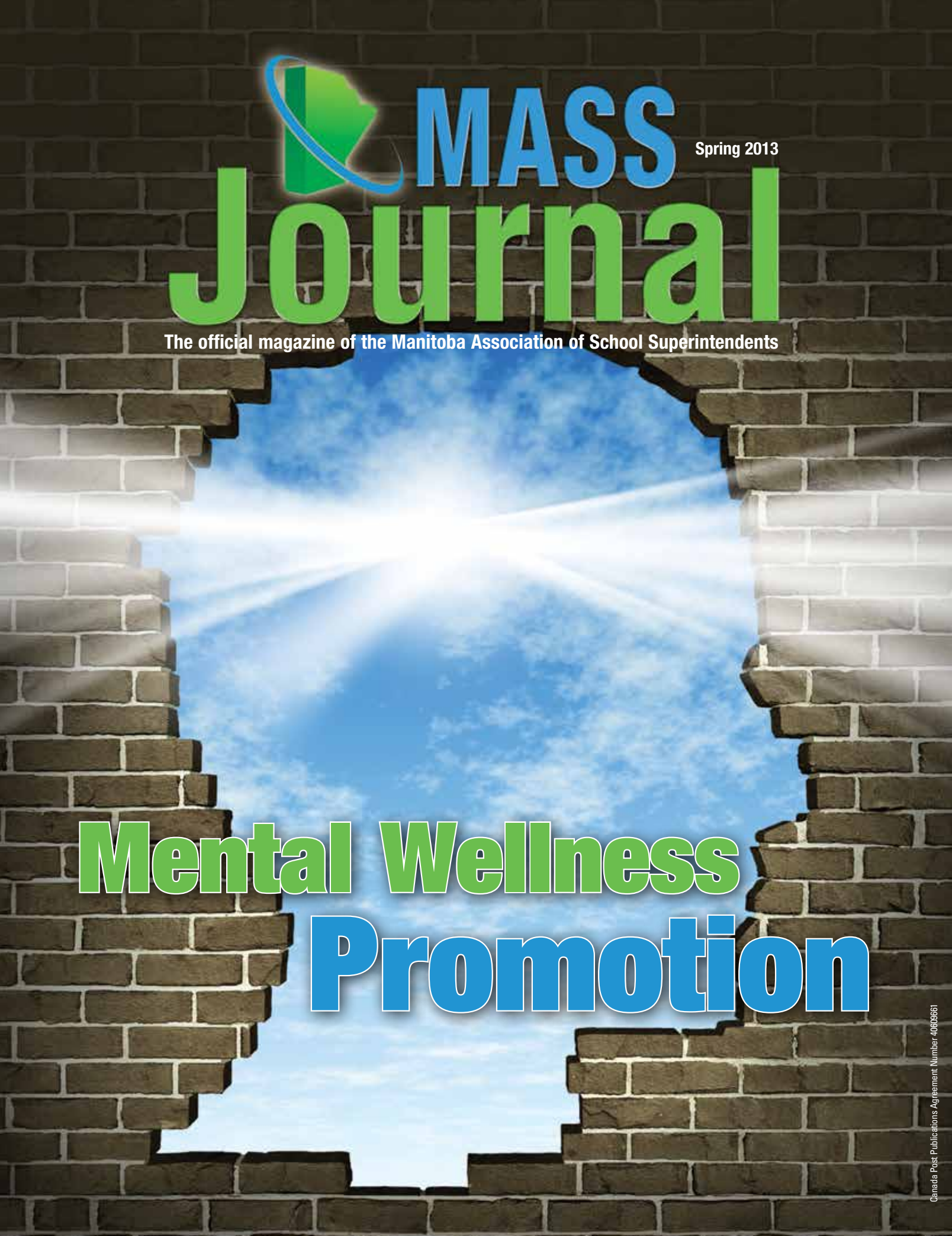


MASS Journal

Spring 2013

The official magazine of the Manitoba Association of School Superintendents

Mental Wellness Promotion

Canada Post Publications Agreement Number 40609661

MAKE BEVERAGE CONTAINER RECYCLING PART OF YOUR SCHOOL'S COURSE PLAN

Empty cans, cartons, juice boxes and bottles are full of potential. Request recycling bins for your school and teach students to recycle all their empty beverage containers. The bins are free, but learning to recycle everywhere is invaluable. So step up and get your students to recycle everything they can.

RECYCLE EVERY WHERE

Request free recycling bins at www.RecycleEverywhere.ca

Epson Brighter FUTURES
reliability. support. savings.

ESSENTIALS FOR THE WELL EQUIPPED CLASSROOM

Epson equips 21st century classrooms for engagement and collaboration. Standardize on Epson and make an investment in your classrooms with products known for their value and the service and savings available through the Epson Brighter Futures program.

Check out Epson's **full lineup of products, request a catalog,** or **contact your rep.**

Visit Epson.ca/K12-EdF

DOCUMENT CAMERAS

ACCESSORIES: CARTS, MOUNTS, SOUND ENHANCEMENT

CLASSROOM PROJECTORS

BrightLink INTERACTIVE SOLUTIONS

LARGE VENUE PROJECTORS

SHORT-THROW PROJECTORS

EPSON
EXCEED YOUR VISION

THE SALON PROFESSIONAL ACADEMY

Admissions: 204.772.8772 (TSPA)
260-1395 Ellice Avenue
Winnipeg, MB, R3G 3P2
www.tspaWinnipeg.com

BEAUTIFUL CAREERS START HERE

ENDORSED BY REDKEN FOR EXCELLENCE IN EDUCATION
REDKEN 5TH AVENUE NYC

The Salon & Spa Industry provides career opportunities for individuals of all backgrounds with steady job growth in the future. The Salon Professional Academy offers courses in:

HAIRSTYLING
MAKEUP ARTISTRY
MAKEUP BOOTCAMP

Spring 2013
Volume 14, Number 1

MASS Journal

MASS Journal
Published For:
The Manitoba Association of School Superintendents
375 Jefferson Avenue
Winnipeg, Manitoba
R2V 0N3
Phone: (204) 487-7972
Fax: (204) 487-7974
E-mail: coralie.bryant@7oaks.org
Web: www.mass.mb.ca

Published By:
Matrix Group Publishing Inc.
Publication Mail Agreement Number 40609661
Return Undeliverable Addresses to:
52 Donald Street, Suite 300
Winnipeg, MB R3C 1L6
Toll free: (866) 999-1299
Toll free fax: (866) 244-2544

President & CEO
Jack Andress

Chief Operating Officer
Jessica Potter
jpotter@matrixgroupinc.net

Publisher
Peter Schulz

Editor-In-Chief
Shannon Savory
ssavory@matrixgroupinc.net

Editor
Alexandra Walld
awalld@matrixgroupinc.net

Finance/Accounting & Administration
Shoshana Weinberg, Nathan Redekop, Pat Andress
accounting@matrixgroupinc.net

Director of Marketing & Circulation
Shoshana Weinberg

Sales Manager – Winnipeg
Neil Gottfred

Sales Manager – Hamilton
Brian Davey

Matrix Group Publishing Inc. Account Executives
Becky Kennedy, Bonnie Petrosky, Brian MacIntyre, Brodie Armes, Cate Motley, Christopher Smith, Colleen Bell, Colleen Monahan, Colin Graham, David Roddie, Deborah Murphy, Declan O'Donovan, Jeff Cash, Jim Hamilton, John Price, Matthew Keenan, Michael Blangiewkz, Miles Meagher, Monique Simons, Niko Denardo, Rick Kuzie, Robert Allan, Robert Choi, Ronald Guerra, Wilma Gray-Rose

Layout & Design
Cody Chomiak

Advertising Design
James Robinson

For advertising information contact Matrix Group Publishing Inc. at (866) 999-1299.

TABLE OF CONTENTS

Messages

THEME: MENTAL WELLNESS PROMOTION

Features

MASS Position Paper

Buyer's Guide

On the Cover:
In his article, Dr. Stan Kutcher says that approximately one in five young Canadians will experience a mental disorder requiring professional care between the ages of 12 and 25 years. This is a problem that can not be ignored and, as illustrated by the articles in this issue of *The MASS Journal*, the problem is not being ignored in Manitoba.

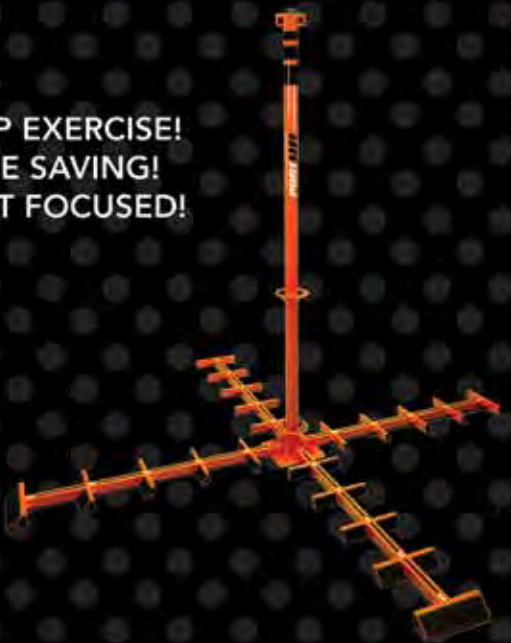
'PLUG IN AND PLAY'

Introducing the revolutionary
FUNctional Fitness PLAYground
featuring the one and only
HANG Training System!

HANGTIME FITNESS

FUNCTIONAL FITNESS PLAYGROUND

GROUP EXERCISE!
SPACE SAVING!
BUDGET FOCUSED!



888.706.1115

To see the HANG Training System in action visit:
HANGTRAINING.COM
FUNCTIONALFITNESSPLAYGROUND.COM

A Message from the President of MASS / Message du président du MASS

Robert N. Chartrand
Superintendent of Schools, South Winnipeg School Division / Directeur général de la Division scolaire de Winnipeg Sud

Une fois de plus, je suis impressionné par le leadership, l'engagement et le dévouement des membres de la Manitoba Association of School Superintendents (MASS) alors que nous collaborons ensemble et avec nos organisations partenaires afin de faire avancer les choses dans le meilleur intérêt des élèves de notre province. Nous tous, y compris nos organisations partenaires et les ministères gouvernementaux concernés, avons toutes les raisons d'être fiers de la qualité de l'éducation et de la vie au Manitoba, mais nous ne pouvons plus fermer les yeux sur un problème qui atteint des proportions alarmantes. Certains de nos élèves et des familles les plus vulnérables ont besoin de ressources et de mesures de soutien afin de pouvoir s'épanouir, et personne ne peut fournir cette aide isolément. Nous devons unir nos forces afin de nous attaquer aux problèmes de santé mentale et de mieux-être, en particulier chez les enfants et les adolescents qui nous sont confiés.

Nous ressentons peut-être de l'appréhension ou de la réticence à l'idée d'avoir une discussion franche concernant la santé mentale, surtout lorsqu'il s'agit de jeunes enfants et d'adolescents. Il peut s'agir d'un sujet tabou pour la famille, un genre de squelette dans le placard, avec la porte verrouillée à double tour parce que si cela venait à se savoir, que diraient les voisins?! Mais pour ces jeunes, c'est un moment crucial dans leur vie : les laisserons-nous tomber?

À mesure que les choses évoluent, j'ai l'impression que nous sommes sur le point de marquer un tournant majeur … les planètes sont alignées. Il y a tant d'éléments du puzzle qui tombent en place présentement; les échanges fructueux se multiplient entre les organismes partenaires, notamment avec le ministère de l'Éducation, qui s'est engagé à faire bouger les choses, et le groupe de travail sur la santé mentale, formé de représentants de l'Éducation, d'Enfants en santé, de Santé mentale et d'autres ministères. Nous sommes tous sensibilisés à ce problème épineux, l'éléphant dans la pièce, nous sommes prêts à y faire face et à trouver des solutions!

Le présent journal renferme l'exposé de position de la MASS en matière de santé mentale et un certain nombre d'articles sur des sujets tels que l'anxiété, la résilience, la prévention du suicide et les premiers soins en santé mentale, pour ne mentionner que ceux-là. Un article particulièrement captivant est celui du Dr Stanley Kutcher, une sommité à l'échelle internationale dans le domaine de la santé mentale chez les adolescents.

Ensemble, nous devons faire face à ce problème si pressant.

We must come together to address mental health and mental well-being, particularly for the children and adolescents in our care.

Once again, I am in awe of the leadership, commitment and dedication of the members of the Manitoba Association of School Superintendents (MASS) as we work together and collaborate with partner organizations, to do what is in the best interests of the students in our province. While all of us, partner organizations and government departments included, have much to be proud of with regards to the quality of education and life in Manitoba, the elephant in the room can no longer go unnoticed. Some of our most fragile students and families need the resources and supports to flourish that none of us can provide in isolation. We must come together to address mental health and mental well-being, particularly for the children and adolescents in our care.

Perhaps we are somewhat apprehensive or reluctant to have a frank discussion about mental health, particularly when dealing with young children and adolescents. It can be like the family skeleton in a closet with the door safely closed because should the door swing wide open, what would the neighbors think! But this is supposed to be the time of these kids' lives: how can we let them down?

Moving forward, I feel like we're on the brink of something big… the stars are aligning. So many things are happening all at once with bold conversations between partner organizations, including the Minister of Education, who has made a commitment to make things happen, and the working group on mental health that brings together representatives from Education, Healthy Child, Mental Health and other departments. We are all talking about the elephant, staring it straight in the face, and doing something about it!

This journal includes the MASS position paper on mental health and a number of articles that speak to the issues of anxiety, resilience, suicide prevention, and mental health first aid, to mention a few. Of particular note is the article by Dr. Stanley Kutcher, who is an internationally-renowned expert in the area of adolescent mental health.

Together we must let the elephants roam.

A Message from the Minister for Manitoba Education / Ministère de l'Éducation du Manitoba

La mise sur pied du groupe de travail codirigé par des représentants de la Manitoba Association of School Superintendents, d'Enfants en santé Manitoba et des Mental Health Services for Child and Youth constitue une étape importante dans l'amélioration des soutiens en santé mentale et des services de santé mentale offerts à nos élèves et à nos collectivités.

Nancy Allan
Minister Manitoba Education / Ministère de l'Éducation du Manitoba

The working group co-led by representatives of MASS, Healthy Child Manitoba and Child and Youth Mental Health Services, is a significant step toward improving mental health supports and services for our students and communities.

En qualité de ministre de l'Éducation du Manitoba, j'adresse toutes mes félicitations aux membres de la Manitoba Association of School Superintendents pour le leadership et l'engagement dont ils font preuve envers une éducation de qualité et le bien-être des élèves et des communautés scolaires à l'échelle de la province.

Travaillant ensemble, nous continuons à réaliser d'énormes progrès pour rendre nos écoles de plus en plus innovatrices, progressistes et adaptées aux besoins du public que nous avons le privilège de servir.

Je suis particulièrement heureuse de souligner la collaboration entre les enseignants et le gouvernement pour accroître nos efforts respectifs visant à favoriser la santé mentale et le bien-être dans nos écoles. La mise sur pied du groupe de travail codirigé par des représentants de la Manitoba Association of School Superintendents, d'Enfants en santé Manitoba et des Mental Health Services for Child and Youth constitue une étape importante dans l'amélioration des soutiens en santé mentale et des services de santé mentale offerts à nos élèves et à nos collectivités. Les programmes d'études provinciaux de la maternelle à la 12e année contribuent également à une meilleure compréhension des problèmes de santé mentale et de leurs traitements.

La conférence « Un enseignement qui mène à l'action » de 2014 qu'organisent la Manitoba Association of School Superintendents et le ministère de l'Éducation du Manitoba portera sur un vaste éventail d'initiatives visant à favoriser la sécurité à l'école et la santé mentale des élèves et de ceux qui les appuient. Je vous invite à poursuivre votre excellent travail au service des élèves, du personnel scolaire et des collectivités du Manitoba. Ensemble, nous bâtissons une province plus forte pour tous les Manitobains d'aujourd'hui et de demain.

As Manitoba's Minister of Education, I congratulate the members of the Manitoba Association of School Superintendents (MASS) for your leadership and commitment to quality education and the well-being of students and school communities across the province.

Working together, we continue to make important progress in ensuring our schools are increasingly innovative, progressive and responsive to the needs of the public we are privileged to serve.

I am particularly gratified to note the collaboration between educators and government in strengthening our mutual efforts to promote mental health and wellness in our schools. The working group co-led by representatives of MASS, Healthy Child Manitoba and Child and Youth Mental Health Services, is a significant step toward improving mental health supports and services for our students and communities. Our provincial K-12 curricula are also helping to create a better understanding of mental health issues and their treatment.

The 2014 Education for ACTion conference, co-organized by MASS and Manitoba Education, will focus on a wide range of initiatives to promote school safety and the mental health of students and those who support them.

I encourage you to continue your excellent work on behalf of Manitoba students, staff and communities. Together, we are creating a stronger province, present and future, for all of our citizens.

Manitoba

MMSM
Multi-Material Stewardship Manitoba
INDUSTRY FUNDING RECYCLING
PRESENTS

TARGET ZERO ECO KIDS TOUR

Bring your class to The Forks for an interactive and inspiring tour of the Target Zero initiative. The one and a half hour walking tour invites kids to explore what we have done at The Forks while encouraging them to think 'green' and reduce their own carbon footprint.

TOURS RUN ALL YEAR*
Suitable for all ages

Contact Leigh Hayward, Education Programs Coordinator
ph: 204.987.4359 **email:** education@theforks.com

Are you recycling all you can? **simplyrecycle.ca**

*subject to availability

TABLE OFFICERS:

PRESIDENT
Robert Chartrand
Superintendent of Schools, South, Winnipeg School Division

PAST PRESIDENT
Brian O'Leary
Superintendent, Seven Oaks School Division

FIRST VICE-PRESIDENT
Reg Klassen
Superintendent, Rolling River School Division

SECOND VICE-PRESIDENT
Barb Isaak
Assistant Superintendent, River East Transcona School Division

TREASURER
Mike Borgfjord
Superintendent, Seine River School Division

DIRECTORS:

Celia Caetano-Gomes
Metro
Superintendent, Winnipeg School Division

Brett Lough
Metro
Assistant Superintendent, St. James-Assiniboia School Division

Patricia Burgoyne
Metro
Assistant Superintendent, Louis Riel School Division

Cathy Fidierchuk
North
Superintendent, Frontier School Division

Cyndy Kutzner
South Central
Assistant Superintendent, Western School Division

Janet Martell
Southeast Interlake
Superintendent, Lakeshore School Division

Barry Pitz
Southwest
Superintendent, Fort La Bosse School Division

Jane Friesen
Metro At Large
Director, Clinical & Extended Services, Pembina Trails School Division

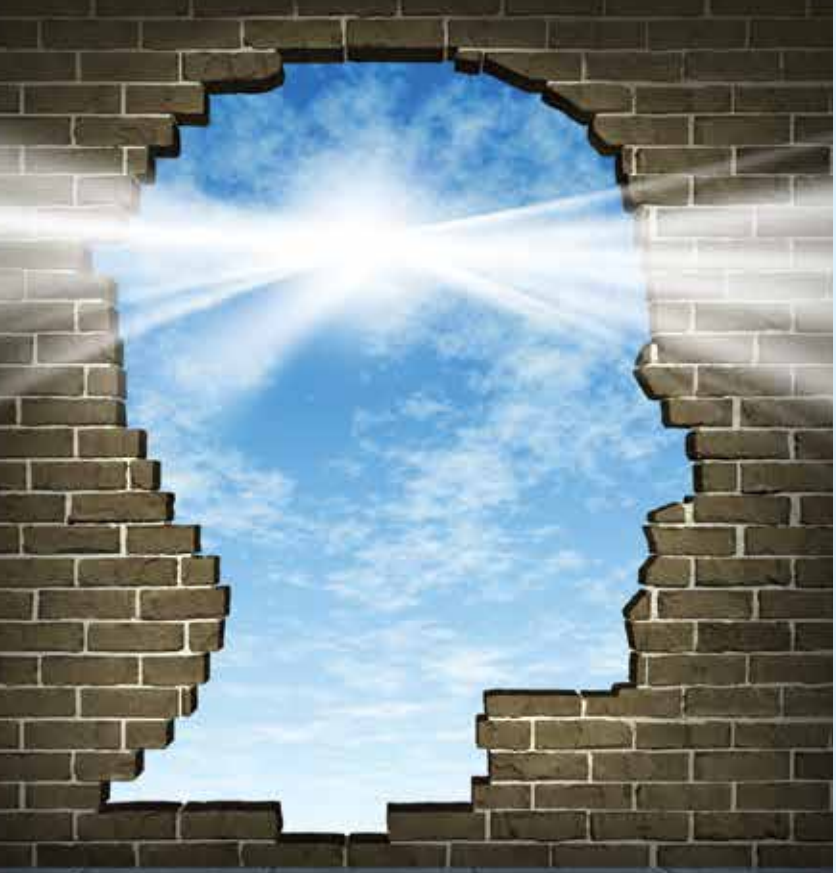
Donna Davidson
Rural At Large
Assistant Superintendent, Mountain View School Division

Ken Klassen
Executive Director

Amber Samson
Administrative Assistant

Bringing Schools to Mental Health and Bringing Mental Health to Schools: Challenges, Confusions and Opportunities

By Dr. Stan Kutcher



The importance of recognizing good mental health as an essential component of health and as a learning enabler for young people is increasingly being understood by educators, health providers, policy makers, youth and parents alike. Effectively addressing the need to promote good mental health, provide early identification, ensure the most effective treatments for mental disorders are accessible, and apply interventions that have demonstrated positive impact for both primary and secondary prevention of mental disorders and social/vocational/economic outcomes, have been stressed by numerous stakeholders across all of civil society and across all domains by which mental health interventions for youth have traditionally been delivered. Consensus is building that appropriate address of youth mental health must include cross-sectoral activities, particularly between education and health sectors.

Addressing mental health in school settings is complex and multilayered. One part of the "onion" traditionally addresses the school setting: is it safe; does it enhance social and emotional wellbeing, does it promote individual growth and development, does it help build resilience, etc.? Subparts of this layer can include such activities as anti-bullying policies, gender neutral or GBLTQ friendly spaces or meta-cognitive interventions such as delaying the start of the school day to mid-morning for junior high and high school students.

Another part of the "onion" focuses on interventions brought into the school setting that can be hoped to help address these same issues. This would include evidence supported programs that impact positively on improving social interactions amongst students or that focus on addressing social emotional development through either targeted or universal interventions. These programs are usually expected to be applied with fidelity and may thus be associated with substantial "out of budget" costs but are popular in some quarters.

A third layer of the "onion" is attention paid to enhancing in-school services for youth who may need additional support or engagement. These run the gamut from resources that can provide on-site counseling to resources such as youth health centers that may address mental health concerns within a wider health and sexual health context.

Yet another part of the "onion" focuses on prevention of mental disorders by applying best evidence supported interventions (usually targeted to symptomatic youth). Group sessions designed for students who demonstrate substantive depressive or anxious symptoms are an example of this. And the various levels can go on and on, and some can be subdivided into other layers. Sometimes different layers will house more than one activity, sometimes an activity may involve different layers. No wonder that the topic of school mental health can seem confusing at times! Yet, all aspects are important and all must be considered and addressed on their merits and, according, to a hierarchy of need.

Mental Health Literacy

Recent years have seen the development of a key concept that is thought to underlay all of the "onion" layers described earlier, and many more as well. This concept is mental health literacy. Although the definition of mental health literacy is still in evolution and the age specific

details of what is meant by mental health literacy may not yet be clearly defined for all age groups, there is general consensus that mental health literacy can be understood as focusing on the following four aspects.

First, mental health literacy encompasses the capacity to understand what constitutes positive mental health and strategies to achieve positive mental health. **Second,** it includes knowledge of mental disorders based on evidence-based research. **Third,** it promotes appropriate attitudes towards those living with mental disorders (addresses stigma). And **fourth,** it enhances the capacity and capability to seek mental health care from appropriate health providers, should that be required.

Mental health literacy interventions may set the foundation for mental health promotion, stigma reduction, prevention, early identification, diagnosis, best evidence based interventions and ongoing support for young people (and families) living with a mental disorder.

Schools are arguably the most appropriate location to implement mental health literacy interventions. In particular, if these interventions are seamlessly integrated into existing curriculum (such as health, healthy living, physical education, etc.) students may be more likely to engage in the experience as part of "normal" or "usual" school life. This stands in stark contrast to stand alone or one-off interventions which, although they may have popular support in some circles, have been generally found to produce little if any long-lasting changes in attitudes and which may be difficult to sustain and integrate into existing systems and changes in educational programming over time.

The Mental Health Curriculum Guide, developed in a collaboration between myself and the Canadian Mental Health Association (national branch), is an example of such an approach. Recently completed but not yet published studies have demonstrated substantial and significant improvements in mental health/mental disorder knowledge and stigma reduction in teachers and students exposed to this curriculum.

The Bigger Picture

Essential as this foundational approach may be, by itself it will not address many of the most pressing mental health concerns of educators, students and parents. These are often focused on the mental disorders themselves and this raises the question, how can or should schools be involved in helping to address the pathway into mental health care for young people?

Mental disorders in young people are a major health and social concern. Approximately one in five young Canadians will experience a mental disorder requiring professional care between the ages of 12 and 25 years, and most mental disorders can be diagnosed by age 25 (figure 1). Most of these can be diagnosed early after onset and are mild to moderate in intensity.

Early identification, diagnosis and appropriate interventions can be expected to improve both short and long term outcomes. While some mental disorders begin at a high degree of severity and go on to a chronic long term course, many experts consider that a lack of best evidence based early intervention can result in conditions that, left untreated, will also progress to more severe and chronic conditions.

Mental disorders in young people contribute the largest single component to the burden of illness in this age group. Despite this burden and their high prevalence, the majority of Canadian youth who require mental health care do not receive it in a timely manner. Unrecognized or untreated mental disorders may lead to numerous negative social, vocational, interpersonal and family outcomes, as well as a reduced life expectancy due to associated medical conditions and suicide. The development of effective approaches that enhance capacity for early identification and early effective interventions for youth with mental disorders is necessary to increase the possibility of positive short and long term outcomes for young people and their families.

Given this epidemiologic reality and our better understanding of how to identify and effectively intervene to address mental health needs of young people, it is relatively easy to conceptualize how schools can become an important part of the pathway into care (figure 2) for young people who develop a mental disorder. And, mental health literacy, for both students and for educators, is a fundamental component of that consideration.

Just as students who are literate in mental health may be able to better understand how to promote their own mental health, display more appropriate attitudes towards those living with a mental disorder and be better able to identify and seek

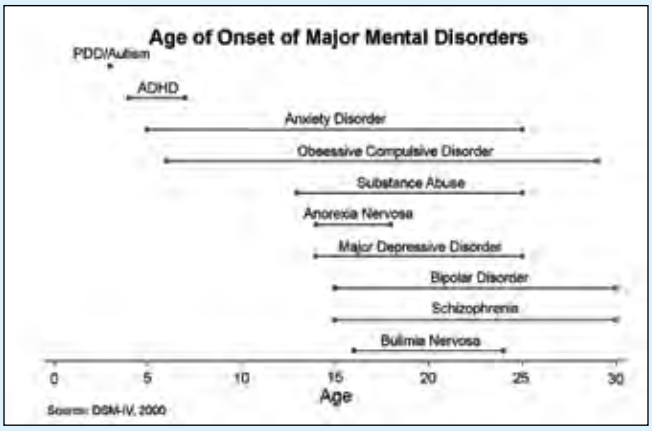


Figure 1. Ages of Peak Onset for Selected Mental Disorders.

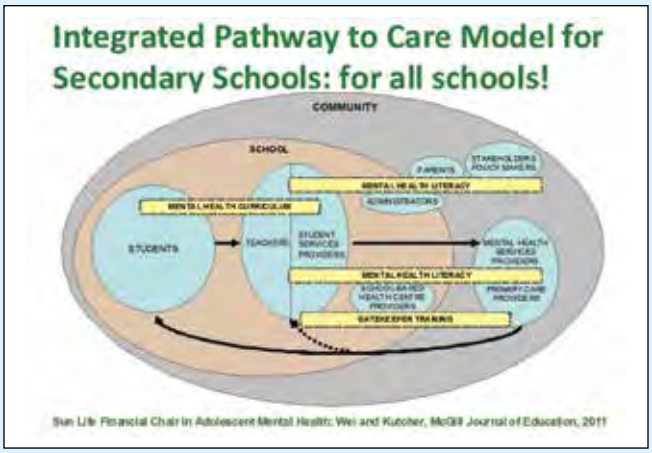


Figure 2. The Pathways Through Care Model for Youth Mental Health Care.

help for mental disorders should they experience them, so too can educators develop mental health literacy. This literacy can be similar in nature to that achieved by the students, but in addition, can include components pertaining to: the ability to identify students who are showing signs and symptoms of a mental disorder; assessing and triaging students into school supports or referral to an appropriate health care provider; addressing in-school academic and social needs of students who are receiving care for a mental disorder; networking with on-site student services providers; and communicating with parents and the wider community.

In this model, educators (including teachers, student services providers, administrators and others) can participate within a pathways through care approach that may be able to more appropriately address the mental health care needs of young people than the chaotic, fragmented and confusing routes into mental health care that are currently the norm in much of Canada.

Such an enhanced mental health literacy for educators is well beyond the scope of traditional approaches to enhancing rudimentary information about mental health and mental disorders, such as that provided by community directed programs (for example: Mental Health First Aid). To be useful, this knowledge must be contextualized to the school setting and must include as its goal the development of capacity within educators and within educational settings to support identification, triage, referral and support of young people at risk for a mental disorder. Thus, it can contribute to an enhanced community capacity to effectively address youth mental health and improve youth mental health care, rather than existing in isolation from such a pathway.

Mental Health Literacy Programs

Such contextualized school based mental health literacy programs have been recently developed and evaluated. For example, the High School Mental Health Curriculum Guide, which was mentioned earlier, underwent substantial field tests in its development. Subsequently, the guide training program and a companion training program designed to enhance capacity within schools to identify, triage and support young people with mental disorders, was created and extensively evaluated by the author and his team.

Initial research into the impact of this approach in enhancing mental health literacy has been very promising. Program evaluations of the effect of teacher training on increasing teacher's knowledge about mental health/mental illness and decreasing teachers' stigma about mental illness have shown very positive and statistically significant results. Additionally, similar positive and statistically significant results have been demonstrated for the "Go To Educator Training Program" that addresses the capacity within schools to identify, triage and support young people with a mental disorder (to view program evaluation reports please go to www.teenmentalhealth.org).

The province of Nova Scotia has now integrated the Guide into its Grade 9 healthy living curriculum and the "Go To Educator Training" into its system supports for students who require additional interventions, through their Schools Plus Program. Across Canada, hundreds of schools and numerous school boards are implementing these interventions with success. Preliminary data analysis from two large independent research projects, one a controlled cohort study and the other a randomized controlled trial, has shown similar positive and statistically significant results. Details will be made public when the investigators publish their findings.

This type of rigorous evaluation of school mental health interventions is also now being considered when educators are being faced with making decisions about which (if any) programs pertaining to mental health they will apply in the school setting. Regardless of whether those programs address mental health promotion, prevention or are designed for specific interventions, these should pass the scientific sniff test: do they do what they say they do and how do we know?

How to Pick a Program

Before programs are implemented it is a good idea to ask if they have clearly demonstrated the following: effectiveness, safety, feasibility and cost effectiveness. If the answer to one of the earlier evaluation criteria is no, or if it is not clear that any one of the criteria has been established, then it may not be appropriate to apply that intervention. Ideally, the testing of the intervention should have been conducted by individuals or organizations that do not serve to profit from its implementation and are independent of the company that is marketing the product.

The evidence for effectiveness should include a randomized controlled trial with a placebo or no-intervention control arm and the results should be both ecologically meaningful and statistically significant. The program should be assessed for its safety, particularly if it addresses an issue that may be associated with harmful outcome, such as a suicide prevention program (to ensure that application of the program does not lead to increases in suicide or self-harm). Furthermore, the intervention should be feasible, that is, it must be able to be applied in the real world in the location desired. Programs that very tightly adhere to "fidelity" criteria are often not feasible to apply. Programs that are "add-ons" to existing in school activities may be difficult to add for logistic or pedagogic reasons. And finally, if at all possible, programs should have demonstrated cost-effectiveness or be deemed to be cost neutral in their application. This is particularly important during times of economic concern and tightening of educational and health care budgets.

Four of the most well known approaches used to address the earlier issue are the Oxford Center for Evidence Based Medicine Levels of Evidence; the GRADE criteria; the "What Works Repository": Evidence Based Effectiveness Analysis Classification Framework; and The Society of Prevention Research Standards of Evidence. Their application requires expertise in research evaluation that is not easily available to educators or senior administrators in educational systems. Currently, a pilot program is underway to determine the feasibility and potential utility of creating

a national database of independent evaluations of various school based mental health programs for educators and education administrators to assist them in their decision making about program purchase and implementation.

Unfortunately, there is often little good evidence that many highly marketed mental health programs do what they say they do. For example, in a recent systematic review, Wei and Kutcher found that in an independent evaluation of globally applied school mental health programs, fewer than 10 per cent demonstrated high levels of effectiveness or safety and none had considered cost effectiveness in their evaluations. The take home message here, at this time then, is buyer beware.

Changing How Mental Health Care is Delivered

Finally, this integrated approach to addressing youth mental health in the school setting will need substantial changes in how mental health care is delivered. The current system of mental health as a silo service, essentially divorced from usual health care, is not effective, un-sustainable, stigma enhancing and unable to meet the mental health care needs of young people and their families. Enhancing the capacity of primary care health providers to seamlessly be able to provide mental health care as an integrated part of their usual provision of health care is needed to more effectively and more appropriately meet the needs of young people and their families.

Such direction is beginning to occur in some parts of Canada. In British Columbia, for example, the Physician Support Program of the British Columbia Medical Association has developed and extensively field tested an entire training and capacity building program for primary care physicians (see www.bcma.org/node/1942). Early outcome details are positive and statistically significant. Time will tell if this approach will percolate across Canada.

Overall, this is an exciting time for school mental health. The breadth of opportunities to now advance improvements for the holistic health of young people in schools is historically unprecedented. And, while the challenges are considerable, inroads, based on good evidence, have been made. As long as educators, young people, parents, health providers and others work collaboratively with each other, sharing best in class resources and promoting collective rather than parochial solutions to common problems, the common goal we share—improving the lives and helping to optimize outcomes for young people—will be achieved. ■

Dr. Stan Kutcher is the Sun Life Financial Chair in Adolescent Mental Health, and Director of the World Health Organization Collaborating Center at the Dalhousie University and the IWK Health Center.

A complete list of further reading materials, provided by Dr. Kutcher, is available at www.mass.mb.ca.

Investing in the Mental Health of Manitoba's Youth: **Everyone, Every Place, Every Day**

By Rob Santos

Over the past decade, Manitoba and the rest of the world have witnessed rapidly growing mental health needs of children and youth, with earlier onset and rising prevalence. These problems are now the leading cause of disability in young people worldwide. What does this look like in our schools? More of our children, at younger ages, are feeling anxious and overwhelmed, or are acting out and disrupting others. Some are withdrawing and feeling hopeless, and are disengaging from the people and places that could and should help them.

However, for every young person, there is hope. This article briefly reviews these trends as well as growing scientific evidence for effective investments we can make in the everyday lives of our families, schools and communities to prevent mental illness and promote mental health and wellness, from early childhood to early adulthood.

The world has changed for the better. We are now talking more openly than ever about mental health. In summer 2011, the Premiers of Canada announced the importance of mental health for all their governments and Manitoba's Premier hosted the first national Mental Health Summit in February 2012. It focused on mental health promotion and mental illness prevention.

In May 2012, six years after the landmark Senate report Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addictions Services in Canada (Kirby & Keon, 2006), the Mental Health Commission of Canada (2012) released our country's first-ever mental health strategy.

That same month, I had the honour of joining Marion Cooper (Winnipeg Regional Health Authority) and Denis Granger (Louis Riel School Division) on an invitational panel in Winnipeg entitled "How to Foster Mental Wellness in Our Children." This was part of the cross-country Walrus RBC Conversation Series on children's mental health. The audience filled the Prairie Theatre Exchange.

The interest hasn't slowed. On February 13, 2013, the Bell Canada Let's Talk Day raised more than $4.8 million for mental health; Bell donated five cents for each of the 96 million texts, tweets and Facebook shares across Canada that day. The March 2013 cover story of *The Walrus* magazine was, "The New

Normal: The Mainstreaming of Mental Health." And, at the May 2013 World Health Assembly, a global mental health action plan will be tabled, fulfilling a World Health Organization resolution a year earlier to do so (Hock et al., 2012).

The world has also changed for the worse. For the first time in 50 years, our children's mental health problems are now more prevalent than their physical health problems (Halfon et al., 2012; Slomski, 2012). Mental health challenges have gone global, with mental and behavioural disorders the leading cause of years lost to disability worldwide (Vos et al., 2012), particularly for young people (Gore et al., 2011), a burden of illness that grew 38 per cent from 1990 to 2010 and shows no signs of slowdown (Murray et al., 2012).

Economically, mental illness costs $51 billion per year in Canada (Lim et al., 2008), equivalent to the entire GDP of Manitoba. In Europe, the annual cost is £797.7 billion or a trillion dollars (Smith, 2011). We need to understand why mental health has worsened worldwide over the past half century for younger people but not for older people (Rutter, 2002; Smith & Rutter, 1995).

What Do We Know?

Half of all current adult mental illness started (onset) by age 14 and 75 per cent started by age 24, highlighting prevention and early intervention in childhood as top priorities (Kessler et al., 2005). Adverse childhood experiences and toxic stressors (e.g., poverty, child maltreatment, family violence, parental mental illness and addictions) are prevalent and more strongly associated with the onset of mental illness (Green et al., 2010) than its persistence, indicating a stronger need for primary compared to secondary prevention (McLaughlin et al., 2010). Similarly, the onset of adolescent mental illness is strongly associated with prior adverse childhood experiences (McLaughlin et al., 2012), such as child maltreatment (Scott et al., 2010).

Compared to childhood physical health problems, childhood mental health problems lead to larger and longer-lasting lifetime losses in work, income and marital stability (Goodman et al., 2011). Mental health is not improving worldwide (Vos et al., 2012) or in Canada (Boyle & Georgiades, 2010; Simpson et al., 2012), and appears to continue worsening. For example, from 2000 to 2010 in Manitoba, ADHD increased by 66 per cent and special education (Level II and III) funding increased by 106 per cent (Brownell et al., 2012).

ADHD alone exerts enormous lifelong economic losses (Doshi et al., 2012). For today's generation of young people, mental health problems are starting earlier in life and are more prevalent and persistent before adulthood. For youth ages 13 to 18 years, past-month prevalence is 23 per cent and past-year prevalence is 40 per cent (Kessler et al., 2012a; comprising eight per cent severe, nine per cent moderate, and 23 per cent mild impairment; Kessler et al., 2012b), and cumulative lifetime prevalence is 49 per cent (Merikangas et al., 2010).

New longitudinal evidence indicates that by age 21, 61 to 82 per cent of young people will have mental illness at some point in their lives; like physical illness, mental illness is a near-universal experience (Copeland et al., 2011), yet only one in three receive any treatment (Copeland et al., 2011; Merikangas et al, 2011). Schools can be integral to early identification and mental health service use (Green et al., in press).

These needs of the many are in stark contrast to the capacity of the few. For example, for every 100,000 people in Manitoba, there are 20 psychologists, 68 social workers, 76 registered psychiatric nurses, 186 physicians and 935 registered nurses (Canadian Institute of Health Information, 2012). Even if every one of these health professionals were deployed solely to children`s mental health, we could never treat our way out of the problem.

The fact is that mental health goes beyond health care services. No major public health threat has ever been reversed by treating people one-on-one after it has already taken hold. Prevention has always been imperative (Albee, 1959; Offord & Bennett, 2002; Vitaro & Tremblay, 2008). Its urgency cannot be overstated (Vos et al., 2012; Waddell et al., 2007a). Prevention begins in our homes, preschools and schools, and communities.

What Can We Do?

We can put evidence into action (Insel, 2009, 2011; Waddell et al., 2005a, 2007a). For the first time in history, we know that mental illness is preventable (Beardslee et al., 2011; NRC & IOM, 2009b) by (a) increasing nurturing environments for children, (b) decreasing or buffering children's exposure to adverse childhood experiences and toxic stressors, and (c) strengthening children's executive functioning and self-regulation skills (Biglan et al., 2012; Blair & Diamond, 2008; Diamond & Lee, 2011; IOM & NRC, 2012; Prinz et al., 2009; Shonkoff, 2011).

We can avoid programs that have evidence of harm and choose effective alternatives (Dodge et al., 2006). We can go beyond programs to enacting simple strategies to promote mental health for everyone, every place, every day (Embry, 2011; Kettner, 2011), as routine as washing our hands, brushing our teeth or fastening our seatbelts. We can act from pre-birth to adulthood, most strongly in early childhood, and build babies' brain architecture through caring responsive relationships and play-based learning (Boivin & Hertzman, 2012; Shonkoff et al., 2012). We can learn from new evolutionary, longitudinal and neuroscientific evidence (Ellis et al., 2012; Moffitt et al., 2011; Spear, 2010) and support children's socioemotional learning and self-regulation skills in schools and prevent later mental illness, smoking, alcohol and drug addictions, crime, and suicidal thoughts and attempts (Caine et al., 2011; Foxcroft & Tsertsvadze, 2011; Kellam et al., 2008; Lake & Gould, 2011; Mendelson et al., 2012; Strang et al., 2012; Wilcox et al., 2008; Wyman, 2012).

These can also promote high school graduation and post-secondary achievement (Bradshaw et al., 2009; Campbell et al., 2012; Kellam et al., 2008) and return more benefits than they cost (Barnett & Masse, 2007; Lee et al., 2012). Schools are essential for public and population mental health (Mills et al., 2011) and need more evidence into practice (Kutcher & Wei, 2012) and adolescent mental health services (NRC & IOM, 2009a), and to increase their reach (McHugh & Barlow, 2012).

We can monitor child and youth mental health (Junek, 2012a, 2012b; Waddell et al., 2005b), for example, using measures reflecting the dual-continuum model (Keyes, 2007; Lamers et al., 2011) as included in Manitoba's 2012 Youth Health Survey, currently underway. We can work with parents and families with mental illness, which can in turn prevent mental illness in their children (Siegenthaler et al., 2012). Our challenge is to identify root causes (risk and protective factors), advance prevention and early intervention, improve treatments and expand access to care, raise awareness of the global burden, build human resource capacity and transform service systems and policy responses, using an evidence-based, life course, system-wide approach to improving environments (Collins et al., 2011; Waddell et al., 2005b).

The Next Steps

Following the extraordinary leadership of superintendents and the MASS position paper on children's mental health (see page 38), Manitoba's Healthy Child Committee of Cabinet (HCCC) established a new Oversight Committee on Child and Youth Mental Health (OCCYMH) to oversee cross-sectoral system response to the MASS recommendations. OCCYMH members include representatives for First Nations, Metis and Inuit organizations, HCCC partner departments, and the education, mental health, public health, child welfare and justice systems. Work has already begun in concert with Rising to the Challenge, our province's mental health strategic plan (Government of Manitoba, 2011), building on the provincial youth suicide prevention strategy (Government of Manitoba, 2008) and the Healthy Child Manitoba Strategy.

Manitoba is rising to the challenge for children and youth. Together, we can give all of our children a fair start, their fair share and the life chances for mental health and well-being that are their birthright. ■

Dr. Rob Santos is Associate Secretary to the Healthy Child Committee of Cabinet (HCCC), Government of Manitoba, a Research Scientist at the Manitoba Centre for Health Policy, and an Assistant Professor in the Department of Community Health Sciences, University of Manitoba. Patricia Burgoyne, Dr. Keith Hildahl and Dr. Santos are the co-chairs of the new Oversight Committee for Child and Youth Mental Health, established by HCCC in response to the MASS position paper on child and youth mental health.

A complete list of references for this article is available at www.mass.mb.ca.

This article is based on presentations to MASS (March 2012) and the Manitoba School Boards Association's April 2012 Healthy Minds, Successful Students forum on student mental health and wellness, with special thanks to Pat Burgoyne, Coralie Bryant, Carolyn Duhamel, Lesley Eblie Trudel, Dr. Gerald Farthing, Ken Klassen, Brian O'Leary, Jan Sanderson, and Edie Wilde for helpful discussions (and to Dr. Joel Kettner for the subtitle of those presentations and this article).

The Canadian Mental Health Association, Winnipeg Region is thrilled to be presenting in schools this fall a FIVE DAY program aimed at reducing stigmatizing attitudes among youth, increasing their help seeking and coping behaviours and encouraging youth led initiatives to promote wellness in junior high and high schools! The five hourly sessions are provided over five consecutive days by CMHA's Youth Mental Health Promotion Worker with support from the teacher or guidance counsellor. The first session develops students' understanding of Stigma and Mental Health. The second session encourages students' to develop empathy for those living with mental health issues and focuses on interactive learning. The third day is a video and discussion that serve to demystify experiences of mental health issues and provide a general overview of mental health issues that youth might face. The most exciting and important part of this learning process is on the fourth day when two speakers come into the classroom to tell the students about their personal story of recovery and hopeful message regarding mental health. Students get to ask the speakers questions, and learn from role models like Jordan Matechuk, Winnipeg Blue Bomber and 2011 Heroes of Mental Health award winner, that it can get better! Jordan is thrilled to be a Public Understanding and Mental-Wellness Promotional Speaker with CMHA-Winnipeg.

Mental health is important to everyday life; at home, on the field, and in the classroom. Developing an understanding of stigmas and embracing my mental health was how I started my journey of recovery. I am excited to work together on promoting positive mental health.- Jordan Matechuk

We're excited to work with Jordan and other dynamic speakers too! On the final day we inform the students about resources in their school, in their community, in the City of Winnipeg and all of the provincial and national phone lines that are there for them all the time!

This program will fill a huge gap we are hearing about from many teachers with the added bonus of reducing the stigma associated with mental health issues that stops so many youth from getting the help they need to start their journey of recovery. We are pleased to be modifying it from a Mental Health Commission of Canada evaluated program in Ontario that has had great success! CMHA-Winnipeg gives many thanks to Keith Paterson from MB Education for his support in ensuring we can meet learning outcomes and MB Education for offering us the support of Shari Block as a liaison with school divisions as we schedule bookings for the program. As we move forward we are excited to also be evaluated and to develop partnerships with schools that also offer them opportunities for Mental Health First Aid for Adults Who Interact With Youth training for their staff.

As part of a leading national organization in mental health CMHA Winnipeg has been an active advocate since its incorporation in 1984 for the development of comprehensive services and support for people recovering from a mental illness and promote positive mental health for all! This step forward into youth mental health promotion through education and stigma reduction is another piece of creating a well Winnipeg! It is paired with an expansion in our social media strategy, including an innovative and interactive wellness campaign designed by Tactica Interactive for the entire month of May! Check out Bewellwinnipeg.ca after April 22 for more details on how to promote wellness in your life and win incredible prizes from Virgin 103.1 Concert Tickets, to CN sponsored MB Chamber Orchestra tickets, to Yoga, Pilates, Dance and Mindfulness classes, to Bikes and more!

Mental Health Promotion in Education Communities: A Partnership between School Divisions and a Regional Health Authority

By Toni Tilston-Jones, Denis Granger, Pat Burgoyne, Sharon Halldorson, Lisa Dveris, and Edie Wilde

The Winnipeg Regional Health Authority (WRHA) has collaborated with both the Louis Riel and Seven Oaks School Divisions (LRSD, SOSD) on strategies to promote mental health and well-being in our school communities. Mental Health is an integral component of overall health, yet historically it has received less attention in the health sector and has been conceptualized primarily through a biomedical lens.

The over-reliance on medical model conceptualizations of mental health created barriers and challenges for schools in their efforts to support students, families and staff. The partnership between LRSD, SOSD and the WRHA resulted in the adoption of socioecological frameworks, positive definitions of mental health and dedicated resources to assist schools in providing a continuum of supports, structures and practices to promote, protect and facilitate the well-being of everyone involved with school communities.

Mental Health Promotion in Education Communities (MHPEC) is the term coined to describe our approach and is defined as a comprehensive, systematic, collaborative effort to develop, implement and evaluate strategies that promote the health and well-being of all those who learn in, work in and interact with education settings. Our approach incorporates a critical public health perspective, shifting the emphasis from a focus on the well-being of individuals and individual action, to include the wider social, cultural, political, economic and environmental factors influencing well-being, including the social determinants of health. Furthermore, it incorporates a social justice lens by addressing issues of equity, human rights and their impact on mental health.

Mental health promotion in education is most effective when it is comprehensive, collaborative and the full meaning of mental health is understood. The WRHA, SOSD and LRSD partnerships adopt the following definition of mental health:

"Positive mental health is a component of overall health and is shaped by individual, physical, environmental, social, political, cultural and socio-economic characteristics. Fostering the development of positive mental health by supporting individual resilience, creating supportive environments and addressing the influence of the broader determinants of health are key components of promoting mental health."[1]

Mental health promotion, therefore, is any action taken to address the full range of modifiable determinants of health. Our focus is on creating school environments and practices that promote and protect positive mental health and well-being for individuals, families and communities.

Efforts in mental health promotion in education require the engagement and ownership of all stakeholders—beyond school based support services and clinical services. Our MHPEC partnership includes seven areas of focus and exploration:

1. Policies and Administrative Practices;
2. School Culture/Climate;
3. Curriculum (what is taught and how);
4. Ideology (impacts on practices/policies);
5. Support Services/Structures;
6. Community Partnerships; and
7. External Contexts (outside influencers).

In LRSD

While schools are in a unique position to have a positive impact on the social and emotional well-being of children and families, there are many factors that influence the mental health of children and young people. Globally,

there appears to be increased pressures on young people today, and, as a result, the range of emotional, behavioural and familial issues children and youth present with at school has increased in complexity.

Current behavioural science research provides evidence that "behavioral problems have replaced infectious disease as the major cause of morbidity and mortality among youth."[2] Depression, anxiety, substance use, physical and sexual abuse, self-harm and suicide ideation are more prevalent in referral for school services than in previous years.

In LRSD, we felt overwhelmed by the demands placed on the education system to respond to "mental health problems" of students and caregivers. Our efforts to support the needs of our community were exhausting our resources and a frequent topic of discussion became how best to respond to "all these mental health issues."

In LRSD, we have worked with our school administrators, Student Services and Clinical Services staff to increase knowledge in the area of risk factors. However, educators are not mental health professionals and we were challenged to identify a mental health issue and how best to respond within the school environment. As a result, increasing the mental health literacy of school personnel, with a goal to develop a framework that responds to common mental health issues frequently experienced by the LRSD student population, was acknowledged as an LRSD priority. In addition to capacity building, we identified the need to establish effective linkages with external mental health resources.

In March 2007, LRSD approached the WRHA with a request to collaborate on a project to address the mental health needs of students. Together, LRSD and the WRHA reviewed the issues within our school division to identify the presenting barriers to learning within a mental health context. The identified purpose, as stated in the project charter, was "to provide a comprehensive school-based response to promoting mental health and resilience for children, youth, families, communities and staff that will be sustainable and evaluated."

The resulting LRSD Mental Health Promotion initiative offers schools a process and framework to address the increased pressure educators face in responding to the mental health and emotional well-being needs of students.

Working with WRHA staff, the LRSD Student Services and Clinical Services created professional learning communities to support the following efforts:

- Mental health promotion capacity-building workshops with LRSD school administrators, Student Services and Clinical Services staff;
- Focused site visits with school teams, in all LRSD schools, conducted by a Project Coordinator from WRHA;
- Environmental scan of current health promotion activities in all LRSD elementary and high schools; and
- Professional development on the topic of mental health literacy, mental health promotion and responding to mental health issues.

As a result of our efforts, LRSD has branded its mental health promotion partnership with the WRHA as the Social and Emotional Learning Framework (SELF). The collaboration has provided an opportunity for the development, implementation and evaluation of mental health promotion initiatives within the school division. To date, there are many projects and initiatives to promote school-based mental health. For example, we have provided training in Mental Health First Aid® to staff, enhanced the delivery of the Friends for Life® anti-anxiety program in Grade 4 classrooms, and adapted the Canadian Mental Health Association's Mental Health & High School–Understanding Mental Health and Mental Illness® curriculum. This curriculum was implemented in all Grade 9 and 10 classrooms, with the Physical Education/Health staff, Student Services and Clinical Services staff working collaboratively in a co-teaching model.

Presently, we have a High School Professional Learning Community focus on substance use issues in youth. We are using a resource from the Canadian Centre on Substance Abuse: Building on our Strengths, a strengths-focused framework to review research and practices related to responding to students with substance use issues. LRSD will continue to work on the broader SELF initiative goals to create safe school environments and further enhance student engagement and student voice as powerful components for school-based mental health promotion.

Through this process, we have learned that effective mental health promotion strategies must:

- Involve students, educators, support staff, administration, parents/caregivers and community members as partners in planning, implementing and evaluating efforts;
- Form integral components of the school organizational structure (resources, roles, responsibilities);
- Align with all aspects of school life including ideology, administrative practice, policies, curriculum, support structures and partnerships; and
- Integrate promotion, prevention, intervention and treatment services.

The mandate of Mental Health Promotion in Education Communities is to develop a whole school strategy that is founded on best practice, cohesive and coordinated and responds to the needs and context of the school community. In LRSD, we are engaged in an ongoing commitment to such a strategy.

In SOSD

In the fall of 2010, the Seven Oaks School Division initiated a partnership with the Winnipeg Regional Health Authority with focus on mental health promotion in our school communities. We established our project team who developed a charter. Financial support was provided to the WRHA by the school division in maintaining our partnership with a program specialist. We then established an advisory committee consisting of representatives from each school and department in SOSD, as well as other agencies such as daycares.

During the first year of the initiative we began educating school teams as to the positive aspect of mental health and how it is important to everyone. School teams had two-day meetings with our WRHA colleagues who discussed mental health promotion as a concept. One important aspect of these meetings was emphasizing that much of what we already have in place in our schools and communities promotes positive mental health and that mental health promotion

is not an add-on program. Surveys were completed with school teams at these meetings in early 2011.

In the second year of the initiative the project team facilitated dialogues with each school team. We discussed school initiatives, goals and plans and incorporated the concept of social emotional learning and mental wellness for all. These broad-based meetings were comprehensive in that they summarized what schools currently have in place, what challenges they have for the future and how we can collaborate to meet those challenges. Reports were prepared for each school by the program specialist.

Training was also a major focus of our second year with the partnership. With support from the WRHA, many of our staff received training in suicide prevention for older students and building resilience in early years (including preschool). Four clinicians and teachers were trained as trainers in Mental Health First Aid, subsequently providing training to many staff members in the division. It is our eventual goal to have all staff trained.

In addition to staff training, high school clinicians, guidance counsellors and teachers co-facilitated whole class lessons for students on mental health and wellness as well as suicide prevention. Clinicians also collaborated with elementary and middle years school teams and classroom teachers on themes of community building and kindness, building capacity in our staffs throughout the school division

In this, our third year of the initiative, promoting the idea that positive mental health applies to everyone is a major goal. We have developed a website and our advisory committee representatives share information with their respective staffs. We hope that staffs will eventually share common language and perspective as to the importance of positive mental health.

We are also integrating mental health promotion with other initiatives in our division, particularly regarding Aboriginal education. Another focus is children in care and working effectively with foster families, and integrating mental health promotion into our work with newcomers to Canada. The collaboration and capacity building that has occurred in the first two and a half years of our initiative have been remarkable and we are looking forward to further work aimed at promoting mental health and wellness for all. ■

Toni Tilston-Jones is Program Specialist Mental Health Promotion, with the WRHA. Denis Granger is Director, Student Services, with the LRSD. Pat Burgoyne is Assistant Superintendent for LRSD. Sharon Halldorson is Director, Educational and Clinical Support, with SOSD. Lisa Dveris is a Social Worker with SOSD. Edie Wilde is Assistant Superintendent for SOSD.

References

1. Canadian Institute for Health Information, Improving the Health of Canadians: Exploring Positive Mental Health, Ottawa, CIHI, 2009.
2. Mayer, Janet, University of Calgary July 2007). School-Based Mental Health Programs: Moving from Survival to Excellence.

Children's Anxiety Problems:

The Role of the School in Promoting Resilience and Positive Mental Health

By Barry Mallin, PhD, and John R. Walker, PhD

In a speech he gave at the convocation of the United Negro College Fund in 1959, John F. Kennedy famously made the questionable but optimistic assertion, "When written in Chinese, the word crisis is composed of two characters. One represents danger and the other represents opportunity."

Schools, by their very nature, help students seize the opportunity to acquire and master new skills while experiencing the danger of encountering new situations and challenges. In fact, the experience and mastery of the reactions to novel or threatening events is a developmental task everyone must master in order to learn and grow.

Common reactions to life's challenges are coping strategies that can include: a temporary withdrawal from the circumstances, a greater reliance on caring persons for reassurance and support, and reduced confidence and reluctance to take chances. If temporary, these strategies may be resolved with healthy coping. If prolonged or generalized, these strategies may interfere with learning.

The many benefits of the early development of healthy coping skills in children have been emphasized in theory and supported by evidence from the earliest days of community psychology (Cowan, 1975). Current models of mental health promotion emphasize strengths and approaches to preventing problems (Jané-Lopis, Barry, Hosman, & Patel, 2005). Promotion focuses on tailoring intervention to the settings in which people are living, such as the workplace, the school and the community.

In this context, we present the current understanding of anxiety disorders while supporting the proposition that school systems routinely and appropriately engage in activities that promote positive mental health in children and youth. We also discuss mental health promotion approaches that reduce anxiety, and support resilience and positive mental health. These approaches are both school-friendly and have evidence of effectiveness. In addition, we discuss the necessary considerations to support implementation and sustainability of mental health promotion approaches, incorporating considerations from the effective schools literature.

Anxiety Problems are Common in Children

Children can develop any of the recognized anxiety disorders. An anxiety problem is considered to be a disorder when it causes interference with normal functioning or a high level of emotional distress. The most common presentations of anxiety disorders seen in children include: Generalized Anxiety Disorder, Social Anxiety Disorder (a variant is Selective Mutism), Panic Disorder, Specific Phobias, Obsessive Compulsive Disorder, and School Refusal/Avoidance.

Anxiety is the most common mental health problem in children. About one in ten children, at any grade level, is experiencing significant problems with anxiety. Many of the children with anxiety problems experience more than one of anxiety patterns described above.

Anxiety problems during early childhood are associated with a higher risk of anxiety disorders in adolescence. Anxiety problems in early adolescence are associated, in turn, with affective disorders and substance abuse in late adolescence and early adulthood.

Risk Factors for Anxiety Problems

Anxiety and fear are basic emotions. They are important to survival. They tell us to be careful in unsafe places and events, like in deep water or speeding traffic. As adults, anxiety may help us to do things, like getting work done before deadlines. It is often harder on a parent to care for a child who has too little anxiety than one who has too much anxiety. Children with too little anxiety may do things that put themselves at risk.

There are a few factors that are related to anxiety problems in children. These include: family history, stress, sudden upsetting events, the examples set by others and an overly protective environment. The more risk factors, the greater the likelihood of having an anxiety problem.

Treatment of Anxiety Disorders

Fortunately, recent progress has resulted in effective and affordable treatments. These include cognitive-behavioural therapy (focused on the child or focused on helping parents to teach their child skills to overcome anxiety) and medication treatments. It can be difficult for parents to access help at times because of the limited resources available in the community.

Luckily, Manitoba schools have access to onsite clinicians able to assist in planning accommodations that fit the school environment that are both practical and inexpensive. These supports often are sufficient to allow the child to make progress in overcoming problems with anxiety. Sample Individual Education Plans are available from many web-based resources such as www.worrywisekids.org/node/40. These suggest alleviating many common fears about: seating, following directions, class participation and presentations, testing, unstructured times, field trips and substitute teachers.

Promoting Resilience and Positive Mental Health

Schools are not treatment facilities and we will never have sufficient resources for individualized interventions. Approaches in the schools that promote resilience and positive mental health in students are key. Schools have the unique opportunity to engage in school-wide universally beneficial programs to promote coping skills and increased resilience.

Common positive outcomes are: successful academic performance, positive relationships with peers, and positive relationships with adults (Masten, Best, & Garmezy, 1990; Luthar, Cicchetti & Becker, 2000). Prevention theorists believe that because of their continuing contact with children and families and the opportunity to model and directly teach many proficiencies, schools are ideally placed for conscious, directed and rigorously evaluated activities to promote physical and mental health (Simeonson, 1994; Wolin & Wolin, 1997). These are all school relevant outcomes that support children with anxiety issues.

Masten (2001) stressed the promotion of competence, especially in the developmental systems that support adaptive responding in the environment. This supports positive outcomes in children at both high and low risk, making these strategies universally applicable. Sapienza and Masten (2011) identified the most widely reported correlates of resilience arising from research on children and youth, indicating clearly that the school has a strong role to play in almost every one of the correlates of resilience.

Aspects of a prevention approach are apparent in a wide range of universal and targeted school practices. The adoption of the response to intervention (RtI) approach (Fuchs, Mock,

Manitoba Initiatives

Manitoba is among the leaders in implementing and sustaining school-based mental health initiatives that are applied on a school-wide basis, at the classroom level, as indicated programs for children with particular risk factors and as part of school efforts to support parents in their important role.

SCHOOL-WIDE

***School-wide Positive Behavioral Interventions and Supports (SWPBIS):* (www.pbis.org/default.aspx)**

This approach is probably the most comprehensive, aiming to influence the environment in the whole school. The program applies a behaviourally-based systems approach to enhance the capacity of schools, families and communities, and promote effective student behaviours (Sugai, Sprague, Horner, & Walker, 2000).

CLASSROOM

***The Fourth R: Skills for Youth Relationships:* (www.youthrelationships.org/about_fourth_r.html)**

Fourth R is taught as part of the regular curriculum. It is an inclusive strategy, based on a universal model of health promotion for all youth, focusing on effective methods to encourage youth participation and healthy choices (Burt, 2002; Farrow & Saewyc, 2002).

PAX Good Behavior Game (GBG), based on the work of Dennis Embry, is a flexible, easy-to-use, research-proven classroom management tool for teachers. It helps children learn voluntary self-regulation of attention, and how to stay focused and work together.

IDENTIFIED RISK

***Incredible Years Child and Teacher Intervention:* (www.incredibleyears.com)**

The Incredible Years program was developed initially for clinic-referred children and families in the three to seven year age range with difficulties with oppositional and conduct problems (Webster-Stratton, Reid, & Stoolmiller, 2008). The clinic-based program has been extensively evaluated and found to be effective in reducing problems, increasing social competence and encouraging the use of more effective parenting techniques (Webster-Stratton & Herman, 2010).

SUPPORT PARENTS

Parents look to educators for information on a wide range of topics related to healthy child development. Schools may support resilience in children by providing support to parents in their important roles in childrearing.

***The Family and Schools Together Program (FAST):* (http://familiesandschools.org)**

FAST was designed based on family stress and prevention theory with a view to strengthening resiliency for at-risk children and improving family functioning in collaboration with schools.

***Triple P (Positive Parenting Program):* (www1.triplep.net/)**

Triple P is a multilevel parenting and family support system developed at the University of Queensland in Brisbane, Australia. While not specifically school focused, the system is intended to be integrated with community organizations, including schools. A number of Manitoba School Divisions offer Triple P programs to parents.

Morgan, & Young, 2003) and its holistic ecological orientation, beginning with the broader population and proceeding to the individual, signals a shift in school systems from a pathology oriented identification and treatment model to one that broadly defines mental health to encompass the promotion of social and emotional development and learning (Adelman, 1995; Adelman & Taylor, 1994).

The Need for Effective Leadership

Schools are not the only influence on the developmental trajectory of youth but they do play a central role and characteristics of the school itself influence outcomes (Rutter, Maughan, Mortimore, Ouston, and Smith, 1979). It is important that educational leaders establish school environments that actively promote relationships within the school and the community, maintain high appropriate academic expectations and prepare children to deal effectively with stress (Comer, Haynes, Joyner, & Ben-Avie, 1996; Cowen, 1994; Cowan, Cohn, Cowan, & Pearson, 1996).

Four main challenges exist for strong leaders in the education system (Levin, 2010):

1. The educational challenge of changing very large numbers of schools and classrooms on a sustained basis;
2. The bureaucratic challenge of improving the connections among different areas of social policy in pursuit of better outcomes for students;
3. The learning challenge of organizing complex systems to do this work while continually modifying the approach in light of new evidence and system feedback; and
4. The political challenge of galvanizing the effort required to support these other changes.

Levin & Riffel (1998) point out that, despite complexity and human limitations, an "optimistic perspective comes from choosing to focus on the ability of people when motivated and supported to find ways of being in the world that are more conducive to creating and sustaining the kind of schools, and the kind of society, that most of us want" (p. 114). Some guidance can be derived from the seven fundamental elements in large-scale educational change proposed by Levin and Fullan (2008), as well as the excellent resource for administrators planning to support systemic change in the chapter, Best practices in accessing the systems change literature (Ervin & Schaughency, 2008), which provides, "sample resources and references pertaining to literature from broader fields, theories of change past efforts and the change agent's role in the process" (p. 855).

Meeting the challenge of implementing systemic mental health promotion strategies, including school-based ones, holds the promise of producing major improvements in the resilience of the population and a reduction in problems such as anxiety disorders. ■

Barry Mallin, PhD, is with the School Psychology Program at the Department of Psychology, University of Manitoba. John R. Walker, PhD, is with the Anxiety Disorders Program, Department of Clinical Health Psychology, at the University of Manitoba.

The original full-length article, including a complete list of references, is available at www.mass.mb.ca.

Developing Resiliency Through Strength-Based Practices in Evergreen School Division

By Roza Gray

"What good is it if a kid has a 95 per cent in calculus but is stressed out and won't help others?" asked Jolene, a Grade 12 student in the leadership group. "Yah," wondered another, "or if you can get great marks but don't 'cause you can't cope and don't have friends?"

These comments were prompted by a dialogue about the importance of schools paying attention to more than the marks students achieve. In the opinion of this group of students, schools need to ensure that young people are capable of handling the challenges of their lives productively, while still being able to support others as well. This notion fits well with the vision of Evergreen School Division: Learning today to improve tomorrow.

A backdrop to this conversation is the increase of reported anxiety and depression among youth (Rising to the Challenge, 2011) and the complexity of preparing youth for a rapidly changing society where problem solving, collaboration and adaptability are among the critical skills and attributes required for success (Vision for 21st Century education, 2010). Evergreen School Division has responded to these challenges with focus on the development of resiliency among youth.

Resiliency is the ability to effectively cope with adversity in ways that promote health, wellness and an increased ability to respond constructively to future adversity (Hammond, 2010). Extensive research has focused on risk and protective factors that influence resiliency. Dr. Wayne Hammond, of Resiliency Initiatives, has clarified 31 protective factors that contribute to resiliency as either external strengths gained through relationships or connections, such as caring family, positive peer relationships, school engagement and caring community, or internal factors or personality characteristics, such as empowerment, self-control, empathy, social sensitivity and planning/decision making.

The degree to which students experience these factors is correlated with risk taking behaviours and positive, constructive behaviours. The greater the number of developmental strengths, the fewer the average number of risk taking behaviours and the greater the number of positive, constructive behaviours exhibited. The reverse is also true: the fewer developmental strengths that students experience, the higher the risk taking behaviours and the lower the pro-social behaviours (Hammond, 2012).

Analysing the Data

These resiliency findings are consistent with Daniel Goleman's meta-analysis of 200 independent studies on students who participated in socio-emotional learning (SEL) programs. On average, those

RELATIONAL FACTORS	Non Aboriginal		Aboriginal		Non Aboriginal		Aboriginal	
	2011-2012				2012-2013			
	Y	N	Y	N	Y	N	Y	N
I feel heard, understood and respected.	95%	5%	93%	7%	96%	4%	93%	7%
I get along well with him/her.	96%	4%	93%	7%	98%	2%	93%	7%
We spend time talking about and doing things that are important and interesting to me.	81%	19%	78%	22%	86%	14%	83%	17%
They are interested in what I have to say and what I want to talk about.	91%	9%	88%	12%	95%	5%	89%	11%
We spend more time talking about my strengths than challenges.	61%	39%	50%	50%	74%	26%	60%	40%
I see him/her as a positive influence in my life.	92%	8%	90%	10%	96%	4%	89%	11%
They are very important to me.	92%	8%	90%	10%	94%	6%	89%	11%
They help me to be successful in school.	90%	10%	88%	12%	92%	8%	90%	10%

Figure 1.

students who participated in SEL had about a 9 to 10 per cent increase in pro-social behaviour in school and attendance and a decrease in risk taking behaviours, such as drug use and violence. In addition, academic achievement went up by 11 percentile points for those students who participated. Perhaps the most encouraging of Goleman's findings was that SEL works best for those who need it most.

Based on data analysis of the Child/Youth Resiliency: Assessing Developmental Strengths Survey (C/YR: DAS), Hammond identifies seven core character competencies for resiliency, which are proposed as a working framework for positive childhood development. These competencies (attitudes, skills and knowledge), which can be enhanced by focusing on promoting resiliency, include: social connectedness, managing ambiguity, adaptability, positive group member skills, moral directedness, strength based aptitude and emotional connectedness.

A focus on resiliency pays dividends in enhancing social capacity for its own sake by enhancing pro-social behaviours and reducing social problems, but is also predictive of an increase in student learning.

In the last few years, Evergreen School Division has placed emphasis on increasing resiliency among students by shifting practice towards a more strength based approach. This isn't about adopting a series of programs, which will add to the curriculum or workload. Rather, it is more about how we view students and respond to their unique needs and strengths. The division has provided the following resiliency related supports:

- Professional learning was provided for all professional and support staff in resiliency and strength-based practices. Guidance counsellors and teachers have developed professional learning communities related to restitution and resiliency.
- Allotted time for guidance counsellors was increased at all early/middle schools.
- A resiliency survey was conducted with participation at Grades 4 to 12, to learn about resiliency stories of individual students and to establish a baseline for evaluating the effectiveness of resiliency efforts.
- Restitution was introduced by Diane Gossen as a strength-based model for responding to student behaviours in a way that addresses the needs behind behaviours and encourages students to accept responsibility for fixing their own mistakes.
- Programs related to resiliency development were supported, including Roots of Empathy and Heroes.
- A Student Support Consultant was added by the division to support the implementation of resiliency, positive behaviour support and restitution initiatives.

The resiliency survey (C/Y:DAS) from 2011 was compared to 2012 results to evaluate the division's progress towards improving self-reporting by students of relational and protective factors that contribute to becoming resilient and of the associated core character competencies. Data was reviewed to see how resiliency changes throughout the grades, to compare results of aboriginal students and non-aboriginal students, and to determine which students would most benefit from additional intervention. See figure 1.

In just one year, there was a modest increase in reported relational factors. In both years, the differences between aboriginal and non-aboriginal students were marginal. This indicates that Aboriginal students do not report significant differences in their perceptions of schooling in Evergreen School Division, a very positive finding.

The Influence Schools Can Have

An important finding for us was that although over 90 per cent of our students report having a caring relationship with an adult, fewer report that, "We spend more time talking about strengths than challenges." Although we have made progress on this matter in the last year, we need to be more intentional in helping students see that they have the strengths to overcome their challenges with our support, rather than seeing our role as solving their problems for them.

PROTECTIVE FACTOR OUTCOMES

Protective Factor	Grades 4, 5, 6 (%)				Grades 7, 8 (%)				Grades 9 to 12 (%)			
	'11-'12 (n=345)		'12-'13 (n=116)		'11-'12 (n=228)		'12-'13 (n=151)		'11-'12 (n=480)		'12-'13 (n=277)	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Positive Peer Relationships	87	13	88	12	86	14	87	13	83	17	86	14
Positive Peer Influence	73	17	77	13	62	38	63	37	54	46	59	41
Achievement	95	5	95	5	96	4	97	3	80	20	85	15
School Engagement	91	9	91	9	89	11	86	14	71	29	75	25
School Work	87	13	92	8	85	15	87	13	67	23	72	28
Bonding To School	86	14	83	17	79	21	74	16	75	25	74	26
Caring School Climate	90	10	82	18	76	14	81	19	67	33	67	33

Figure 2.

In reviewing reported protective factors, a few trends are clear. Although we have made modest increases in some reported protective factors in the last year, there is still a significant downward trend as youth get older. See figure 2.

Dr. Wayne Hammond (personal communication, November 24, 2011) notes that external protective factors begin their decline in middle years and that this is followed by a decrease in internal protective factors in high school. This pattern is similar to our What Did You Do in School Today findings on student engagement.

In addition, findings support that although peers are generally perceived as having a very strong influence in adolescence, schools can have a much stronger impact on resiliency. The Joint Consortium for School Health reports in the Positive Mental Health Toolkit (p. 9), "That as children move into their early and later teen years, schools may play an even greater role than the home context in influencing youth, given the powerful influence that teacher support and peer networks have within educational settings."

This resiliency survey also provides us an opportunity to see results on an individual basis. We can identify which students have impoverished or thriving resiliency profiles and begin to identify which protective factors they already have and how to use these strengths to move forward. Guidance counsellors are receiving training on how to engage those students who have the greatest capacity to make gains in their resiliency.

We are in the early stages of this initiative, which we see as a shift in practice and culture that will take a number of years. We will continue to be thoughtful about how to improve our instruction, how we respond to behaviour and how we approach young people so that we become increasingly strength-based. In doing so, we will build strong relationships that are more helpful to all youth. Young people who have been identified would benefit from greater support to see that their strengths will be engaged by caring staff in a personal dialogue.

In addition, we are moving forward with specific school and individual interventions based on needs informed by the survey. For example, schools are making plans for better transitions from school to school and from school to post-graduation life. Further, we will be more purposeful about leveraging the positive peer relationships reported by our youth to provide greater mentoring.

Through these resiliency-based interventions we will respond to concerns of students like Jolene regarding the kinds of capacities students will have when they graduate. As youth are invited to see themselves as capable of helping themselves and others, we will also be fulfilling the mission of the division, Learning today to improve tomorrow. ■

Roza Gray is the Assistant Superintendent in Evergreen School Division. For further information about Evergreen's Resiliency initiative, contact her at rgray@esd.mb.ca and/or Joan Mayhew, Student Support Consultant, at jmayhew@esd.mb.ca Joan Mayhew is the Student Support Consultant at Evergreen School Division.

A complete list of references for this article is available at www.mass.mb.ca.

Assessing Comprehensive Approaches to 21st Century Learning in Sunrise School Division: ***Are We There Yet?***

By Lesley Eblie Trudel, PhD

The Senior Administrative Team, Student Services Team and Healthy Schools Team of the Sunrise School Division are currently engaged with key planning frameworks in an effort to enhance our Division's organizational effectiveness and sustainability in areas of 21st Century Learning, Inclusion and Comprehensive School Health.

As we are well entrenched in the second decade of the 21st century, we continue to unpack the underlying purpose of schools and explore through what approach that purpose can best be achieved. We recognize that the world has changed dramatically and that present day learners require a new focus and skill set in order to achieve success both now and in the future.

For educators, this skill set involves a shift away from the traditional mastery of facts and information towards the development of competencies in a number of key areas. We acknowledge the critical importance of the role of school divisions and schools in the promotion of mental health, social-emotional competence and well-being. We are also aware that by enhancing our organizational effectiveness in the areas of 21st century learning, inclusion and comprehensive school health, we can better promote education for sustainable development. Understanding this context, the Sunrise School Division Board of Trustees established ends statements reflective of how this vision could best be achieved (Table 1).

Establishing Guides to Steer our Direction

In contemplation of the vision for 21st century learning, our division administration queried how we would know when, in fact, we were effectively achieving the ends statements that the Board of Trustees had established. How would we know if we were there yet? Our team looked to the work of Fenstermacher (2000), who encourages educators to recognize the difference between what we can do and what we ought to hope for. He cautions educational leaders not to confuse goals with ideals, equating goals with the "north field" and ideals with the "north star." When considering the ends statements set by our Board of Trustees, we felt confident that the north star had been identified and that ideals had been established to guide our work.

The critical element in the process of effectively achieving the Board's ends, involved the consideration of the school division as a learning organization (Senge, 2000), or professional learning community (PLC) (Dufour, 2005). The many configurations of PLCs in the division, ranging from the Sunrise Educational Leadership Team and leadership cohorts, to school-based and student-focused Individual Education Plan (IEP) Teams, would allow for organizational learning through inquiry and continuous improvement. Our school administrators were already familiar with the Appreciative Inquiry Approach (Cooperrider, 1986) and could identify aspects of school plans that were working well. They also felt comfortable expressing challenges they encountered and could envision next steps, as well as reframe and prioritize outcomes based on their collective learning.

The concept of effectiveness is typically related to a means-end relationship and we felt confident that the ends had been clearly established. We were aware, however, that when applied in education, effectiveness would relate to the degree to which educational processes were linked to the attainment of educational goals. Pfeffer and Sutton (2000) indicate that one of the main barriers to turning knowledge into action involves the tendency to talk about something without actually doing anything about it—the knowing-doing gap. Hence, our discussion shifted to a focus on frameworks, which would enable the school division and schools to gauge progress on educational goals, based on clearly identified criteria.

Pfeffer and Sutton (2000) elaborate that, "Measures affect what people do and identify what is presumed to be important. What gets measured gets done." Consequently, we determined that the critical competencies of 21st century learning, inclusion and comprehensive school health, should no longer be abstract ideas but rather tangible elements that schools could reflect upon and use as gauges or measures of effectiveness. The challenge would be to identify the most suitable frameworks to help us to achieve this task.

Frameworks of Understanding

In the area of 21st century learning, the Sunrise Educational Leadership Team undertook a process to develop a reasonable interpretation to frame the Board of Trustees' ends statements. The reasonable interpretation involved a collaborative compilation of student-oriented action statements that could be used to determine when planning outcomes were in alignment with the Four Cs of 21st Century Learning: communication, collaboration, creative problem solving and critical thinking (Table 2). Time was spent with

the Sunrise Education Leadership Team, ensuring a common understanding of the framework and creating a linkage to school planning outcomes with the related 21st century learning indicators.

A second framework currently under consideration by the Sunrise School Division, is Profiling Inclusive Cultures in Schools (PICS). Our division's Student Services Team was searching for an instrument that would allow us to better understand and gauge the effectiveness of the inclusive culture and practices in the division and in our schools. "This self-assessment tool considers inclusion with a broader focus, recognizing that students need and deserve a culture that fosters both belonging and learning, but also recognizes that effective schools support not just students but also parents, staff and other community members (Education Solutions Manitoba, 2012)."

Our Student Services Team believed that by identifying inherent strengths, schools could build upon this foundation and enhance capacity in a practical and manageable way, ensuring that everyone feels that they belong and can fully participate in the life of the school. The self-assessment tool will allow schools to analyze their current context and engage in consultative and collaborative dialogue with key stakeholders, to inform continuous improvement planning.

Achieving Full Potential

The third area in the exploration of division and school effectiveness involved the Framework of Comprehensive School Health (Pan Canadian Joint Consortium for School Health, 2012). This framework is an internationally recognized structure for supporting improvements in educational outcomes, while at the same time, addressing school health in an integrated and holistic manner. The Division's Healthy Schools Team has engaged school representatives and individual school teams in a process of self-assessment using the Four Pillar Checklist of Comprehensive School Health. The Four Pillars include the social and physical environment, teaching and learning, partnerships and services, and healthy school policy.

School representatives have been asked to complete the Four Pillar Checklist with their school teams, indicating those items that they consider to be *met*, involving *on-going* process, or *not yet* achieved. Schools are asked to keep in mind that when actions in all four pillars are harmonized, students can realize

Table 1 – Sunrise School Division Board Ends

In Sunrise School Division we believe that:

- ✓ Every student will be provided with outstanding 21st century learning experiences and opportunities that enable learners to be knowledgeable, respectful, responsible, caring and productive, contributing citizens.
- ✓ Every student will be engaged in an education focusing on literacy, numeracy, relevancy and altruism.
- ✓ Every student will be provided an education with experiences and opportunities that will extend and enhance student learning and competencies in communication, collaboration, creative problem solving and critical thinking.

Table 2 - Sunrise School Division Reasonable Interpretation of 21st Century Learning

Community members in a 21st century learning environment will:

Collaborate:

- ✓ Make informed decisions by listening to others points of view and by using inquiry based approaches and systems thinking.
- ✓ Assume shared and individual responsibility while working effectively and flexibly with diverse groups of people.
- ✓ Use talents and passions to contribute to the community as productive, positive and interdependent citizens.
- ✓ Commit to personal well-being with lifestyle choices based on healthy attitudes and positive actions.

Communicate:

- ✓ Articulate thoughts, ideas and viewpoints appropriately to diverse audiences for varied purposes.
- ✓ Listen with purpose, and interact respectfully with others through understanding their ideas and emotions.
- ✓ Build respectful, caring and effective relationships to manage conflict or differences and seek consensus in pursuit of common goals.
- ✓ Demonstrate appropriate and ethical use of information and communication technologies as tools in a variety of digital environments and media.

Creatively Problem Solve:

- ✓ Interact respectfully, ethically and with humility to influence, motivate and mentor diverse team members in pursuit of a shared purpose or vision.
- ✓ Create original ideas, develop innovative solutions, challenge the status quo and share unique perspectives to solve existing problems.
- ✓ Model sustainable global and social responsibility through inclusive actions that contribute to an improved environment at multiple levels.
- ✓ Consider the interdependence and interconnectedness of social, cultural, economic, political, environmental and health systems when making decisions on issues.

Critically Think:

- ✓ Reason effectively by analyzing, evaluating, synthesizing and creating new information.
- ✓ Reflect critically on personal strengths, abilities, challenges and learning experiences.
- ✓ Establish personal learning targets with a self-directed plan to assess progress and make adjustments in promoting positive growth toward goals.
- ✓ Access resources available to achieve mastery in multiple areas of literacy relating to language, mathematics, science, social and artistic contexts.

their full potential as healthy, active and productive citizens.

Conclusion

It is important to mention that the frameworks included in this article are specifically focused on obtaining information to plan for organizational effectiveness and sustainability in key areas. They are, by no means, the sole sources of data considered by the Sunrise School Division and are combined with a multitude of information used to plan for promising practices in education.

When our administrative team asks the question, "How can we, as a system, ensure that we are making the link between what we know and what we do, and at the same time enhance a climate that supports the movement from knowledge to action: are we there yet?", initial indications are that, with the assistance of select frameworks, we can aim to advance our understanding of critical elements of 21st century learning, inclusion and comprehensive school health. These are all essential tools for achieving sustainability in education. At the same time, we can use our data to confirm the alignment of various parts of our system, with the vision established by our Board of Trustees, ultimately with the intention of improving student learning and enhancing positive, well-being for all. ■

Lesley Eblie Trudel, PhD, is Division Principal, Student Support Programs, at Sunrise School Division.

A complete list of references for this article is available at www.mass.mb.ca.

Suicide Prevention Programs in Frontier School Division

By Tyson Mac Gillivray and John N. Paun

Almost 300 years ago, Benjamin Franklin was fond of the saying, "An ounce of prevention is worth a pound of cure." As a society today, we need to embrace and foster his views more than ever before, especially when considering mental health and suicide. This issue is in need of immediate attention in order to reduce the loss of life and promote mental wellness.

Statistics have shown that we have lost countless great people through suicide. In 2009 alone, there were 3,890 deaths related to suicide in Canada (Statistics Canada, 2009). From 2005 to 2009, 18,461 lives were lost to suicide in our country. These numbers are profound, especially when we consider that suicide attempts were 20 to 25 times higher than the actual number of suicides.

Mental Health is a growing concern with the Canadian Mental Health Association, which claims that by the year 2020, depression will the single largest medical burden we face as a country. These statistics are concrete and provide the evidence required to call forth the necessary response to the mental health of our country, province and communities.

Frontier School Division is very unique in both geography (it covers 480,000 square kilometers) and the number of our communities (we have 40). These distinctive characteristics can be challenging but have also provided us with opportunities to create programming to ensure and promote student success that, in some cases, is exclusive to Frontier School Division. Our successes have been celebrated and we continue to work on our challenges with our partners in the hopes of moving forward together.

Clinician Perspective

I have worked as a psychologist in Frontier School Division for over 20 years. I will share from my experience, what I believe to be some of the most essential factors related to the act of intentionally taking one's life, and, more importantly, how we, as a society, address or fail to address this critical issue.

Throughout the years, I have had to explore my underlying assumptions and found that by challenging preconceived notions, I have been able to open up new possibilities for change. We are often too quick to make the statement that certain things cannot be done. In itself, this is too limiting and a more accurate and useful statement would be, "I don't know how."

Given the complexity within our society, suicide appears to be an ongoing and growing concern. "Paralysis in analysis," which refers to the overthinking of a situation or the narrowing of thought regarding a situation, combined with the dogmatism of certain socio-political and scientific beliefs, may, in fact, be causing us to focus upon service delivery at the expense of pursuing effective outcomes for our youth. As such, intervention models are often based on limited resource allocation, which dictates selection of practices such as stabilization and treatment, that often only provide dressing for the wound rather that healing that which lies beneath.

Hermeneutics is the art and science of interpretation, and as such, leads to both poor interpretations of data as well as better and more

It always seems impossible until it's done. The greatest glory in living lies in not never falling, but in rising every time we fall.

- Nelson Mandela

useful interpretations. The limitation of empirical information is restricted to the objectified world and may focus on what the observer has the capacity to look at or listen to. More meaningful interpretation requires us to go below the dressing on the wound and acquire a depth of understanding, which is essential if we are going to help our youth climb out from the abyss of despair.

Suicide is best perceived as a cultural phenomenon that triggers a cascade of neurological, cognitive, emotional and behavioral correlates and challenges. Emotional contagion can become rampant. Rates of suicide in North America saw dramatic increases among adolescents during the 1980s and 1990's. Western societies tend to place emphasis upon the individual and so it should be of no surprise that suicidal ideation has begun to emerge during adolescence, when developmental maturation struggles with the question of "who am I."

During this time of life there is a natural drive to individuate, which is instrumental in helping young people grow into mature adults. Unfortunately, young people are also extremely vulnerable during this time and often unprepared or unsupported in dealing with a myriad of stressors. These stressors may lead to feelings of estrangement, rejection, threats of harm, ridicule and derision, failure with friends, alienation from families, and the judgment of being unworthy.

It becomes essential to provide our youth a balance of social supports and preparatory experiences. This will help them reframe their experiences and attenuate negative feelings of being overwhelmed. This results in reducing the likelihood of our youth spiraling out of control, drowning in a sea of emotional pain, feeling misunderstood, not valued and full of self-loathing.

Our focus in schools and society should be to shift from suicide prevention to reclaiming and reinvigorating our youth. Suicidal ideation and withdrawl need to be perceived as signals that move adults to address the emotional needs of young people. We can do this by alleviating the youth's distressed feelings, modifying the stressors, changing the behaviors of others, valuing the young person for who they are, and advocating for effective immediate, comprehensive, and therapeutic health care settings for those beyond our reach.

Mental Health needs to move toward developing therapeutic health care residential settings that focus on therapeutic healing, goal setting and teaching coping skills, and go beyond stabilization and brief treatment models. A lack of resource allocation can inadvertently determine model and treatment selections, which often fall short in addressing the emotional pain of young people in need of help.

Creative solutions for developing therapeutic health care residential centers could be cost shared between the departments of health, education, child and family services, and justice, given the multifaceted nature and needs of young people. Dropping suicide rates might then become an indicator of how effective we are at alleviating the emotional pain of our young people and helping them to find meaning and purpose in community.

Trauma is often a source of unmitigated emotional pain. Many of our war veterans suffering from PTSD find the affliction so unbearable that suicide is seen as their only recourse. Trauma needs to be addressed from an instinctual/drives perspective rather than from a cognitive behavioral model. Although cognitive approaches may be useful in helping individuals cope, we must remember that they did not think themselves into trauma. The suggestion that if you think differently, you will begin to feel differently is not compatible with addressing the part of the mind that suffered the pathology. Our youth need to be seen as equally or even more vulnerable to trauma.

Bullying is often cited as an unabated stressor that drives our youth toward suicide. It is another phenomenon that suffers from over-thinking and a lack of conviction on the part of adults. Interventions that educate bystanders to stand up to bullies and to avoid egging on the perpetrators end up relegating adult responsibilities to youth. Victims of bullying often find the deepest cut occurs when adults walk by while bullying is taking place, without saying a word. As adults, our actions need to be congruent with our stated values and delegating adult responsibilities to students who are vulnerable to being the target of bullies contributes to the problem rather than to the solution.

As adults, it is our responsibility to address the bullies and onlookers immediately and directly. Education and mentoring of students can then be done in a safe and positive climate and should focus on social responsibility and the valuing of all people. As adults, we would then be providing congruent role models for youth to emulate rather than leaving youth feeling unsafe, confused and unworthy.

Finally, a contingent of counselors needs to be continually developed within our schools in terms of the interpersonal and intrapersonal skill set required to meet the personal needs of students and their families. This could consist of a network of continued professional dialogue that is nurtured within the division, and between the division and regional individuals from external agencies..

In Frontier, we have experienced numerous successes with this model. Continued diligence in finding the right individuals for these roles needs to be ongoing so as to develop a high quality of support to meet students' primary personal needs for attachment and secondary needs for social learning and cognitive/emotional skills.

Mental Health First Aid

Over the past number of years, Frontier School Division has invested a great deal of time and resources in supporting guidance counselors across the division. Frontier School Division has four Mental Health First Aid (MHFA) Facilitators who are responsible to provide training to staff throughout the division. This model has proven to be an effective and valuable professional learning opportunity for staff within our schools. MHFA is delivered in a two day work shop that takes 14 hours. It focuses on the following areas:

1. **Mental Health Problems**
   Acute Psychosis
   Crisis Situations
   Substance Abuse
   Panic Attacks/Acute Stress Reaction
2. **Depression**
   Anxiety Disorders
   Psychosis
   Overdoses
   Suicidal Behavior

The emphasis of MHFA training is to provide individuals with the skill sets to be able to recognize the signs and symptoms of mental health problems, to provide initial help, and to provide guidance to the appropriate professionals who can help.

Another focus within Frontier School Division is to provide counselors the opportunity to be trained in Applied Suicide Intervention Skills Training (ASSIST). ASSIST is a suicide intervention program that develops the skills needed to provide suicide first aid through a two-day workshop of 15 hours. It includes an intensive and interactive practical course tailored to provide caregivers with the skills to recognize, intervene and prevent the immediate risk of suicide.

Frontier School Division has a dedicated group of counselors and social workers who provide great knowledge and support to their own school and other schools within our division. Counselors have established great relationships with community and regional agencies, such as Addictions Foundation of Manitoba (AFM), Child and Family Services (CFS), social and mental health workers, community nurses and hospitals, the RCMP and Regional Health Authorities. These relationships prove to be very valuable when referrals need to be made to ensure safety for an individual.

Our counselors work very hard with students who demonstrate suicidal warning signs and have initiated safety contracts with students. They have also provided workshops to students regarding prevention programs, such as Respect Ed., Teen Smart and You Decide, and on topics such as self-awareness, addictions, peer pressure, bullying and conflict resolution. These programs are very valuable when it comes to suicide prevention and raising awareness about the effects suicide can have on our small communities.

In closing, a common concern of our counselors is that once a referral has been made to an outside agency, they are no long included in the rehabilitation process. Students spend five hours per day in our buildings and there is a need for the school to be included in the process to ensure a safe environment for all Frontier School Division will continue to provide programming related to suicide prevention and work diligently to ensure: ***Our Children, Our Future, Our Success.*** ■

Tyson Mac Gillivray is Assistant Superintendent and John P. Paun is Division Psychologist with Frontier School Division.

References

Dewa, C S et al, A new population-based measure of the burden of Mental Illness in Canada, Chronic Diseases in Canada (2008).

Statistics Canada (2009). http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth66a-eng.htm.

Mental Health Framework for Students: **A Position Statement**

Public school is the only societal institution where children from diverse backgrounds gather for a common purpose—to become educated. The challenge for educators is to define what we believe about education in a manner that encompasses the values of a democratic society, respects the inherent uniqueness of the individual student and at the same time provides equity of opportunity and ensures achievement for all. (Manitoba Association of School Superintendents - Belief Statement)

Introduction

The Manitoba Association of School Superintendents (MASS) believes there is an urgent need to address the social and emotional health of children and youth in a planned, integrated, and holistic way. This will require the combined efforts of all ministries of the Healthy Child Committee of Cabinet, with the support of school divisions and all agencies that work with children and youth in our province. When actions are harmonized, young people are supported "to realize their full potential as learners and as healthy, productive members of society" (Healthy Schools, 2011, Healthy Child Manitoba).

Informed by a current literature review, this paper will:

- Describe the mental health needs of Manitoba's children and youth;
- Identify the current challenges; and
- Recommend a comprehensive response.

MASS acknowledges that "schools are in a unique position to have a positive influence on the health of children, youth and their families" (Healthy Schools, 2011, Healthy Child Manitoba).

MASS endorses the mission of the World Health Organization (2004) that "there is no health without mental health."

MASS endorses the Dual Continua Model (Keyes, 2005) referenced in Rising to the Challenge: A Strategic Plan for the Mental Health and Wellbeing of Manitobans (Manitoba Health, 2011). "The benefits of mental health promotion extend to the general population; therefore a whole population approach to mental health and wellness is called for (p. 8)."

The Dual Continua model, grounded in empirical work, goes far beyond simply looking at healthiness and illness as opposite ends of a continuum. It presents a broader perspective on mental health, identifying both its presence and its absence and the effect on people's lives. Mentally healthy people are described as flourishing and a substantial amount of research identifies the characteristics associated with this condition. The model also introduces a new concept to positive psychology - languishing. Individuals who are languishing are not mentally ill, but show few signs of mental health. In this model, the emphasis is on creating health-promoting environments that enhance protective factors and decrease risk factors, therefore enhancing the condition of flourishing and paying attention to the problems associated with languishing. This broader conceptual framework to understand mental health emphasizes what flourishing is, identifies people who are languishing, and indicates the consequences of being at different points within the mental health sphere.

MASS recommends the development and implementation of a Comprehensive Collaborative Mental Health Framework in which educators, clinicians and mental health professionals use their specialized training to work together to meet the mental health needs of children and youth more effectively.

Mental Health Needs of Children and Youth in Manitoba

Healthy Child Manitoba estimates that 70 per cent of mental health problems and illnesses have their onset in childhood and adolescence. In Manitoba, 20 per cent of children experience social and emotional problems by age five (Rising to the Challenge, 2011).

The Student Services Administrators Association of Manitoba (SSAAM, 2010) identified the mental health challenges in the school-aged population between the ages of five to twelve. School divisions reported maladaptive behaviour, anxiety, mood disorders and substance abuse as the most significant issues affecting mental health in that age group. SSAAM also identified a significant population of preschool children with social-emotional delays, as further corroborated by the Early Development Instrument data (EDI, 2011).

In school-aged populations, there are particular groupings that exhibit greater vulnerability to mental health issues. Aboriginal youth consistently experience significantly higher rates of mental illness, addictions, and attempted suicide compared to the general population (Rising to the Challenge, 2011). Children and youth in care are particularly susceptible to trauma resulting from out-of-home placements. Children and youth from New Canadian families may experience mental health concerns related to transitioning to Canadian communities. In addition, those from war affected backgrounds may be experiencing trauma related to their life experiences. Lesbian, Gay, Bisexual, Transgender/Two-Spirit, Queer or Questioning (LGBTQ) youth may express concerns for their safety and well-being in their homes, schools, and communities.

The concerns of youth regarding their own mental health are as salient as their concerns about their physical health (Manitoba Youth Health Survey, 2009 and The National Homophobia Survey, 2009). Mental health concerns identified by this demographic range from recognizing and coping with their stress levels, to recurring feelings of anxiety and depression, to suicidal ideation. The stigma associated with mental health issues impedes health promotion among youth in our schools. This factor increases the importance of involving youth in defining the scope of the problem. When youth participate as active partners in seeking innovative solutions to their mental health needs, positive outcomes are enhanced.

Without timely treatment and supports, children and youth living with mental illness do not flourish. They may drop out of school, develop addiction issues, be hospitalized, be placed in foster care, live on the street, become involved in high risk, dangerous or criminal behaviour. Suicide is the last resort for too many troubled young people. In addition, some young people develop less frequently occurring disorders such as psychosis and bipolar disorder. All of these outcomes or conditions create tremendous personal, family, and community burdens.

The Challenges

The current resources for mental health services in Manitoba are insufficient, resulting in inequities in service, lack of collaboration and communication between systems, and lengthy wait times. The needs have increased while resources have not.

In attempting to access appropriate and timely supports in the current system, schools encounter significant barriers. Current long wait lists result in delayed interventions. During a crisis, parents or school personnel cannot always access immediate services. This is particularly acute in rural and northern parts of the province due to lack of resources and timely access to transportation.

Services are insufficient and inconsistent throughout the province. Psychiatric service, especially access to psychiatry, does not meet the current need. In northern and rural regions, frequent staff vacancies, re-assignments, and the use of contracted mental health personnel result in gaps in service and intermittent or inconsistent supports.

The lack of communication and collaboration between the different services and systems is a challenge. Often, a diagnosis or a set of recommendations for a student with mental health issues is not readily available to school personnel, limiting their ability to act appropriately on behalf of the child or adolescent.

Successful collaborative partnerships between systems have been established in a few school divisions. For example, in some rural school divisions, mental health workers or addiction counsellors are provided with space in schools and are thus more readily accessible to children and youth. Two urban school divisions have partnered with the regional health authority to develop and implement a system wide mental health promotion approach. However, these types of innovations to meet mental health needs are not widely evidenced across the province.

Literature Review

The literature review, which surveyed scholarly articles, books and other sources relevant to the general topic of mental health issues in children and youth (e.g. provincial and international government research documents and policies), offers an overview of significant findings and information. The following are the key findings in the literature review, grouped under key themes:

Need/Prevalence

- There is mounting evidence that the growing cost to Canadian society of mental illness is not sustain- able, estimated in some of the literature as greater than the entire cost of the health care system in Canada.
- Numerous studies indicate that mental health promotion and illness prevention aimed at children and adolescents can provide huge and long term positive impacts.

Collaboration/Communication

- There is a lack of standard definitions in the areas of mental health, mental health promotion, and mental illness prevention. A common lexicon that crosses sectors is required.

- Educators identify a range of emotional and behavioural problems that interfere with the student's daily functioning and ability to engage in school. Mental health professionals provide the diagnosis and may identify strategies. However, the protocols for these two systems to communicate and collaborate with each other either do not exist or are inadequate. There is a serious gap in the provision of a comprehensive program of intervention and treatment.

A Comprehensive Response

- The term "mental health promotion" is widely used in the context of regional health authorities in Canada, as well as internationally. Recently, the education sector has made reference to "comprehensive school health." In some jurisdictions, the approach may be known as "health promoting school" or "coordinated school health" and its pillars may be expressed in different ways. Recent literature often uses the term "school based mental health promotion."
- Although the terminology may differ, the underlying concepts are the same; they are based on the World Health Organization's Ottawa Charter for Health Promotion (1986). Effective, sustainable progress in school-based mental health promotion depends on a common vision, shared responsibilities and harmonized actions among health, education and other sectors. The challenge is to coordinate these efforts so that partners pool resources and develop action plans with, and in support of schools.
- It is recognized that mental health, like health, is delivered by a different jurisdiction than the federal government. Nevertheless, the federal government has a responsibility to ensure that the issue of concern to the people of Canada is addressed. Mental health, including mental illness, is one such issue.
- The goal of the Mental Health Commission of Canada is to help bring into being an integrated mental health system that places people living with mental illness at its centre. The School-Based Mental Health and Substance Abuse Consortium was formed in response to a request from proposals from the Mental Health Commission of Canada in 2009. Forty researchers and practitioners from across the country were assembled to implement the proposal.
- Evidence of positive outcomes pointed to prevention initiatives such as positive parenting, anti-bullying, anti-stigma programs, anxiety, depression-, suicide awareness, and health promotion in schools.
- Primary health care screening for depression, alcohol/substance abuse, and interventions aimed at reducing conduct disorders in children and adolescents are considered effective.
- Overall, the findings are that a significant amount of work is required to implement a comprehensive, collaborative and reliable framework based on the social determinants of health that crosses the private and public sectors and links jurisdictions.

Recommendations

MASS recommends the development and implementation of a Comprehensive Collaborative Mental Health Framework for the Province of Manitoba that will include the following six components:

1. **Provincial Plan:** A strategic, provincial plan for a comprehensive, collaborative 3-tiered mental health framework for all children and youth (ages 0 to 18) developed and implemented by all Ministries of Healthy Child Committee of Cabinet. Timeline: one year.
2. **Timely and Universal Access to Mental Health Professionals:** Timely, responsive access to the services of mental health professionals for all Manitoba's children and youth. Timeline: two years.
3. **Psychiatric Services:** Enhanced psychiatric services for all Manitoba's children and youth requiring Tier 3 Intensive interventions and supports. Timeline: two years.
4. **Collaborative Community-Based Planning:** On-going school-based collaboration with mental health professionals to plan and deliver Universal, Selective, and Intensive Tiers of programming, supports and services for children and youth. Timeline: one year.
5. **Communication Protocol:** A communication protocol, including common language, to improve the communication between mental health professionals and all intersectoral partners. Timeline: one year.
6. **Equitable Services for all Manitoba School Divisions:** Equitable mental health services for the rural, northern and urban regions of the province Timeline: two years.

Conclusion

MASS believes that responding to mental health needs in Manitoba is urgent and calls on its partners to work together with MASS toward realizing a comprehensive, collaborative mental health framework for all Manitoban children and youth. ■

"There is no health without mental health." - World Health Organization

---

The full position paper, including references, recommended books and websites that contain more information, is available at www.mass.mb.ca.

Buyer's Guide

TEACH don't BAN

Chocolate fundraisers support the spirit of school food and beverage policies. Here's why...

Teaching works, banning doesn't.
91% of adults agree that teaching about how treats fit into a healthy lifestyle is better than banning chocolate fundraising[1].

Common sense and behavioural science support that treats are part of a healthy active lifestyle.
92% of dieticians say that people are more likely to maintain a balanced lifestyle when they don't deprive themselves of treats[2].

In the world of treats, chocolate is one of the healthier options.
Eaten in moderation, chocolate has many benefits. It's rich in antioxidants, flavenoids, vitamins and minerals, and contains valuable calcium and iron.

Chocolate could lower your risk for heart disease!
British Medical Journal Research: The study, involving more than 114,000 people, showed that higher consumption levels of all types of chocolate, was significantly associated with a reduced risk of cardiometabolic disorders. This beneficial association was significant for cardiovascular disease **(37% reduction)**, diabetes **(31%)** and stroke **(29%)**[3]. Chocolate might be a viable instrument in the prevention of cardiometabolic disorders if consumed in moderation.

The launch of a chocolate fundraiser is an opportunity to teach kids about healthy lifestyles and World's Finest® Chocolate can help:

INTRODUCING World's Finest Chocolate THINK BIG EAT SMART

Teaching material to help educate children on the importance of portion control and physical activity. Available with each fundraising campaign.
A chocolate fundraiser supports active lifestyles, not unhealthy eating.
This annual or semi-annual event helps pay for school activities and equipment like playground equipment, sports equipment, bussing and school trips that support healthy, active lifestyles.

For more information call 1.800.461.1957

World's Finest Chocolate

1. September 2010 Ipsos Reid poll of 1000+ adults (including 500 parents of children aged 4-11).
2. Survey of Nutritional Professionals. An online survey of 4500 registered dietitians (RD) by the Hershey Center for Health & Nutrition.
3. "British Medical Journal", chocolate consumption and cardiometabolic disorders, 7 studies, involving 114,009 people, studies up to Oct. 2010.


MY KNOWLEDGE is limitless
IT MIGHT teach a child
OR MAYBE care for someone
MY KNOWLEDGE will do many things
With an education from UCN, you will have endless opportunities to do work where you want, in a career you enjoy. Programs range from a Bachelor of Business degree to a diploma in Practical Nursing to a certificate in Industrial Welding. Where will your knowledge take you?
MY KNOWLEDGE, EARNED AT UCN.
For more information, visit www.ucn.ca and call 866-627-8500 or 866-677-6450
KNOWLEDGE IS rewarding
WWW.UCN.CA
OWN YOUR FUTURE
UNIVERSITY COLLEGE OF THE NORTH
UCN