

Effective, Sustainable and Integrated School Mental Health: A CANADIAN OPPORTUNITY

BY DR. STAN KUTCHER

The importance of addressing mental health in the school setting is increasingly being realized, both nationally within Canada and globally. For example, in Canada a study by the School Based Mental Health and Substance Abuse Consortium, funded by the Mental Health Commission of Canada, recently reported on the substantial need to address mental health of students in Canadian schools. This report also identified that teachers felt unprepared to deal with the mental health needs of their students, in large part because of their own lack of knowledge about mental health and mental disorders.

Similar conclusions were arrived at by an earlier analysis titled "Taking mental health to school: A policy-oriented paper on school-based mental health for Ontario" written by Santor, Short and Ferguson in 2009. From a national health policy perspective, in 2010, Evergreen, the Canadian child and youth mental health framework, identified schools as a key site for the delivery of mental health related interventions. The Canadian Teachers' Federation is an example of a national educational organization now supporting the importance of addressing child and youth mental health in the school setting, and recently, the Faculty of Education at the University of Western Ontario established a center for school based mental health to encourage the development of research into various components of this topic (<http://www.edu.uwo.ca/>).

In the Province of British Columbia, the School Centered Mental Health Coalition has provided a forum for professional and public discussion about this topic and recent funding initiatives by well-established organizations such as the McConnell Foundation. Corporations such as Sun Life Financial, Royal Bank of Canada and Bell Canada have begun third party investment in supporting a variety of

school based mental health initiatives. And, in numerous school boards across Canada, various initiatives within the wider mental health umbrella, considered to be important to enhance wellbeing in young people are being increasingly implemented, albeit often without certainty that the results of those interventions are either necessary, useful, effective or without negative impact.

Developing Models

Within this increasing activity, two different models for school mental health are emerging. One is characterized by the application of unique or specific programs – among them stigma reduction interventions or positive psychology driven programs such as Mindfulness – that are imported into schools, sometimes endorsed by various well-recognized organizations, often bearing substantive costs and ping Models marketed heavily to individual schools, school boards or other jurisdictional authorities. Taken as a whole, these interventions are often not supported by a robust body of scientific evidence as being either effective or safe and may not (as for example described in a recent systematic review of school based suicide prevention programs in the *Journal of the Canadian Academy of Child and Adolescent Psychiatry* by Kutcher, Wei and Leblanc: 2015) achieve the outcomes that they purport to provide. These types of interventions are further not designed to be embedded into and easily sustained in existing school structures, are added on to pre-existing daily activities, usually do not build upon well-established pedagogic principles and frequently only target either students or teachers without strengthening the well-established interaction between the two. In contrast, another approach focuses primarily on enhancing and strengthening the functioning of the school and school system while concurrently and

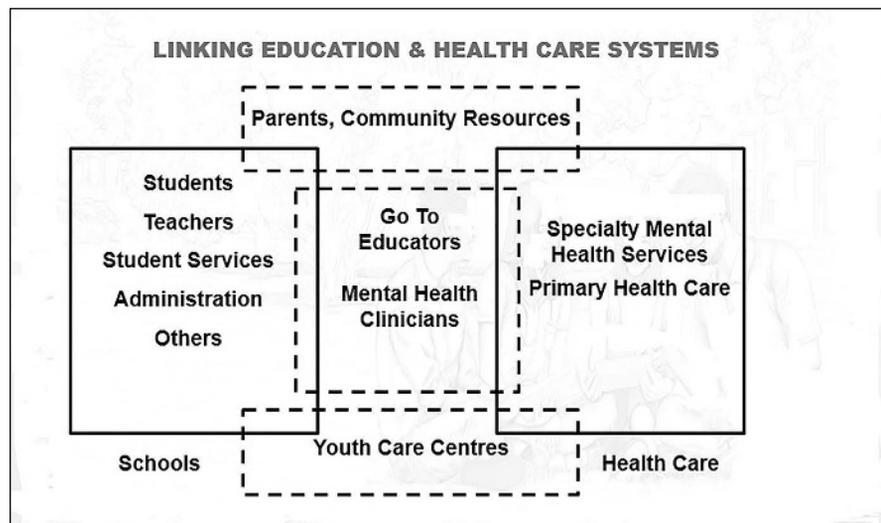
simultaneously improving a variety of key mental health indicators for students and teachers, by providing easily accessible, evidence based resources combined with teacher competency enhancement that follows well established and familiar pedagogic traditions, is sustainable, inexpensive and can be applied without need for fidelity in delivery. Additionally, this approach builds on existing school human resources (such as teachers, counsellors, administrators) and helps enhance their professional capabilities and encourages within school professional collaborations in support of better student outcomes. It also enables the development and application of links to community based health and mental health providing resources, thus strengthening ties between educational and health systems.

Fundamental to this second approach is the understanding that the mental health of young people can be improved, not in isolation from but in connection with, better identification and improved access to effective mental health care for those who need it. While the vast majority of Canadians are identified as flourishing in terms of their mental health (according to Statistics Canada: 2013, about 80%), necessary mental health care is still largely not provided to the majority of Canadian young people who require it. Indeed, according to recent (2015) *Children's Mental Health Ontario* and *Government of Canada* reports, although there have been improvements over the last decade, most Canadian youth needing mental health services do not receive them in a timely manner. Numbers tracking those that do are well below expected use based on prevalence of mental illness. Concurrently, an analysis recently released by the *Canadian Institute of Health Information* (2015) shows that young people who require care for common mental disorders such as Depression

and Anxiety Disorder are increasingly being treated in hospital emergency rooms, suggesting that early identification and easy access to effective care in the community is not readily available.

These sobering findings provide a stark reminder about the epidemiological realities of mental illness in young people. According to the World Health Organization's 2001 World Health Report, the global prevalence of mental illness in young people is about 20%, with these illnesses contributing the single largest component to the burden of disease in this age group. Similar rates are found in Canada. Furthermore, the onset of mental disorders is primarily during the time that young people are attending school, with about 70% of all mental illnesses that occur over the entire life-span being able to be diagnosed by age 25 years. Because effective treatments that can decrease morbidity and early mortality are known and can be effectively applied by appropriately trained health professionals (such as: physicians; counsellors; nurses; psychologists; etc.) it is imperative that Canadian educational and health systems be strengthened and better integrated to support early identification of young people who may have a mental disorder and promote easy access to effective care.

It is essential therefore, that schools develop and apply mental health interventions that effectively meet the needs of young people. Separation of mental health



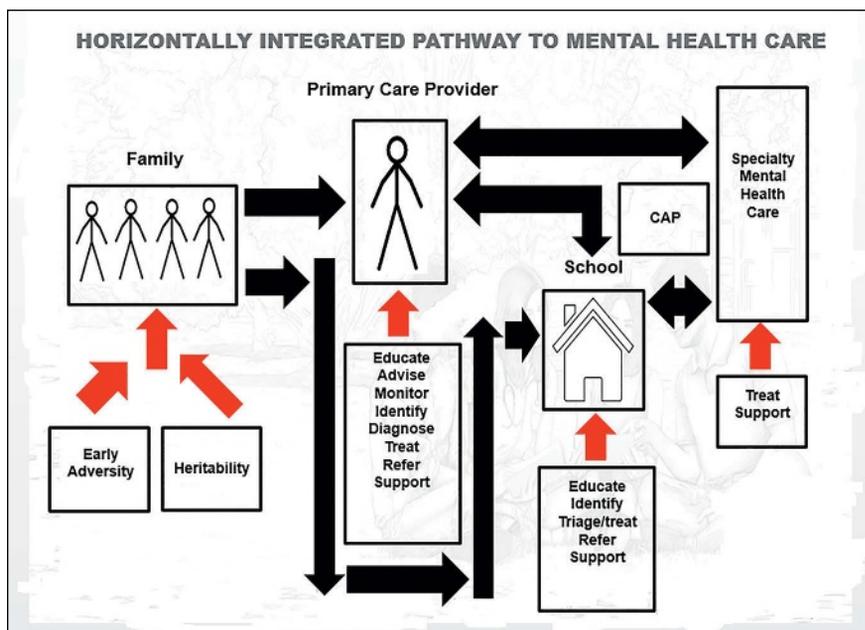
promotion and wellness enhancement from activities that address the need to enhance the development of a horizontally integrated pathway to mental health care for young people that need it, is both short-sighted and an opportunity lost to better enhance a host of important health, social and economic outcomes that occur with the provision of timely and effective mental health care interventions for young people.

Realizing the importance of this necessary integration of focusing on enhancing mental health and improving access to effective mental health care for young people in the school setting simultaneously, we have created, applied and researched a number of simple, sustainable and inexpensive interventions horizontally linked that have been demonstrated both to enhance key

components of student's mental health and concurrently provide a vehicle for improving access to effective mental health care. These interventions are: mental health literacy woven into classroom curriculum; "Go To" teacher training to aid in the identification, triage, referral and support of students who may be exhibiting a mental disorder and creation of training programs to enhance primary health care delivery of youth mental health interventions that can be delivered on site in schools (for example, through a youth health center) or in community health care settings linked to school health related professionals such as counsellors, social workers, nurses and psychologists.

Mental Health Literacy (MHL)

MHL is the foundation for mental health promotion, prevention and care. Our understanding of what best constitutes MHL has evolved in concert with improved understanding of Health Literacy (World Health Organization, 2013) and has four separate but related components: 1) understanding how to obtain and maintain good mental health; 2) understanding mental disorders and their treatments; 3) decreasing stigma; and 4) enhancing help-seeking efficacy (knowing when and where to get help and learning competencies that can be used to help improve care outcomes). Focusing on grades nine and ten, the school period congruent with the beginning of the steep rise in the prevalence of mental disorders, we have created, applied and researched the impact of a simple, freely-available on-line, teacher friendly and classroom application ready resource (the Guide: <http://teenmentalhealth.org/curriculum/>).



Since the resource can be used within any Provincial/Territorial curriculum framework, teachers are trained in the use of the Guide during a one day session that can be delivered by a board or provincial/territorial training team during existing professional development activities. Once teachers become familiar with the resource they can apply it in their classrooms using their own professional competencies in their preferred pedagogic manner. Research on the outcomes of this simple, sustainable, system-enhancing and inexpensive

intervention conducted in a number of locations in Canada (including but not limited to: Alberta; Ontario; Nova Scotia) demonstrate highly significant and substantial positive outcomes in all mental health literacy domains. Using this approach, both teachers and students demonstrate positive improvements in knowledge, decrease in stigma and enhanced help-seeking efficacy. The magnitude of these improvements in decreasing stigma for example, are greater than those found with single focused anti-stigma programs delivered in schools and

have been demonstrated in studies conducted in the Durham region of Ontario and the Toronto District School Board to be sustained over time. Unlike programs delivered into schools, this simple intervention becomes embedded into the school ecology and persists over time. Recently, research conducted in other countries with diverse and more challenging educational systems is showing similar results.

Linking through “Go To” Training

Linked to this classroom based mental health literacy intervention is the “Go To” educator training initiative. This is comprised of a one day training program directed mostly to those teachers who students naturally and usually go-to when they have a problem. These “go-to” educators are a key component of the school environment and play an important and essential, albeit “unofficial”, role in school based support and help-providing interventions for students. Designed to be delivered by board or provincial based trainer teams, this one day intervention also fits easily into existing professional development activities. It builds on existing competencies of selected teachers and provides them with the knowledge needed to be able to identify students who are likely to be experiencing a mental disorder, link those students to most appropriate in-school student services resources (such as counsellors) and provide ongoing support to the students as part of the caring professional community that can be involved in mental health care should that be required. As this training model integrates teachers, counsellors and other student services providers with local health and mental health care providers, improved access to effective mental health care for young people who require it becomes more feasible and available.

Health Care Team Provider Training

Finally, the third component of this integrated horizontal pathway approach is the provision of training designed to enhance the competencies of health care providers in the identification, diagnosis and treatment of young people with mental disorders. This approach focuses on the entire health provider delivery team, including: physicians, nurses, counsellors, social workers, psychologists, etc.,

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and the training program can be easily embedded into existing human resource capacities, in schools or in the community. This approach can enhance skill sets of school based service providers as well as staff from school health centers or community health clinics. Research conducted on different iterations of this approach demonstrates significant improvements in competencies and self-confidence in the successful delivery of evidence-based interventions for high volume/low intensity mental disorders (such as ADHD; Anxiety Disorders; Depression) and more appropriate use of mental health specialty services. This component of the pathway approach has the ability to enhance access to effective care in the community, either through existing school based structures (such as school health centers) or through better integration

between existing education and health systems. This approach does not require the development and deployment of new expensive infrastructure nor does it need major modifications to existing systems of care. On the contrary, it builds on and strengthens existing care delivery capacity in a sustainable and inexpensive manner.

Taken as a whole, this approach to addressing mental health needs of young people has heuristic appeal. It builds on existing strengths, provides an inexpensive and sustainable approach and is supported by research evidence of positive outcomes within all components of the horizontally integrated pathway to care. Furthermore, this approach recognizes that the school setting provides an important and even necessary location, that allows us to address the improvement of mental health for both students and staff

and integrate that with effective strategies for helping young people who need mental health care, receive it in a timely and effective way.



Dr. Stan Kutcher will be the keynote speaker at the BCSCA conference on Friday, Oct. 23, 2015. Dr. Kutcher is the Sun Life

Financial Chair in Adolescent Mental Health and the Director World Health Organization Collaborating Care in Mental Health Policy and Training at Dalhousie University and IWK Health Centre in Canada. He is a renowned expert in adolescent mental health and leader in mental health research, advocacy, training, and policy, who previously served as Department Head of Psychiatry and Associate Dean for International Health at Dalhousie University.

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