



Canadian Mental
Health Association
Manitoba and Winnipeg
Mental health for all

Association canadienne
pour la santé mentale
Manitoba et Winnipeg
La santé mentale pour tous



*years of
community
ans dans la
communauté*

PROMOTING MENTAL HEALTH IN SCHOOLS FOR GREATER ACADEMIC SUCCESS IN MANITOBA LEARNERS

**A Response to the Government of Manitoba's Education System Review
Submitted on behalf of the Canadian Mental Health Association, Manitoba and Winnipeg**

May 28, 2019

To: The Honourable Kelvin Goertzen, Minister of Education and Training

Thank you for the opportunity to contribute to the Government of Manitoba's review of the province's education system. As the oldest-serving community-based mental health organization in Canada, we are proud to offer the province our expert knowledge in the school-based approaches to promote the mental health of Manitoba's learners.

Sincerely,

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About CMHA

Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health organization in Canada. Through a presence in hundreds of neighbourhoods across every province, CMHA provides advocacy and resources that help to prevent mental health and addiction problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive.

A crisis of youth mental health

Far too many children and youth experience a mental health disorder or a mental illness in Manitoba. Provincial statistics reveal approximately 25% of youth aged 10 or older received medical care for a mental health issue each year, a prevalence rate higher than the national norm. Sadly, when children and youth do not receive the mental healthcare they need—Canadian statistics reveal that 75% of youth do not or cannot access the care they need—the trajectory for life-long mental health struggles is largely set (Britton, Lepp, Niles, Rocha, Fisher, & Gold, 2014). That is why mental health promotion and mental illness prevention for children and youth, delivered in school-based settings, are widely-considered best practices among healthcare policy experts (Britton, Lepp, Niles, Rocha, Fisher, & Gold, 2014). To wit, a meta-analysis of 82 studies on social and emotional learning (SEL) reveals that school-based programming is an effective approach to enhancing youth mental health. Compared to control groups, youth participants in school-based SEL programs, including after-school programs, demonstrate better social-emotional skills, pro-social attitudes, indicators of well-being, as well as academic achievement (Taylor, Oberle, Durlak & Weissberg, 2017; Hurd & Deutsch; 2017; Durlak, Weissberg, Dynmicki, Taylor, Schellinger; 2011).

Of importance, school-based mental health programming yields a high return on public investment, with schools of limited resources benefiting the most from low-cost interventions that can be directly integrated into the classroom curricula versus those that require externally-provided specialist resources (Britton, Lepp, Niles, Rocha, Fisher, & Gold, 2014). Return on investment studies demonstrate the significant economic value of school-based SEL programming that cannot be ignored by fiscally-minded governments: for every one dollar spent on school-based SEL programming a return of 11 dollars was received (Taylor, Oberle, Durlak & Weissberg, 2017).

An issue of education:

The role that positive mental health plays in the academic success of young learners is well-established (Hoover Stephan, Sugai, Lever & Connors, 2015). No longer is mental health considered adjunct to the academic goals of the school system. Indeed, with SEL objectives embedded within the province's education curricula across all grade levels, the government of Manitoba and its department of Education and Training publicly recognize positive mental health as an integral component to academic achievement. Less established, however, is the government of Manitoba's delivery model of choice. We suggest a province-wide youth mental health strategy that shifts the policy focus upstream toward a continuum of school-based mental health promotion, mental health literacy, and responsive early interventions for young learners.

To this end, schools offer an ideal and ready-made opportunity to improve the academic, social, emotional and behavioural development of learners. Schools are increasingly recognized as an optimal setting for ensuring a full continuum of mental health supports and services to learners, offering a societal opportunity that is universally-available, yet uniquely tailored to the local needs, socio-economic challenges, population demographics, and cultural considerations of communities and school divisions (Hoover Stephan, Sugai, Lever & Connors, 2015).

Invest in mental health promotion:

Mental health promotion for children and youth is well-established as an effective and economical upstream approach to healthier population-based outcomes and mental illness prevention. As defined by the World Health Organization, mental health promotion involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health. Schools offer a natural environment through which to promote mental health, foster protective factors, and build resiliency in learners.

Mental health is produced through supportive interactions that boost protective factors among individuals, groups, and environments. Protective factors for mental health operate at many levels: the individual, the family, the community, and the macro level of society. Moreover, they contribute to enhanced positive mental health, thereby reducing the likelihood that a mental health disorder will develop. Such factors enhance the capacity to successfully cope with the harmful effects of negative life events.

Additionally, mental health promotion, including initiatives and supports that nurture positive self-esteem and self-regulatory skills in children and youth, has the potential to demonstrate social and economic returns over the life course in a variety of areas, including health, education attainment, employment, and responsible citizenship.

Invest in mental health literacy:

Mental health literacy is the foundation to supportive and inclusive schools. Through everyday classroom instruction by educators who are literate in mental health, in combination with user-friendly interactive media and online resources that can provide accurate and immediate mental health information personalized to meet the needs of young people, mental health literacy becomes an important daily presence in the lives of youth.

Mental health literacy includes education on: mental disorders to facilitate early help-seeking behaviour; local community-based services that provide help and effective treatment; effective self-help strategies; and skills to facilitate mental health first aid and support to others. Some mental health experts cluster mental health literacy into four distinct but related components, including: how to optimize and maintain good mental health; knowledge of mental disorders and their treatment; ways to decrease stigma; and ways to promote help-seeking behaviour (Kutcher, Bagnell & Wei, 2015).

Research indicates that mental health literacy sets the foundation for a lifetime of improved mental health and better outcomes for children and youth. Given that young people begin making decisions about their

health during their early adolescent years, health decision-making skills should be an integral part of the school curriculum from an early age.

Best practice research suggests mental health literacy must be delivered as a matter of course, not as add-on or one-off event such as mental health parades or student assemblies. While one-off events may raise initial awareness of mental health concerns, they often have little, if any, lasting impact. Rather, mental health literacy needs to be embedded within schools, integrated and led by educators, to facilitate the creation of a school-wide environment of acceptance and normalization of mental illnesses and to facilitate help-seeking in young people (Kutcher, Bagnell & Wei, 2015). Moreover, classroom resources that use interactive media opportunities and online resources while concurrently maintaining a high-level of evidence-based content are appropriate vehicles for educators to teach mental health literacy to young people (Kutcher, Bagnell & Wei, 2015).

Invest in mindfulness meditation training for educators:

A variety of classroom-based, teacher-delivered programs have been developed to help prevent the onset of psychological, emotional, behavioural, and social orders among children. One of the most promising of these is mindfulness meditation (Britton, Lepp, Niles, Rocha, Fisher, & Gold, 2014). There is a growing body of research that indicates the effectiveness of classroom-based mindfulness meditation. Mindfulness meditation involves two core activities: the cultivation of attention regulation and emotional equanimity (bringing one's complete attention to the present experience on a moment-to-moment basis) (Britton, Lepp, Niles, Rocha, Fisher, & Gold, 2014). Primary practices in school-based meditation programs include directing attention to a specific "attentional anchor" (e.g., the breath) (Britton, Lepp, Niles, Rocha, Fisher, & Gold, 2014). While mindfulness is often defined as the awareness that arises through intentionally attending to one's moment-to-moment experience, its key ingredient to mental health is in promoting a nonjudgmental acceptance of one's self (Bostic, Nevarez, Potter, Prince, Benningfield & Aguirre, 2015).

Of note, mindfulness meditation has been associated with specific brain changes and significant reductions in stress hormone levels, such as cortisol (Bostic, Nevarez, Potter, Prince, Benningfield & Aguirre, 2015). Mindfulness-based interventions in schools have become increasingly popular and the first meta-analysis review of 24 studies of mindfulness intervention within schools demonstrates increased cognitive performance, reduction in stress, and an increase in resilience (Bostic, Nevarez, Potter, Prince, Benningfield & Aguirre, 2015). An RCT (randomized controlled trial) study that examined the embedded implementation of mindfulness meditation (i.e., conducted with students in classroom settings, delivered by the classroom teacher), with a grade six classroom demonstrated statistically significant results in the reduced risk of developing suicidal ideation and the reduced risk of developing thoughts and behaviours of self-harm (Britton, Lepp, Niles, Rocha, Fisher, & Gold, 2014).

Implementation considerations for school-based youth mental health strategy:

Adopt an embedded approach

Importantly, much progress has been made in school-based initiatives that promote the mental health of children and youth, including stigma reduction through education-based programs that foster mental health literacy. Programs such as these are less about individual supports; rather, they promote mental health at a school-wide level by making it more socially-acceptable to talk about mental illness, emotional

struggles, and suicide ideation. The success of such upstream approaches is rooted in the cost-value of prevention and early intervention by ensuring school environments are supportive and caring. Widely-considered best practice, strengthening the capacity of classroom teachers provides them with the practical tools they need to deliver mental health promotion activities within their classrooms.

An embedded approach is far more effective than when mental health activities are done by guest speakers or through one-off events—stigma does not seem to be impacted by one-off interventions. Research demonstrates that mental health initiatives must be embedded within schools and integrated in classrooms by educators who normalize mental health issues and facilitate early help-seeking behaviour in children and youth (Britton, Lepp, Niles, Rocha, Fisher, & Gold, 2014; Hoover Stephan, Sugai, Lever & Connors, 2015). Moreover, interventions applied in schools that require external resources to be brought into school settings require substantial investment in time and financial resources and as such may not be sustainable over time. Further, externally applied approaches may not be as effective as those embedded within usual school ecologies, such as curriculum presented by usual classroom leaders (Kutcher, Bagnell & Wei, 2015).

Ensure frequent daily practice

Of important consideration, studies indicate that the initial positive effects associated with mental health promotion activities may weaken over time, suggesting that the frequent and regular practice of mental health promotion activities throughout the school year is a must. In other words, it is not enough to introduce youth to mental health promotion through kick-off events or school-wide forums; rather, such initiatives must be sustained throughout the school year—a research finding (Britton, Lepp, Niles, Rocha, Fisher, & Gold, 2014; Hoover Stephan, Sugai, Lever & Connors, 2015) that, again, reinforces our call for an embedded school-based approach.

Invest in teacher training and pre-service training

Important implementation-based program evaluations demonstrate the importance of teacher training in mental health initiatives. Train-the-trainer models are economical approaches to strengthening the mental health knowledge of teachers, and can be more effective and sustainable approaches, especially when delivered through teaching team models, whereby a school-based trainer delivers training among educators and provides ongoing supports as needed. Moreover, training models that provide teachers with a best evidence-based mental health resource, designed for ease of application for classroom teaching in combination with readily accessible interactive media and online resources and training teachers in the use of this program, have a significant and substantial impact on improving teachers' mental health literacy. Such an approach mirrors the usual manner through which teachers prepare their classroom activities: they are provided with curriculum resources and use their professional expertise to educate youth in mental health using modules in their classrooms. Further, when schools develop and maintain their own training teams, they can ensure a more sustainable and cost-effective way to further ongoing professional education for classroom teachers (Kutcher, Bagnell & Wei, 2015). Moreover, classroom-ready mental health literacy materials that are web-accessible and paired with in-person training opportunities ensure teachers are supported to sustain the curricula over the long-term.

Implementation studies of mental health promotion activities illustrate that teachers do not need to be experts in mental health; the strength of their role, rather, comes from endorsing and demonstrating the importance of mental health and creating a safe environment in which mental health promotion activities can be practiced by their students, each day, throughout the school year. Capitalizing on real-life

classroom scenarios, teachers are best-positioned to ensure mental health promotion activities are tailored to the unique needs of students and emphasized through timely responsive action. Moreover, when activities are not delivered by classroom teachers, there are greater barriers to student buy-in and motivation. When activities are delivered by a guest-speaker or specialist from outside of the classroom (an external-only approach versus a capacity building and collaborative approach), students are not as receptive to the activity compared to when it is delivered by the regular classroom teacher (Britton, Lepp, Niles, Rocha, Fisher & Gold, 2014). Given the important role of teachers regarding school-based mental health programming, it is also imperative to integrate mental health education in the pre-service training of teachers. Cross-learning opportunities in collaboration and partnership with community-based mental health organizations would facilitate meaningful pre-service training experiences. As an example, CMHA offers mental health education to a variety of sectors, including educators, through its Recovery College, with campus sites across the province.

Foster Community-School Partnership and Coordination

Coordinating mental health promotion activities between schools and community-based mental health service organizations into a multi-tiered system of educational, social, emotional, and behavioral supports is widely-considered best practice among education and mental health service sectors, alike (Hoover Stephan, Sugai, Lever & Connors, 2015). Such an approach facilitates responsive programming reflective of considerations for Indigenous students (e.g. cultural and land-based learning), Newcomer students (e.g. transition supports), students with special needs (e.g. inclusion supports), and students who have experienced significant adverse childhood trauma (e.g. trauma-informed recovery).

As previously emphasized, education efforts that enhance the mental health knowledge of educators and strengthen the capacity of schools to implement mental health promotion activities within classrooms is considered the most economical and effective approach to sustainability (Hoover Stephan, Sugai, Lever & Connors, 2015). Thus, the value of community-based mental health service organizations comes from their capacity to leverage expert knowledge, partnerships, and resources. By working together in a coordinated manner, schools and community-based mental health service organizations can more effectively and economically implement evidence-based mental health practices that lead to improvements in academic achievement and social and behavioural competence (Hoover Stephan, Sugai, Lever & Connors, 2015). Building on key recommendations put forward via the government-commissioned review of Manitoba's healthcare system conducted by Virgo Consulting, the Government of Manitoba has available to it a comprehensive overview of the province's community-based mental health service organizations upon which to draw should it seek to further the coordination of community-school partnerships in mental health. Key among these organizations is the Canadian Mental Health Association, which has a province-wide presence as well as a cadre of evidence-based programming with proven effectiveness in the areas of mental health promotion (e.g. Thrival Kits), mental health literacy (e.g. Speak Up), and early interventions at the individual and group level (e.g. Bounce Back for Youth, Live Life to the Full).

Conclusion:

We have chosen to highlight a few key models for school-based mental health, including a policy focus on upstream investments that offer both social and economic returns on investment. The body of knowledge related to mental health for children and youth, and the best practices for coordinating and maximizing efforts between schools and community-based mental health service organizations such as ours, is large

and well-supported by evidence. Should you wish to receive further details on any of these highlights, it would be our pleasure to provide you with this content. Additionally, we are always open to discussing potential opportunities with the province at any time. Since launching our youth mental health strategy in 2017, we have made significant gains in establishing reciprocal relationships with many Manitoban schools and divisions. We will continue to further this work, and are always available to provide the province with progress updates for same.

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