worry?

- What is anger for you? What makes you angry?

- How do you deal with these feelings? What makes you feel better?

- What is belongingness at school? Do you feel like you belong at this school?

- What do you do when you feel distressed (stressed, sad, worried, or angry) at school?

2.2.3   Procedure

Parental consent forms were distributed approximately three weeks prior to data collection. Parents were given information about the study including purpose, procedure, what was required of participants, and details about confidentiality and anonymity. On the day of data collection, students who had parental consent were given consent forms outlining the same details in age-appropriate language, and were asked to consent or decline participation. A school administrator called the participants down to the office

and escorted them to a designated space within their school that provided privacy and safety, which was important for both confidentiality and for an honest focus group discussion. The use of recording devices, ground rules for the group, and limits to confidentiality were clearly explained and outlined. The meetings were held during the students' natural hour long breaks in the day, called nutrition breaks. Participants and facilitators were together for the entirety of the break; however, after accounting for introductions, consent procedures, and general settling in, each focus group discussion was about 30 minutes in length for a total of approximately 60 minutes. Snacks and beverages were provided to the students during the first break, and lunch was provided during the second break. Lunch options were offered to the participants before the end of the first break and the food was ordered in between the nutrition breaks while the students were in class. The students were able to eat throughout the sessions and snacks and beverages were continuously available. The length of the focus groups was based on suggestions by Heary and Hennessy (2002) and complimented the school schedule.

The primary investigators and the male co-facilitators introduced themselves before separating into the gender-based groups. Each facilitator provided the participants with background information about themselves to ease any discomfort and promote a sense of familiarity with participants. This also served to minimize power imbalances and promote open discussion. Before beginning the discussion, the groups participated in an icebreaking game which the youth found so enjoyable that requests were made from the female participants to play again at the beginning of the second session. These efforts served to familiarize the participants with each other and the facilitators; the early adolescents appeared comfortable throughout the sessions. After the discussions were

concluded, the facilitators debriefed the students about the purpose of the study and how to seek support if any part of the discussion resulted in distress.

Trustworthiness. Qualitative research is dissimilar to quantitative research in many ways. Credibility and transferability replace internal validity and external validity respectively and trustworthiness of findings becomes paramount. Shenton (2004) outlines main factors in developing trustworthy qualitative research. As the primary investigator, I considered these factors and selected the most relevant to ensure trustworthiness. In regards to credibility, Shenton (2004) suggests that the researcher ensures honesty amongst participants. The participants' familiarity with each other contributed to honest discussion throughout sessions. I, and my colleagues, took measures to build rapport with the participants and decrease the power imbalance. Evidence that these measures were successful included the participants' ability to joke, laugh, and comment freely throughout discussions. One female participant was even dismayed to find out that the sessions would not be held regularly. The participants were comfortable enough to follow up on and amend personal comments and examples. Participants were repeatedly informed that there could be no wrong answer to any question, which Shenton (2004) also outlines as a way to ensure honesty.

Other factors that promote credibility in qualitative research include iterative questioning and reflective commentary (Shenton, 2004). Iterative questioning is the process of following up on participants' comments by paraphrasing and thus drawing further information. My colleagues and myself used this strategy throughout the discussions to clarify comments and note discrepancies in the focus group data. I also employed the use of reflective commentary. I recorded initial observations about the discussions and noted

any emerging themes or points of interests. My colleagues also engaged in reflective commentary, which was integral to trustworthiness because I was not personally observing the male focus group.

The background, qualifications, and experience of the investigator are of utmost importance in qualitative research (Shenton, 2004). I draw from a wide range of experience working with early adolescents in various capacities. I am familiar with the developmental stage of early adolescence and the importance of this stage as the youth develop into adolescents and early adults. I also have experience counselling youth and bearing witness to the struggles they endure, often beginning during early adolescence. I approached the data through my own lens; a lens that considers development, cognitive processes, relational information, and strengths as integral to mental health and wellbeing.

The lens through which I analyzed my qualitative data is biased. I expected that the participants would discuss relationships with family and friends in regards to their experiences of distress. I also expected that academic pressure would be mentioned; I remember the workload increasing at the intermediate grade levels. I anticipated that the participants would indeed relate to experiencing stress at home and school. Finally, the strengths-based approach that I work from biased me towards recognizing coping strategies.

2.2.4   Ethical Considerations

Ethical approval by the Faculty of Education Sub-Research Ethics Board was obtained for the current study according to the Tri-Council policy statement and applicable laws

and regulations of Ontario (APPENDIX B). Ethics approval was also granted by the collaborating school board (APPENDIX C). Research with children and adolescents involves paying extra attention to ethical considerations and confidentiality. Kirk (2007) identified three particular ethical issues related to research with children including power relations, confidentiality, and informed consent. Children are a marginalized population, as society tends to be "adult-centred." Researchers should be aware that power relations may be duplicated in the research process and as such it is necessary to take measures to ensure that the power differential is lessened. Kirk (2007) suggests that researchers can manage the power differential by being responsive to children's own agendas, checking on children's willingness to participate throughout the interview, being aware of nonverbal cues such as body language that suggests they no longer wish to participate, and rehearsing with children how to decline participating or answering particular questions.

In terms of confidentiality and disclosure, Kirk (2007) highlights the importance of explaining limits to confidentiality, as there is potential for a child to disclose that they are at risk. Heary and Hennessy (2002) also outline ethical considerations particular to focus groups. Disclosures are shared with all members within the focus group, consequently the meaning of and need for confidentiality should be clearly outlined during group introductions. At the conclusion of the present study's focus group discussions, confidentiality and the importance of keeping any information shared in the context of the meeting was again discussed. It is important to explain the use of recording devices, note taking, and any interviewers that may be involved. Furthermore, group discussions might cause distress (Heary & Hennessy, 2002), and it is not possible for the

researcher to guarantee that an individual will not be upset by something someone else says. Thus, there is a need for monitoring stress levels and being prepared to intervene (Heary & Hennessy, 2002). This did not present as a concern for participants in this meeting, however, the primary investigator recognized that the female participants' attention was dwindling at the end of the second meeting and refrained from reviewing the interview questions a final time before dismissing the students.

In regards to informed consent, Kirk (2007) highlights the importance of conveying to children what it means to take part in research, and ensuring that they understand that there may not be any direct benefit for them. Explaining consent and confidentiality in terms that are developmentally appropriate is necessary. It is also important to acknowledge that consent from parents is necessary but not sufficient for participation; the child or adolescent must also give assent to participate and has the right to withdraw at any time. Overall, informed consent with children and adolescents is an ongoing process of continually checking that the child is willing to continue participating (Kirk, 2007). Investigators took every measure to ensure the ethical treatment of the participants.

Results

3 Results

3.1 Study 1

In order to identify which variables in the Safe Schools Survey accounts for student feelings of sadness, worry, and stress, three variables were selected for analysis. A hierarchical regression was run with the dependent variable "I feel worried, sad, or stressed at school." Please note that this item is sometimes referred to as "distress" throughout the results and discussion sections. The analyses were run separately for both genders.

The predictors (items) entered into the regression analysis were entered in the following order:

1) "I know where to get help if I or a friend am feeling worried, sad, or angry." (abbreviation: help)

2) "People at this school are concerned about the feelings of others." (abbreviation: concern)

3) "I feel like I really belong at this school." (abbreviation: belong)

"I know where to get help if I or a friend am feeling worried, sad, or angry" was entered first in the model because it presents a point of intervention in alleviating children's feelings of worry, sadness, and stress. Furthermore, seeking help is a strategy and a strength in achieving mental wellbeing. There are steps that can be taken to increase

student awareness of available support when they are experiencing troublesome feelings or are faced with a mental health concern. "People at this school are concerned about the feelings of others" was entered second because it also presents a point of intervention at the school-wide level, although to a lesser extent. It may be more difficult to affect concern for others than awareness of resources however it is certainly possible. Finally, "I feel like I really belong at this school" was entered in the model.

Descriptive statistics are displayed in Table 1. Tables 2 and 3 display the results of the hierarchical regression analyses for males and females respectively.

Table 1 Descriptive Statistics

	Males n= 4319		Females n= 4469	
	M	SD	M	SD
Distress	3.72	1.21	3.40	1.22
Help	3.95	1.17	4.06	1.14
Concern	3.28	1.15	3.46	1.07
Belonging	3.80	1.21	3.83	1.19

3.1.1   Males

Descriptive statistics demonstrate higher incidences of self-report worry, sadness, and stress for early adolescent males compared to females. For males in the intermediate division, knowing where to get help accounts for 5.9 % of the variance in feelings of sadness, worry, and stress. The addition of concern for others increased the variance by 3.3%. Finally, when "feelings of belongingness" was included in the model, there was an

increase of 6.2%. The three variables combined account for 14.4% of the variance in

feelings of sadness, worry, and stress for males in grades seven and eight.

Table 2 Hierarchical Regression Model (Males)

Model		b	SE b	β
1	Constant	2.82	0.06	
	Help	0.23	0.02	.22
2	Constant	2.49	0.07	
	Help	0.13	0.02	.13
	Concern	0.22	0.02	.21
3	Constant	2.08	0.07	
	Help	0.05	0.02	.05
	Concern	0.09	0.02	.09
	Belongingness	0.30	0.02	.30

Note: R^2 = .05 for Step 1: ΔR^2 = .03 for Step 2.
R^2 = .08 for Step 2: ΔR^2 = .06 for Step 3
R^2 = .014 for Step 3
($p < .001$)

3.1.2   Females

For females in grades seven and eight, knowing where to get help accounts for 8.7% of

the variance in feelings of worry, sadness, and stress. This is increased by 3.2 % when

concern for others is included, and again by 7% with the inclusion of feelings of

belongingness. Together, the three variables account for 18.9 % of the variance in

feelings of worry, sadness, and stress for females in the intermediate division.

Table 3 Hierarchical Regression Model (Females)

Model		b	SE b	β
1	Constant	2.12	0.06	
	Help	0.32	0.02	.295

2	Constant	1.69	0.07	
	Help	0.23	0.02	.21
	Concern	0.22	0.02	.20
3	Constant	1.30	0.07	
	Help	0.14	0.02	.13
	Concern	0.08	0.02	.07
	Belongingness	0.32	0.02	.32

Note: $R^2 = .09$ for Step 1: $\Delta R^2 = .03$ for Step 2.
$R^2 = .12$ for Step 2: $\Delta R^2 = .07$ for Step 3
$R^2 = .019$ for Step 3
($p < .001$)

3.2   Study 2

The focus groups were run at the beginning of December, a few weeks before Christmas break. There was a noticeable sense of excitement throughout the elementary school and students and administrators alike appeared busy as the first part of the school year began to draw to a close. The seven participants with parental consent were escorted by an administrator to the rooms and were introduced to the facilitators. The groups were separated by gender and procedures outlined in the methods section were followed.

The females were energetic throughout both meetings, playing with some of the toys scattered around the room. Since the students were all from the same school, the familiarity with each other facilitated discussion and eased any feelings of discomfort. Towards the end of the second meeting, the girls found it increasingly difficult to focus. All four participated almost equally.

The males were also familiar with each other and so were fairly comfortable. They appeared to be calm and able to focus throughout both meetings. Two of the males were more outspoken than the third and contributed the most to the discussions.

It is important to note that this group of early adolescents presented as mentally health, generally high functioning, and equipped with various coping skills to draw upon in the face of distress.

3.2.1   Analysis

Creswell's (2009) steps for qualitative data analysis guided the analysis process. First, data was organized and prepared beginning with transcription of the discussions. In order to ensure that the participants' comments were recorded correctly, a program was used to slow their speech down. This assisted with accurate transcription. Next, the scripts were reviewed and read thoroughly in order to gain a general sense of the data and stimulate reflection on the overall meaning. Questions such as, "what are the youth telling us?" and "what is the meaning behind their comments?" guided the reflection. Next, data organization began with the extraction of significant statements. Statements made by the youth that related to the overall theme of mental health and distress were selected and organized. The remaining script was reviewed multiple times in order to identify broad themes and categories. Categories were identified and reorganized until six main themes and various subthemes emerged to reflect and define the data. The six main themes include: knowledge, attitudes, cognitions, emotions, action, and connection. Quotations from the data were selected to represent each theme and bring the youth's voices to the forefront of the information. The themes and subthemes are outlined below.

3.2.2   Knowledge

The early adolescents have their own base of knowledge about what mental health is. The knowledge they have gathered has come from various sources including parents, the media, and personal experience. They held both accurate and inaccurate beliefs about mental health, mental illness, and mental wellbeing.

Accurate knowledge. The participants were aware of the names of various specific mental illnesses. They listed terms including autism, anxiety, posttraumatic stress, bipolar, Asperger's, ADHD (attention deficit hyperactivity disorder), and ODD (oppositional defiant disorder). The males listed the majority of the specific mental illnesses, although the females offered the terms anxiety and autism. Females tended to discuss mental health in broader terms rather than mentioning specific illnesses.

"Maybe some have posttraumatic stress, anxiety, bipolar…all those things."

Some of the youth, females in particular, accurately stated that mental health involves the mind and encompasses thoughts and feelings.

"It's thoughts and feelings."

The females stated that everyone struggles with mental health and mental illness once in a while. The females tended to use language that is reminiscent of physical health problems.

"How your mind works."

"When your brain has a cold."

The early adolescents accurately identified that the phrase mental wellbeing carries a positive connotation. Some of the youth recognized that mental wellbeing indicates the ability to deal with mental distress with limited disruption in one's life. The females in particular mentioned that mental wellbeing might be something that everyone has regardless of whether one does or does not have a mental illness. Furthermore, the youth recognized that wellbeing is a way of thinking adaptively.

"...being right in the head, it's not having a mental disability, it's the opposite of a mental disability."

"It means that you have a healthy head."

"You're kind of thinking right. It's like how you're thinking."

Inaccurate knowledge. While the participants listed various mental illnesses, they offered the terms when asked about mental health *and* mental illness. They did not differentiate between health and illness or recognize that the phrases assume a different meaning. Most of the participants felt that mental wellbeing involved disguising or overcoming mental illness. Similarly, mental health was repeatedly described as "disabilities" by one female youth.

"Maybe someone recovering from a mental illness or something...overcoming your mental illness."

"It's like being good at taking care of your mental disorder and not letting it get out of hand."

"They can handle it."

When discussing belongingness, some of the youth had difficulty describing it and focused on the concrete definition of the phrase. For one female, belongingness means that something belongs to you rather than you belong somewhere. One male explained that people who work at a school or a student who attends regularly would belong at school. Thus, they did not immediately recognize the meaning of belongingness as it was intended.

"Like they work there. Or if it's a student saying it, then it would be like the student goes there all the time."

3.2.3   Attitudes

The early adolescents had clear attitudes about mental health as evidenced by the language they used and the ways in which they communicated their thoughts about mental health and mental illness. Attitudes include the way participants conceptualized the terms and their patterns of thinking about factors that affect mental health. The early adolescents' attitudes were stigmatizing, neutral, and positive.

Stigmatizing. The majority of the early adolescents explained that the phrases mental health and mental illness indicate a state of being "not healthy" or "bad." For the youth, mental health and mental illness involve a sense of being restricted and an inability to carry out daily activities. Furthermore, two of the youth explained that having a mental illness might mean living in a "mental home" or living with parents throughout one's life.

"Like when someone has to go into one of those mental homes."

The word "disabilities" was referred to for both mental health and mental illness.

"Bad disabilities are a virus to the brain."

Other descriptions of mental health and mental illness included "hearing voices" and the potential to be dangerous.

"There can be a voice in your head and it can make you do stupid things."

"Thinking that you might hurt someone."

Neutral and positive attitudes. Some of the youth felt that the phrases mental health and mental illness might be neutral or positive. They explained that mental health has something to do with the mind and could be a good thing or a bad thing. One female explained that the phrases indicate "difference". A male participant explained that having a mental illness is not necessarily bad or good. Another female explained that there are "bad disabilities," which may prompt someone to be involved in negative situations, and "good disabilities," that help someone contribute to society in a positive way.

"It's got something to do with your head. It can mess you up or it can make you good."

"Like having a mental illness isn't bad… There's a problem with you but it doesn't mean that's a bad problem."

"It could be a good thing."

3.2.4   Cognitions

Another theme that emerged from the discussion was the role that cognitions play in mental health. Comments suggested that there were certain ways of thinking that were associated with mental health and personal mental health and levels of distress. Cognitions for the early adolescents consisted of distressing self-talk and thoughts associated with their own feelings and emotions. One female explained that suffering from mental health issues in general affects the ability to think.

"You're not in the right state of mind to do what you're supposed to do."

The youth explained that their thoughts tend to be "all over the place" when they were stressed. Stress, worry, anger, and sadness were linked to negative thoughts for the participants. Feeling pressured by self and others often resulted in thoughts surrounding personal abilities and increased levels of stress for both males and females. Furthermore, negative beliefs about personal capabilities were associated with distress. These thoughts involved academic, physical, and social achievements. The youth struggled when they could not live up to others' expectations.

"Under pressure mostly. You have a lot of things on your mind and you don't know how to deal with it."

"Like when everyone is depending on you…you might let them down and everything."

Uncertainty and cognitions reflecting failure were also associated with stress and worry for the youth. Males and females spoke in language reflective of personal doubt when discussing stressful scenarios.

"Just like wanting to do something that you can't do."

"When you keep getting told that you can do something but you can't. You honestly, it's physically impossible for you."

"Like worrying about a soccer game, how you're going to do."

"Losing a hockey game."

"Worrying that you're going to lose a basketball game."

Negative thinking patterns were apparent for the females surrounding body image and physical appearance. They spoke about being concerned about weight and have begun to find themselves in situations where they are wondering how others perceive them. Comments from others about students being called "fat" caused them to question their own appearance and may affect how they thought about themselves.

"You know what makes everyone worry, their weight. Let's just be honest. Teen girls…"

One female explained how positive cognitions reduced feelings of discomfort for her. For example, when sad, she would think about something that she is looking forward to such as a family vacation. Cognitions, thought patterns, and self-talk were involved in participants' mental health.

3.2.5   Emotion

Another theme that emerged from the discussions was the range of emotion the early adolescents experience and how that emotion relates to stress. Instead of labeling

and describing their feelings, participants tended to provide examples of different situations that would evoke the feelings in question. Both males and females were aware of their emotions, however, their emotional language was limited. The terms that were most often used to describe emotions were sad, happy, mad, frustrated, and upset.

"[Anger is] more above sadness. Super upset."

The most salient emotion for the early adolescents appeared to be sadness. For both males and females, sadness was associated with being called names, being put down by other people, emotional abuse, and bullying. One of the females discussed the sadness that results from cyberbullying. The participants also identified the emotions that were associated with connection to others, especially the loss of connection. One of the females explained that seeing those she cares about in distress evokes similar emotions in her.

"When you get bullied. Or like cyberbullied."

"When someone puts stuff on Facebook or any other place like Twitter…they're not saying it to you, but they're making it so that everyone can see it."

"When you get hurt. Like physically or mentally."

The participants' experiences of emotion were varied. One male described how his emotions progress and change as a result of distressing situations. Another male discussed how his anger can feel overwhelming and beyond his control.

"Sometimes when I get sad it turns into anger and then I get frustrated."

"My anger takes control of me and does whatever."

The early adolescents appeared to recognize the power of emotion and used it to alleviate feelings of distress and uncomfortable emotions. All of the participants explained that they attempted to evoke happiness with pets, friends, humour, and various entertaining activities to compensate for feelings of sadness or anger.

3.2.6   Action

A fifth theme emerged in discussing feelings of distress and mental health: action. Youth tended to engage in various activities to alleviate feelings of distress. These activities tended to be in the moment reactions (i.e. fidgeting) or deliberately planned, such as exercise.

At school, the early adolescents became distressed in various situations. They tended to search for a physical outlet or their feelings. Males and females explained that they fidget and play with their hands in class. The males specified that parts of their bodies, such as hands and legs, tended to shake when they are stressed or angry. The youth often engaged in withdrawing behaviours including leaving the classroom, leaving the school, or choosing to be alone. One male and one female explained that they would stare at the wall or blackboard when upset or angry, even if told to do something. Dealing with distress resulted in a desire to act, or a decision to refrain from participating.

"I walk out of class and sit in the hallway and read a book. Or I play with my fingers."

"Walk around the field alone."

"I finish all my work and then I just put my head down."

Watching television and playing video games served to distract and entertain the youth when feeling emotional. They tended to seek out humorous programs and entertainment when distressed; laughing appeared to be a behaviour that most of participants endorsed as helpful. One male also read entertaining novels to alleviate distressing feelings.

"I laugh and watch TV."

"...getting my mind off things into some funnier world."

"I try to find my pets and they make me really happy!"

Both males and females mentioned engaging in physical activity, especially when feeling distressed. All but two of the participants spoke about playing on sports teams regularly. One male even resorts to "shooting hoops" with scrap paper and the garbage can when distressed in class.

"I go for a really long, fast run."

"I'll participate in things even though I'm feeling sad or mad."

Some of the early adolescents also endorsed actions that were aggressive or self-harmful. One male punched things; another threw his video game controller. One female explained that she sometimes tried to break her fingers. Another female sometimes ate to alleviate feelings of distress.

"I try to break my fingers."

"I punch things."

"This is bad. I eat."

For the participants, emotion related to their ability or inability to act in a situation and this reaction was dependent on the individual. For one male, anger and sadness resulted in incapacitation and inability to act. At other times, anger was tied to a desire to act. For another male, this relationship was reversed.

3.2.7   Connection

For the early adolescents, connection appeared to be a significant factor in mental health and distress. For the youth, connection included relationships with friends, family, and other important people in their lives. A sense of security and inclusivity was associated with belongingness and support, which affected their personal mental health. When this sense of connection was threatened, feelings of distress followed for most of the youth. This sense of connection was relevant and applicable both at school and at home for the participants.

Connection at school. The participants listed multiple factors that promote belongingness and connection at school. Both males and females listed having a group of friends as the first determinant of feeling like they belong, and thus feeling connected at school. Being in a relationship with someone with similar interests at school also contributed to a sense of connection and enjoyment.

"True friends."

"When…I have laughter, kindness, and loyalty [I feel like I belong]."

School personnel and administrators also contribute to the early adolescents' feelings of connection at school. Teachers, administrators, and guidance counsellors that were trustworthy provided the early adolescents with a sense of security and support. One male explained that feeling liked by a teacher would help him feel a sense of belongingness, despite not having experienced this before.

"...something that belongs at school is like teachers and principals that you can trust."

"Having my teacher like me for once, even though it never happened though."

Groups and clubs have contributed to one male's sense of inclusion at school. School sports teams and extra-curricular activities provided the early adolescents with a sense of friendship. When the youth were criticized in any of these school settings, their sense of connection was threatened and they felt misunderstood and distressed. Furthermore, one male explained that it was distressing when he reached out for help at school and felt unsupported and alone in dealing with his concerns. This is again related to feeling disconnected.

For the females, connection with friends was particularly important. When their friendships were threatened, they feel particularly distressed. For the males, arguments with friends and teachers, feeling threatened, and not fitting in reflected a sense of disconnection that was related to unhappiness at school. A sense of loneliness accompanied distress for participants.

"When my friends aren't there for me, and they're being taken away, and there's drama. Girl drama."

Some of the youth cited connecting with friends and others as a way of coping with distress at school, although only the males discussed this. They sometimes talked to friends and one male explained that he would sometimes speak to the school counsellor.

"I read. But sometimes I go down to the school counsellor and talk to her."

"I talk to a friend."

However, one youth explained that the counsellor was often unavailable when he would appreciate her help. This again reflected an unmet desire to connect and feel understood at school.

"The thing is, whenever I'm sad the school counsellor is never there. The days I get sad are the days she's at a different school."

For the females, threatened connections resulted in distress, however, they did not tend to seek out connection to cope with distress at school.

Connection at home. A threatened connection with a family member or personal relationship signified feelings of distress for the youth.

"If my girlfriend would break up with me...if I lost anyone in my family...so like loss."

The females endorsed help-seeking behaviours at home that alleviated feelings of distress by restoring feelings of connection. Two of the females explained that they talked to family and friends when feeling distressed. For one female, attempts to connect with

family members sometimes failed due to unavailability or arguments. Thus, she turned to friends.

"I call my sister who doesn't live with me anymore…but she never picks up her phone anymore so I just call my friends."

Family interactions affected the early adolescents' levels of distress. One male spoke about parental mental health issues. One of the females mentioned family trauma and parental discord that reflected disconnection at the family level. Another youth discussed threatened connection in the form of losing his parents' trust.

"Your mother's worrying that she's going to lose your trust or something."

Overall, connection appeared to be a source of and solution to feelings of distress.

Discussion

4 Discussion

4.1 Purpose and Main Findings

The current study explored perceptions and experiences of mental health, mental illness, and distress in early adolescents in southwestern Ontario. A mixed-methods approach was used to explore these topics. Results from a school board wide survey as well as focus group discussions with students in grades seven and eight were integrated and interpreted. The study sought to highlight the importance of youth voices in programs, interventions, and preventative measures in child and youth mental health. A number of important findings emerged from the research and are outlined below.

Study 1

Based on descriptive statistics, early adolescent males in southwestern Ontario reported higher levels of worry, sadness, and stress than females. This may be an interesting finding because the literature suggests that females are more vulnerable to symptoms of anxiety and depression than males at this stage. It is an interesting finding because this is a community sample rather than a clinical sample, which suggests that males at this age may be more vulnerable than previously expected. The anonymity of survey responses might have influenced males' willingness to report such feelings of distress. However, these inferences must be interpreted with caution because the difference between males and females for self-report feelings of distress was only .32. This number might not be as important a difference considering how large the current sample of participants was.

Hierarchical regression analyses also revealed important findings. Results demonstrated that knowing where to get help accounts for less variance in feelings of distress in males than in females, thus knowing where to get help is more important for females than it is for males. This is perhaps because females think about help seeking more than males or are actually more willing to seek help than males.

Youth perceptions of student concern for others account for an additional three percent of the variance in student distress for both males and females. Belongingness accounted for distress slightly more in females than in males. Finally, all variables together account for more distress in females than in males.

It is important that nearly 20 percent of the variance in distress faced by female students can be explained with feelings of belongingness, knowing where to get help, and feeling that students are concerned about each other. It is also interesting that this is approximately five percent lower for males suggesting that there are other main factors affecting males' experience of distress at school. Further research is needed to determine what that main difference may be. This finding also suggests that affecting change in knowing where to get help, belongingness, and student concern for others could result in a decrease of student feelings of distress, although this might be truer for females than males.

Study 2

Qualitative data gathered from the focus group discussions provided contextual information and a deeper understanding of early adolescents' perspectives of mental health, mental illness, and their own distress. First, results indicated that grade sevens and

eights have both inaccurate and accurate knowledge regarding mental health, mental illness, and mental wellbeing. A significant finding of the current study is that the youth, for the most part, did not differentiate between the terms mental health and mental illness. They were, however, able to recognize wellbeing as a term that holds a positive connotation. Taken together, these findings highlight the importance of language when discussing such topics with students in grades seven and eight. The phrase "mental health" does not represent a state of emotional wellbeing for early adolescents; instead, it holds a similar meaning to "mental illness" for them, which represents someone who is "bad" or "unhealthy". These findings lend support to the use of language that does not perpetuate stigma around mental health; specifically the phrase, mental wellbeing, appears to be preferable for youth in this age group as they recognize that it holds a positive connotation.

While participants were somewhat uncertain about exact meanings of the phrases, the examples provided demonstrated that they do work from a base of knowledge about mental health. The early adolescents recognized that mental wellbeing reflects a form of mental flexibility in coping with distress. Some of the youth were also knowledgeable about the fact that mental health encompasses thoughts and feelings. These results differ from those found by Armstrong and colleagues (2000), where early adolescents were uncertain about the meaning of the phrases and tended to focus on either the "mental" or "health" parts of the phrase. These findings might be a result of the increasing attention and appreciation of the importance of youth mental health in recent years to which the current participants may have been exposed. Alternatively, the current participants might be more aware of mental health issues and have more personal experience with the topic

than did participants in other research and may reflect a bias in the sample. Participants in the current study listed the names of some specific mental illnesses. However, the males seemed to be more familiar with names than did the females. This too might be a bias in the current sample of participants, as the males appeared to have more personal experiences with mental health than did the females.

Another main finding of the current study is that early adolescents hold predominantly stigmatizing attitudes about mental health. However, at least two of the youth recognized that mental health is a neutral, descriptive phrase. For the most part, youth believe that mental health or mental illness is something that differentiates a person from others and is associated with a restriction in ability. This might discourage students from seeking help from counsellors or other helping professionals if they perceive them to be associated with individuals seeking help for mental health issues.

As the youth discussed the main sources of distress, it was apparent that their own thoughts and emotions were integral to their experience of mental health and wellbeing. The early adolescents appeared to have limited emotional language and so employed the use of examples and anecdotes to communicate feelings. Negative thoughts about self-efficacy were tied to feelings of distress for these participants. In addition, the significance of emotion in experiences of mental health emerged from focus group discussions. Certain emotions were associated with occurrences at home and school that resulted in distress. Sadness tended to be the most salient emotion that participants identified associated with distress suggesting that identifying and targeting causes of sadness might be beneficial in alleviating this common experience.

Another theme that emerged from the focus group discussions was that of "action." The participants described a desire to act on feelings of distress (e.g., *"I'll participate in things even though I'm like sad or mad."*) or an inability to act depending on the intensity of emotion (e.g., *"sadness is where you don't really want to do anything, you just want to sit there and like grieve."*). Most of the youth found distraction to be most useful in alleviating feelings of distress and sought out pleasant activities and entertainment; especially things that made them laugh and resulted in emotions that are opposite to discomfort and distress (e.g., humourous programs and books). Early adolescents also participated in various physical activities to keep themselves well in the face of stress, anger, or sadness. Both males and females displayed aggression in coping with feelings similar to findings by Hampel and Petermann (2005).

Another main finding involved the significance of connection for the early adolescents. Feeling connected appeared to be the most salient factor associated with personal distress for male and female participants alike. Problems with friends and family, feeling alone or unheard, and feeling misunderstood resulted in feelings of sadness for the youth both at home and at school. Connection that was threatened or exploited over social media, as experienced in cyberbullying, was particularly salient for early adolescent females. Connection also served as a solution to feelings of distress in different ways for males and females. Some focus group participants explained that they would talk to friends or family when feeling distressed at home, but did not mention speaking to anyone at school. Others, however, seek out connection at school but did not mention speaking to anyone at home.

4.2   How Study 2 Informs Study 1

Qualitative data from the current study provided information about what results in the quantitative study might mean. Hierarchical regression analyses demonstrated that knowing where to get help plays a role in the experience of distress at school for early adolescents. Focus group discussion indicated that this might be in relation to seeking help from school staff such as administrators and the school counsellor or even from friends and family. There seemed to be a sense of discomfort associated with being unheard at school or at home when the youth required support from another individual.

The fact that belongingness predicted feelings of distress over and above the other two items indicated that a sense of belongingness plays an important role for youth at this age group. The focus groups' theme of "Connection" provided examples of why this may be the case. Participants had clear ideas of factors that signify belongingness and safety at school including groups, clubs, friends, and trustworthy adults. Participants also listed factors that hinder their sense of belongingness. Recent concerns such as cyberbullying also play a role in student experiences of belongingness and might be another factor that that might be considered in student survey responses. When important variables are jeopardized, such as friendships, the students experience distress. These factors contribute to student feelings of connection and help to explain why belongingness might be so important for students in grades seven and eight.

4.3   Limitations of the Current Study

The current study is not without limitations. First, the sampling for focus group participants was not random. The school was selected based on conveniences and

availability as opposed to representativeness and all of the participants were from the same school. While this is not the goal in qualitative research, transferability of the qualitative data may not be possible; the students may not be typical of all early adolescents and may represent a very specific urban population from southwestern Ontario.

Second, the question on the school board survey that represented feelings of distress was a multi-faceted question. It included worry, sadness, and stress in one item and so students might have agreed with one or all of the feelings making it hard to determine which is the most influential. Further distinguishing the constructs in future similar surveys may be helpful in targeting student feelings because, as the current study demonstrated, experiences that cause early adolescents stress are different from experiences that cause sadness.

Another limitation of the current study surrounds the flexibility of the semi-structured interview and the fact that the focus groups were run by different facilitators. This was due to interests of same-gender focus groups, however, the facilitators' style of interviewing and structure differed somewhat. The semi-structured interview provided flexibility, although some questions were asked to one group and not the other due to follow-up of previous responses.

Finally, while efforts were made to ensure the privacy of the focus groups, the location provided was accessible to some teachers. During the female focus group's first discussion, there was an interruption from a teacher playing the piano close by and the facilitator was forced to leave the discussion and attend to the disruption. During the

participants' second set of discussions, a student choir rehearsal was occurring and could be heard in the interview rooms. These distractions may have hindered the participants' ability to focus and attention waivered. The females were also particularly fatigued by the end of the second discussion and one participant was eager to go outside since the discussions were run during both breaks in the school day. It may have been ideal to spread the discussions out over two separate days or limit the amount of information to be covered.

4.4   Strengths of the Current Study

The main strength of the current study is the chosen mixed-methodology. The quantitative and qualitative studies are complimentary and provided depth and dimension to each other. The safe schools survey was distributed to a very large community sample of students across an entire school board in southwestern Ontario. Thus, the sample was representative of males, females, and both grades. Furthermore, the mixed methodology allowed for explanation and clarification beyond results found in the survey. The focus groups provided an outlet for early adolescents to voice their perspectives and share rich information about personal experiences, a key aim of the current study. The current study's results may assist in developing further mental health-related questions for future school board surveys based on student descriptions of distress.

4.5   Implications for Counselling

Findings from the current study have implications for counselling youth at this developmental stage in life. First, there is a role for counsellors in schools and in the community to improve accessibility and knowledge about seeking help when distressed.

It appears that early adolescents are not fully aware of the implications of stress and recurrent feelings of sadness, anger, or worry and thus may tend to ignore them or engage in negative coping strategies.

Results demonstrate that language is significant for early adolescents when discussing topics related to their own mental health and mental health issues in general. Since such stigmatized attitudes were observed in focus group discussions, counsellors and helping professionals should consistently employ a strengths-based model when working with young clients and advocate for widespread use of the term "wellbeing." Normalizing feelings of distress may also be helpful in de-stigmatizing mental health concerns and communicate that it is acceptable to feel sad, worried, or angry and there are many useful coping strategies for overwhelming thoughts and emotions.

The themes that emerged from the focus group discussions suggest that it may be beneficial to discuss student wellbeing in the context of connection, thoughts and emotions, and action. Early adolescents may not yet recognize the significance of relationships in their lives and that this significance will likely increase as they develop and progress. Addressing some of the more modern, salient factors associated with interpersonal distress such as cyberbullying may be beneficial while providing information to assist them in effectively dealing with resulting distress. The early adolescents already have substantial coping strategies in place such as distraction and help-seeking behaviours and so it is an ideal time to highlight the positive strategies and explore the negative ones, such as aggression.

4.6 Promotion, Prevention, and Planning for Successful Transitions

The current work also has clear implications in terms of promotion, prevention, and planning for successful transition in early adolescence. It is clear that knowing where to get help and belongingness are important factors that affect early adolescents' mental health. Compared to high school, elementary school is supposedly more inclusive, familiar and comfortable for students due to smaller sizes and increased individual attention from teachers and administrators. If youth in early adolescence are already struggling with feelings of distress, high school may only increase and exacerbate pre-existing vulnerabilities. Thus, familiarizing students with strategies that will protect them as they initiate the transition would be helpful. The current study demonstrates that targeting feelings of belongingness and knowing where to get help at a new high school may prevent students from feeling unprepared in the face of new stressors associated with the change. The current research also suggests that there may be value in implementing gender-based programs that address these issues. For example, males may benefit from information about the importance of seeking help based on quantitative findings.

Findings suggest that help-seeking behaviours should be rewarded and support should be easily accessible for students. As one of the male participants explained, the counsellor is not always available in times of distress. A brave youth may continue to pursue the counsellor, whereas another individual who took the chance on seeking help and was met with disappointment may not be so willing to try again. Thus, programs that provide immediate help by a trusted adult, whether a counsellor or teacher in a school setting, may be reinforcing and supportive for students in need of help. A suggestion may be to

identify personnel throughout the school that can provide some form of support when professional mental health workers are not available.

It appears that much of the preparation for high school is academic-focused and students may find themselves shocked to discover the dramatic social and emotional pressures that accompany the transition. If one or any of the factors explored in the current study were emphasized and addressed, early adolescents may find that they are happier and mentally healthier at school and prepared to thrive in the future.

4.7   Future Directions

The current study filled gaps in the literature while opening the door for future research. The variance in feelings of distress accounted for by belongingness, knowing where to get help, and concern for others differed for males and females; results demonstrated that these factors are perhaps more important for females. Thus, there is a key missing component for male early adolescents that requires further research. The incorporation of more specific questions about feelings of distress as they relate to friendships, coping strategies, and other protective factors in future school board wide surveys may serve to provide valuable information. Furthermore, exploring upcoming transitions to high school with early adolescents in a survey and in focus group settings may allow for accurate identification of concerns these youth face so as to provide relevant preventative programs.

4.8   Conclusion

In conclusion, the current study provides valuable insights about early adolescents and their experiences of distress. The quantitative portion of the study demonstrated that

knowing where to get help, concern for others, and feelings of belongingness account for more variance in feelings of sadness, worry, and stress for early adolescent females than males. This suggests that there may be an important factor being missed for males and it could be beneficial to emphasize the importance of getting help when feeling distressed. Focus group discussions revealed that these early adolescents did not differentiate between the phrases mental health and mental illness. This finding combined with commonly held stigmatizing attitudes suggests that language may be crucial when discussing topics involving their own mental health experiences. Results also suggested that connection with peers, friends, and family may affect and protects early adolescent wellbeing. Thoughts and emotions are relevant in discussing mental health and youth may benefit from education about emotional language, positive coping strategies, and increasing self-efficacious beliefs. Gender-specific interventions and preparation for keeping one's self well during transitional times such as the upcoming start of secondary school may be helpful.

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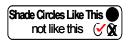
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Appendices

Appendix A: Safe Schools Survey

SAFE SCHOOLS SURVEY 2012

Shade Circles Like This ●
not like this ✓ ✗

GENDER: ○ Male ○ Female   **GRADE:** ○ 4 ○ 5 ○ 6 ○ 7 ○ 8

STUDENT VIEWS

Fill in one bubble for each statement to show
if YOU agree or disagree.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
This is a safe school for students.	○	○	○	○	○
Students show respect for all other students.	○	○	○	○	○
Students show respect for all staff.	○	○	○	○	○
Staff show respect for all students.	○	○	○	○	○
Students are proud of this school.	○	○	○	○	○
There is a caring, respectful atmosphere at this school.	○	○	○	○	○
I feel safe in the school building.	○	○	○	○	○
I feel safe on the school yard.	○	○	○	○	○

STUDENT FEELINGS

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
I feel like I really belong at this school.	○	○	○	○	○
I learn better at school when I'm not feeling worried, sad, or angry.	○	○	○	○	○
People at this school are concerned about the feelings of others.	○	○	○	○	○
I know where to get help if I or a friend am feeling worried, sad, or angry.	○	○	○	○	○
Students at my school are taught to care about the feelings of others.	○	○	○	○	○
We talk at school about how we feel or how we handle stress.	○	○	○	○	○

Fill in one bubble for how often the following describes you
personally at school this year.

	Daily	Weekly	Monthly	Seldom	Never
I feel worried, sad, or stressed at school.	○	○	○	○	○
I feel angry or upset at school.	○	○	○	○	○
Other students tease you, call you names, or gossip about you for feeling worried, sad, or angry.	○	○	○	○	○

INCLUSION

Do you ever feel unwelcome or uncomfortable at your school because of
any of the following?   (Please bubble in the items that apply to you).

○ No, I always feel welcome
○ My sex (male/female)
○ My ethnocultural or racial background
○ My Aboriginal background (First Nation, Metis, Inuit)
○ My appearance
○ My religion or faith

○ My language background (my first language)
○ My grades or marks
○ My family's level of income
○ A disability that I have
○ My sexual orientation
○ Other reason(s)_____

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INCIDENTS

Fill in one bubble for how often, if ever, the following events have happened to you personally, at school during this school year.

	Daily ▼	Weekly ▼	Monthly ▼	Seldom ▼	Never ▼
Have you personally been:					
verbally bullied?	O	O	O	O	O
physically bullied?	O	O	O	O	O
socially bullied?	O	O	O	O	O
sexually bullied?	O	O	O	O	O
bullied using technology?	O	O	O	O	O
bullied based on sexual orientation?	O	O	O	O	O
bullied based on ethnic background?	O	O	O	O	O
threatened to hand over money?	O	O	O	O	O
intimidated by a gang or gang member?	O	O	O	O	O

If you have been bullied this year at school, who usually has bullied you? *(bubble one only)*

O Usually girls   O Groups of boys and girls
O Usually boys   O None - I do not get bullied
O Sometimes boys and sometimes girls

INCIDENTS

Fill in one bubble for how often, if ever, you personally, either by yourself or as part of a group, have done the following at school during this school year.

	Daily ▼	Weekly ▼	Monthly ▼	Seldom ▼	Never ▼
Have you personally:					
verbally bullied a student?	O	O	O	O	O
physically bullied a student?	O	O	O	O	O
socially bullied a student?	O	O	O	O	O
sexually bullied a student?	O	O	O	O	O
bullied a student using technology?	O	O	O	O	O
bullied a student based on sexual orientation?	O	O	O	O	O
bullied a student based on ethnic background?	O	O	O	O	O
threatened a student to make him/her hand over money?	O	O	O	O	O
intimidated a student as part of a gang or as a gang member?	O	O	O	O	O

RESPONDING TO BULLYING

If you know of a friend who is being bullied how likely would YOU be to do the following:

	Not Very Likely	1 ▼	2 ▼	3 ▼	4 ▼	5 ▼	Very Likely
talk to your friend about what is happening to him/her		O	O	O	O	O	
talk to another student about what is happening to your friend		O	O	O	O	O	
talk to your parent(s) about what is happening to your friend		O	O	O	O	O	
tell your friend's parents		O	O	O	O	O	
tell a school staff member (e.g., teacher) about what is happening to your friend		O	O	O	O	O	
tell the police about what is happening to your friend		O	O	O	O	O	
talk to a trusted adult in the community about what is happening to your friend		O	O	O	O	O	
ignore what is happening to your friend		O	O	O	O	O	
approach the person responsible for the bullying		O	O	O	O	O	
report the bullying anonymously at school		O	O	O	O	O	

DEALING WITH BULLYING

Suggestions about how to deal with bullying are listed. Fill in one bubble for each suggestion to show how helpful YOU think it would be in dealing with bullying.

	Not Very Likely	1 ▼	2 ▼	3 ▼	4 ▼	5 ▼	Very Likely
School presentations by adults about bullying.		O	O	O	O	O	
School presentations by students about bullying.		O	O	O	O	O	
Some way to report anonymously at school.		O	O	O	O	O	
Increase supervision at school by school staff.		O	O	O	O	O	
Monitoring of the Internet by parents.		O	O	O	O	O	
Students need to understand the harm caused by bullying.		O	O	O	O	O	
Improve the skills of students to deal with bullying.		O	O	O	O	O	
Buddy system for students.		O	O	O	O	O	
Classroom discussions about bullying.		O	O	O	O	O	
Rewards for reporting bullying incidents.		O	O	O	O	O	
Consequences for bullying.		O	O	O	O	O	
Call the police.		O	O	O	O	O	
Having a trusted staff member to talk to.		O	O	O	O	O	
Follow through so they see that something happens.		O	O	O	O	O	
See that there are consequences for the bully.		O	O	O	O	O	
Encourage students to be Upstanders.		O	O	O	O	O	

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USE OF TECHNOLOGY

Do you use text messaging?	○ Yes	○ No
Do you use any social networks such as Facebook, Twitter?	○ Yes	○ No
Do you have your own personal cell phone?	○ Yes	○ No

Have you personally experienced any of the following during this school year?	Never ▼	Once or Twice ▼	2 or 3 Times a Month ▼	About Once a Week ▼	Almost Every Day ▼
Someone forwarding your email or text message without your permission.	○	○	○	○	○
Someone spreading a rumor about you online.	○	○	○	○	○
Someone sending you a threatening email or text message.	○	○	○	○	○
Someone posting an embarrassing picture of you online without your permission.	○	○	○	○	○

Have you done any of the following to another student during this school year?	Never ▼	Once or Twice ▼	2 or 3 Times a Month ▼	About Once a Week ▼	Almost Every Day ▼
Forwarded someone else's email or text message without their permission.	○	○	○	○	○
Spread a rumor about someone online.	○	○	○	○	○
Sent a threatening email or text message.	○	○	○	○	○
Posted an embarrassing picture of someone online without their permission.	○	○	○	○	○

SAFE SCHOOL INITIATIVE

Your school has done things to try and reduce bullying to make students feel safe.

Do you personally feel safer because of what has been done? *(bubble one)*

○ I have always felt safe   ○ I feel safer now   ○ I still feel unsafe

THANK YOU FOR COMPLETING THIS SURVEY.

Appendix B: Ethical Approval

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

Review Number: 1305-5
Principal Investigator: Susan Rodger
Student Name: Lisa-Marie Coulter
Title: *Early Adolescents' Experiences of Mental Health: A Mixed-Methods Investigation*
Expiry Date: October 31, 2013
Type: M.Ed. Thesis
Ethics Approval Date: July 23, 2013.
Revision #:
Documents Reviewed &
Approved: Western Protocol, Letters 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)*

The Faculty of Education   Faculty of Education Building

Copy: Office of Research Ethics

Appendix C: School Board Ethical Approval

15 October 2013

Ms Lisa-Marie Coulter

█████████████

Dear Ms Coulter:

Your project, entitled "Early Adolescents' Experiences of Mental Health: A Mixed-Methods Investigation" has been approved by Learning Support Services at the T█████ V█████ D█████ School Board. I will contact the Principal at ████████████████████ 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,

Steve Killip, Ph.D.
Manager - Research and Assessment Services
T████ V████ D█████ S████ B████

/sd

cc: M█ R█████ Superintendent of Student Achievement

We build each student's tomorrow, every day.

Appendix D: Curriculum Vitae

Lisa-Marie Coulter

EDUCATION

Western University, London ON
M.A. Counselling Psychology   **September 2012-present**
Relevant Courses: Cross-Cultural Counselling, Systemic Practice, Counselling
Interventions, Assessment in Career and Counselling Psychology, Counselling for
Life Transitions and Career Development

York University, Toronto ON
B.A. Specialized Honours in Psychology *magna cum laude*
June 2011

RESEARCH EXPERIENCE

Masters Thesis (Western University)   **September 2012-present**
▪ Early Adolescents' Experiences of Mental Health: A Mixed-Methods Investigation
supervised by Dr. Susan Rodger within the Centre for School-Based Mental Health at
Western University
▪ The project will investigate perceptions of mental health in students aged 12-14 via focus
groups

PUBLICATIONS

Flett, G. L., Coulter, L., Hewitt, P.L., & Nepon, T. (2011). Perfectionism,
rumination, worry, and depressive symptoms in early adolescents. *The Canadian
Journal of School Psychology*, *26,* 159-176.

Flett, G. L., Coulter, L., Hewitt, & Hewitt, P.L. (2012). The perfectionistic self-
presentation scale-junior form: Psychometric properties and associations with social
anxiety in early adolescents. *The Canadian Journal of School Psychology, 27,* 137-
149.

COUNSELLING EXPERIENCE

Delisle Youth Services (Toronto ON)   **August 2013-Present**
Counselling Internship
▪ Counselled and provided intake assessments for youth clients between the ages of 13 and
21 with various presenting issues
▪ Co-facilitated two cognitive behavioural therapy groups for females and males at high
schools in Toronto

- Part of the "People Advancing Change Through Evidence (PACE)" team facilitated by the Ontario Centre of Excellence in Child and Youth Mental Health which supports agencies in implementing an evidence-informed practice

Summerville Family Health Team (Mississauga ON)   **April 2011-June 2012**
Clinical Research Assistant

- Co-conducted a cognitive behavioural therapy group for children aged 8-11 with anxiety; weekly meetings included discussions guided by CBT (April-May 2011)
- Co-conducted a cognitive behavioural therapy group for adolescents suffering from symptoms of depression and anxiety (May-June 2012)
- Weekly opportunities to observe child therapy sessions including CBT, Watch, Wait, and Wonder for dyadic parent-child relationships, initial assessment interviews, Adult-Attachment Interviews, individual child therapy, and various assessments

RELEVANT TRAINING

Dialectical Behaviour Therapy

- Trained in Dialectical Behaviour Therapy by Laurel Johnson, Ph.D. and Michele Galietta, Ph.D.

HONOURS AND AWARDS

Ontario Graduate Scholarship (2013-2014; $15, 000.00)
Western Graduate Research Scholarship (2012-2013; $9,140.28)
York University Continuing Student Scholarship (2008, 2009, 2010; $1,584.00)
Association of Universities and Colleges of Canada Scholarship (2006-2008; $4,500.00)