School Mental Health in Canada: Current Status and Directions

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Summary

Child and youth mental health problems are prevalent, and schools are an excellent setting in which to promote well-being, identify students in need, and facilitate service delivery. In 2009, the Mental Health Commission of Canada (MHCC) recognized that while there is a growing evidence base in this area, and several exemplary models of service delivery and programming in Canada, a coherent assessment of the status of school mental health in Canada was lacking. The School-Based Mental Health and Substance Abuse (SBMHSA) Consortium, a 40 member team of researchers, educators, and clinicians, was funded by MHCC to complete a synthesis of systematic reviews, a national survey, and a scan of nominated best practices in order to provide this status summary. The findings of this work were released at the 3rd National Symposium for Child and Youth Mental Health in spring 2012, and are described below. Policy and practice implications are highlighted.

Context and Project Rationale

Child and youth mental health problems are prevalent

Most mental health problems can be detected prior to the age of 24, and 50% of these difficulties surface before the age of 14 (Kessler et al., 2005). Studies suggest that as many as 14% to 25% of children and youth experience mental health issues that have a significant impact on their academic, social, and family life (Boyle & Georgiades, 2009; Canadian Institute for Health Information, 2009; Waddell, Offord, Shepherd,

Hua, & McEwan, 2002). Mental health difficulties contribute to problems with achievement and relationships in the classroom (Chan, Zadeh, Jhang & Mak, 2008; Kessler, Foster, Saunders, & Stang, 1995). In severe cases, they prevent students from regularly attending school. More often, students struggle on with these problems on a daily basis, leading to further social and academic functioning concerns.

Many children and youth with mental health problems will not receive intervention

Most children will not receive treatment for mental health difficulties (Offord et al., 1987a; Rohde et al., 1991). Social stigma associated with mental health problems disinclines many youth from seeking help from community professionals (Manion, Davidson, Clark, Norris, & Brandon, 1997). Problems with access and availability of resources further limit mental health service use amongst children and families (Kirby & Keon, 2006). Given the high prevalence of mental health problems, and the relatively low rates of community mental health service use, it is important to consider alternative sites and methods for promoting the social-emotional well-being of Canada's young people.

Schools are good places to promote positive mental health, identify and intervene early to prevent the onset of problems, and respond to children and youth in distress

Given that children and youth spend a substantial part of each day within the school setting; these communities become a natural and important venue for mental health service delivery (National Research Council and Institute of Medicine, 2009; WHO, 1994). In their *Final Report of the Standing Senate Committee on Social Affairs, Science and Technology,* Senators Kirby

and Keon state that the potential for this platform for mental health promotion should be recognized and that, in fact, the "development of the school as a site for the effective delivery of mental health services is essential" (Kirby & Keon, 2006, p. 138). The recently released Mental Health Strategy for Canada is explicit in highlighting the importance of schools for universal mental health promotion, stigma reduction as well as for early recognition of mental health problems (MHCC, 2012). The report recognizes the link between mental health and academic performance. Indeed, the MH Strategy recommends "increase comprehensive school health and post secondary mental health initiatives that promote mental health for all students and include targeted prevention for those at risk" (MHCC, 2012, recommendation 1.2.3).

There are several unique advantages to offering mental health programming within the school setting. For example, class-wide programs can increase the availability of services and may reach students who would not access formal children's mental health services (Kratochwill & Shernoff, 2003; Rohde et al., 1991). Further, because attendance and classroom expectations support course and homework completion, students are more likely than clinic-referred children to receive a critical dose of the intervention and less likely to discontinue treatment (Kazdin et. al., 1997; Kazdin, Mazurick, & Bass, 1993). Also, during class-wide social emotional learning instruction, higher risk students may benefit from observing emotionally skilled peers model good coping behavior and attitudes (Lowry-Webster, Barrett, & Dadds, 2001). While school-based programming facilitates the early identification of difficulties when they first emerge (Middlebrooks & Audage, 2008), it also has the potential to maximize positive mental health development for all children, not only for those who are on a negative trajectory (Rowling & Weist, 2004). Finally, the implementation of

empirically supported mental health promotion and prevention programming in schools is associated with improved emotional and behavior functioning (Greenberg, Domitrovich, & Bumbarger, 2001; Durlak et al., 2011), enhanced academic performance (Durlak et al, 2011), and cost savings (e.g., through reduction in referrals to special education) (Weist & Murray, 2007).
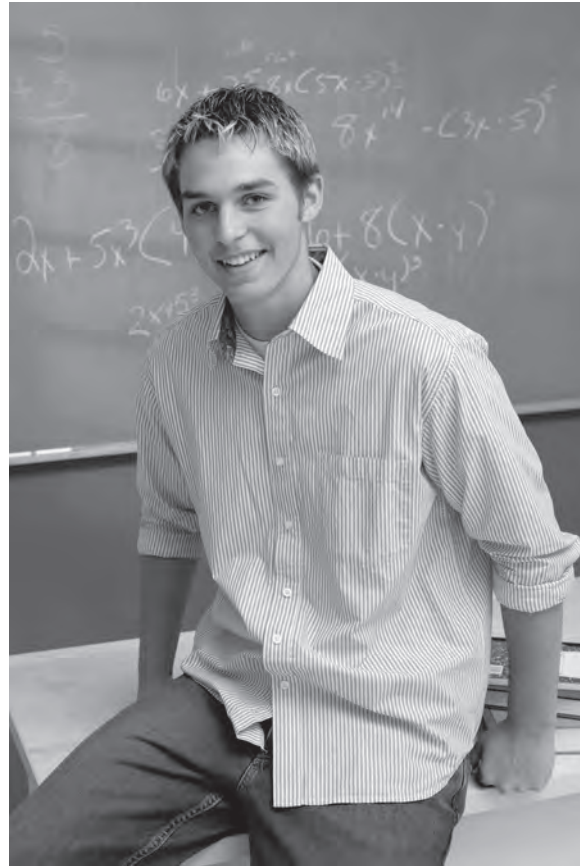
There is Growing Momentum for School Mental Health in Canada and Elsewhere

Over the past decade, a number of provincial, national, and international initiatives have emerged in support of school mental health. These innovations include communities of practice (e.g., Canadian Association for School Health), mental health literacy initiatives (e.g., Trudeau & Watchorn, 2012), provincial coalitions dedicated to child and youth mental health (e.g., Stewart, Nyman, & Anderson, 2012), research projects (e.g., Cunningham et al., 2011; Slater, 2012), resources (e.g., teenmentalhealth.org) and discussion papers (Joint Consortium for School Health, 2010; Santor, Short, & Ferguson, 2009). International groups, such as Intercamhs and the US-Canada Alliance for School Mental Health serve to further inspire ideas and actions in this area.

In spite of considerable activity in school mental health in Canada, there is a lack of integration and common vision across initiatives. The SBMHSA consortium project was designed to take stock of the various practices in the country, alongside a summary of the growing evidence base, to determine national needs and priorities going forward.

Project Background

The MHCC supported a comprehensive research project to determine the current state of mental health and substance use programs and practices in Canadian schools. The information is being provided to policy makers and school boards to help inform the delivery of future mental health services in Canada's schools.

The SBMHSA Consortium was formed and began its work in 2009. It reviewed literature from all over the world on mental health and substance use, conducted a scan of best practices in Canadian schools and distributed a national survey to school boards and schools seeking input on the state of child and youth mental health programs.

The consortium's findings are aligned with the *Evergreen Framework*, a guide for child and youth mental health released by the MHCC last year, which emphasizes mental health promotion and prevention from intervention through to ongoing care. Results from the SBMHSA Consortium's work also support the recommendations related to promotion and prevention for children and youth in school, which were made in *Changing Directions, Changing Lives: The*

Mental Health Strategy for Canada released by the MHCC in early May 2012.

Key Findings

Research Synthesis

The research synthesis summarized findings from 94 systematic reviews and meta-analyses conducted prior to January 2010 that met inclusion criteria (363 reviews screened). Rather than focusing on individual studies, this methodology collates high quality research from multiple studies devoted to the same topic. The research synthesis was led by Directions Evidence and Policy Research Group, with support from a SBMHSA Review Team and the wider consortium.

The findings from the synthesis of systematic reviews suggest there are benefits to *mental health promotion* for all students through whole school/community approaches that include class-wide instruction related to social emotional learning/social skill building (e.g., approaches that use modeling, coaching, and learning through observing others in social situations). This synthesis of research also offers compelling evidence

for the use of behavioural and cognitive behavioural approaches in school mental health programs that focus on skill development and on identifying and challenging thoughts and beliefs that can lead to negative feelings and behaviours. This is supported for both *prevention* and *intervention* with students exhibiting internalizing symptoms (including problems related to depressed mood and anxiety) and externalizing symptoms (such as problems with aggression and conduct). In the area of substance use prevention and intervention, the literature is mixed. Some support was found for interactive approaches that focus on resistance education and life skills. There is an insufficient body of research evidence to provide direction for special populations such as a specific cultural group, clinical needs group or targeted age group.

> **Action Item:**
> On balance, the Review indicates that there is adequate evidence to inform policy and practice in Canadian schools. The field is advised to use this evidence base in provincial and local decision-making, and to be attuned to further advances in the field.

Scan of Nominated Best Practices

The SBMHSA Consortium Scan was designed to gather information about school mental health and substance use programs, models and initiatives currently implemented in Canada. Over 200 programs were nominated from the field. Of these, 145 were represented by key informants in audio taped, one-hour semi-structured interviews conducted between September 2010 and January 2012. The national scan was led by the Ontario Centre of Excellence for Child and Youth Mental Health, with support from a SBMHSA Scan Team and the wider consortium.

All provinces and territories were represented in the Scan. Most programs identified were

from Ontario, British Columbia, and Alberta, which may reflect a larger scale of mental health service activity in these provinces. Most programs in the scan were English, with some designed for special populations (e.g., specific cultural group, clinical needs group or targeted age group).

The national scan revealed that there are many exciting, relevant, and important mental health and substance use programs and practices in being implemented in Canadian schools. Most programs nominated target students in middle and secondary school, and are delivered by a mental health professional or school administrator. The SBMHSA Consortium is compiling a searchable database through which program information can be synthesized and shared.

Programs cover a range of target problems, however, and have frequently been created in response to an identified need in school boards. This has resulted in a patchwork of programs across the country. Many of the programs nominated were not drawn from the evidence-base and have not been evaluated locally. Respondents cited a lack of funding, research knowledge, and access to measures as reasons for neglecting local evaluation.

Respondents identified the following barriers to program implementation: insufficient funding, lack of school/staff commitment, the pressure of time and competing demands, insufficient capacity (resources, staffing, training), and for those external to school boards, difficulty negotiating access to student populations for implementation. With respect to enabling influences, respondents suggested that school/staff commitment, partnerships, solid staff teamwork and creativity, funding, and student need for the program area were key drivers to success. It is important to note that there are a growing number of community-school partnerships, coalitions and networks focused on moving school mental health forward.

Action Item:
The current patchwork of programs needs to be organized. It is recommended that the new SBMHSA database be updated and continually accessible so that school boards and communities can draw from existing programs rather than creating new and similar offerings.

National Survey

The national SBMHSA Survey was designed to describe the status of school mental health and substance use service delivery in Canadian schools and school boards. It included items related to student mental health needs, available programs and services, training approaches and implementation issues. Survey development, administration, analysis and reporting was led by Directions Evidence and Policy Research Group, with support from a SBMHSA Survey Team and the wider consortium.

In June 2011, all school districts across the country were invited to participate in the survey (n=383). Two versions of the survey were created, one district level and one school level. The survey was re-opened in the fall and the survey remained open until December 2011. A total of 177 school districts (approximately 30% of Canadian school boards), and 643 individual school-level respondents, completed a survey.

The survey yielded information about the status of school mental health in Canada, in many specific areas. Key findings include:
- Over 80% of respondents indicated there were unmet student mental health needs in schools.
- The survey revealed many areas, related to organizational infrastructure and protocols, that must be addressed before systematic, evidence-based programming can be effectively placed in Canadian school boards
- There is a need for enhanced system coordination and leadership, educator mental health literacy, and protocols to ensure smooth path-

ways to service for students in need.
- Most boards and schools indicated that they were at a level of partial implementation with respect to mental health promotion and prevention; and slightly more experienced with intervention services.

Action Item:
School boards in Canada would benefit from research-based information about key conditions for effective school mental health at the district and school level. In addition, school board leaders would value resources and implementation support to introduce these conditions in a sequenced and sustainable manner.

Recommendations for Action

There is sufficient research evidence in the area of mental health in schools, to inform policy and practice directions in Canada. Taken together, the findings from the SBMHSA research synthesis, scan and survey point to a need for:
- Attention to organizational conditions for effective school mental health at the provincial, district and school/community level (e.g., protocols for decision-making, systematic training, role clarity, implementation, collaboration and system communication)
- Investment in mental health promotion/social emotional learning initiatives, and enhanced access to high-quality, research-based programming in this area
- A method for organizing the current patchwork of mental health programs in Canada, and maintaining an updated directory of evidence-informed practices
- Identification and scale-up of helpful, evidence-based mental health promotion and prevention programs in schools
- Rigorous evaluation of untested but research-informed approaches, and careful consideration of the continuation of programs that are inconsistent with the evidence base

- Research programs in educator mental health literacy and mental health for schools with special populations and systematic professional learning in mental health for educators
- More trained mental health professionals in schools
- Increased coordination and sharing across provinces and territories, though several provinces are working to address key policy issues

Because schools are an excellent place to promote positive mental health, more needs to be done to take advantage of the growing number of school/community partnerships, coalitions and networks focused on moving the field forward.

School-Based Mental Health and Substance Abuse Consortium Partners

- Ontario Centre of Excellence for Child & Youth Mental Health (Lead Organization)
- B.C. Mental Health and Addiction Services
- B.C. Principals & Vice Principals Association
- Bluewater District School Board
- Canadian Association of Principals
- Canadian Association of School Administrators
- Canadian Association for School Health
- Canadian Council on Learning
- Canadian Teachers' Federation
- Centre for Addictions Research of B.C.
- Council of Ontario Directors of Education
- Dalhousie University
- Directions Evidence in Policy Research Group
- Fraser Mustard Chair in Child Development Department of Pediatrics, University of Calgary (Dr. Margaret Clarke)
- Hamilton-Wentworth District School Board
- Hospital for Sick Children
- IWK Health Centre

- McMaster University
- Offord Centre for Child Studies
- Ontario Healthy Schools Coalition
- Population Health Research Centre, University of Calgary
- PrevNet
- Queen's University
- Rocky View School Division
- Southern Alberta Child and Youth Health Network
- Sun Life Chair in Child and Youth Mental Health (Dr. Stan Kutcher)
- The New Mentality
- University of Ottawa
- University of Prince Edward Island
- York Region District School Board
- York University

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The **SBMHSA Consortium** was assembled in 2009, in response to a Request for Proposals from the Mental Health Commission of Canada. Forty researchers and practitioners from across the country were assembled and a core team of 15 members was selected to carry out the four main aspects of the project: (1) a review of the literature on SBMHSA, (2) a scan of the Canadian practice landscape, (3) a national survey of educators and (4) the development of methods for sharing findings from the Consortium work with key audiences. Members of the Consortium are part of larger networks, which assists with knowledge exchange activities.

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