MASS
Manitoba Association of School Superintendents

Two Position Statements

Introduction

This document contains two MASS position papers and is available for free at **http://mass.mb.ca/publications/.**

In 2012, MASS published the position statement Mental Health Framework for Students (pp. 2-9 of this document). That position statement is focused on the particular mental health needs of students at the Tier 3 level and is directed at agencies providing support services and the provincial government. The recommendations in the 2012 position statement are still needed and supported by MASS.

In 2019, MASS published the position statement Student Well-Being and Well-Becoming (pp. 10-11 of this document). That position statement complements the 2012 position statement on student mental health and its recommendations in two ways. First, the 2019 position statement is concerned with all students in the Manitoba public school system (Tier 1 level). Second, the recommendations are primarily directed at the Manitoba public school system itself. The 2019 position statement is supported and should be read in conjunction with the discussion paper Student Well-Being and Well- Becoming, prepared for MASS by Thomas Falkenberg and Grace Ukasoanya.
The discussion paper can be freely accessed at **http://mass.mb.ca/publications**.

> **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)

The figure below illustrates the time line of the development and relevance and the complementary foci of the two MASS position statements included in this document.

2012   2019

MASS Position Statement Mental Health Framework for Students; June 2012
- **focused on needs of Tier 3 students**
- **calls support service agencies and the government to action**

MASS Position Statement Student Well-Being and Well-Becoming; May 2019
- **focused on educational purpose for all students**
- **calls MASS members to action**

MASS Discussion Paper Student Well-Being and Well-Becoming; May 2019
- **support and background document for position statement Student Well-Being and Well-Becoming**

A Position Statement (2012)

Definition of Mental Health

Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.

Mental illnesses are characterized by alterations in thinking, mood or behavior - or some combination thereof - associated with some significant distress and impaired functioning ... Mental illnesses take many forms, including mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders and addictions such as substance dependence and gambling.

Chief Public Health Officer's Report on the State of Public Health in Canada 2011: Youth and Young Adults - Life in Transition.

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
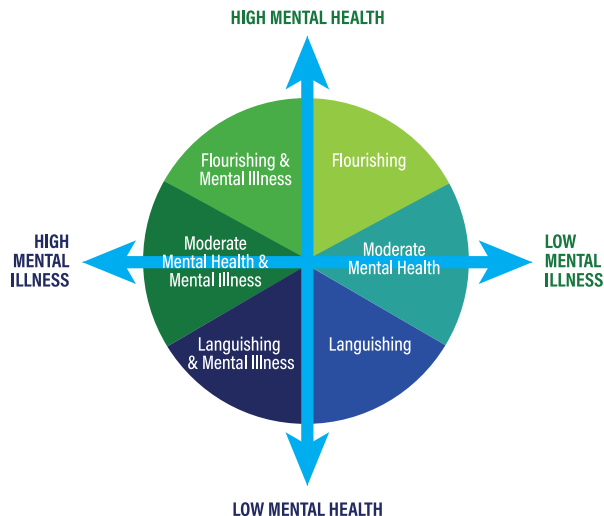- recommend a comprehensive response.

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.

HIGH MENTAL HEALTH

Flourishing & Mental Illness

Flourishing

HIGH MENTAL ILLNESS

Moderate Mental Health & Mental Illness

Moderate Mental Health

LOW MENTAL ILLNESS

Languishing & Mental Illness

Languishing

LOW MENTAL HEALTH

Dual Continua Model (Keyes, 2005)

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% of mental health problems and illnesses have their onset in childhood and adolescence. In Manitoba, 20% 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.

> **In Canada, the evidence suggests that between 14 to 20 percent of children age 4 to 18 suffer from a significant mental illness. That means approximately 1.2 million children and young people have significant difficulty getting through their day, going to school, enjoying friends, and developing skills and talents. The most common issues are anxiety (6.5 percent); conduct problems (3.3 percent); attention deficit (3.3 percent); depressive disorders (3.1 percent); and substance use (0.8 percent).**
>
> **Many of these young people have more than one disorder that causes significant distress and impaired function, often sustained throughout adulthood. Only one in five children in need of treatment receive it. Very recent research suggests that children who are bullied are more likely to develop psychotic disorders. The World Health Organization estimates that by 2020, neuropsychiatric disorders in children will swell by 50 percent compared with other health related problems.**

Dr. Jean M Clinton, MD FRCP(C) Associate Clinical Professor Psychiatry and Behavioural Neuroscience, McMaster University Offord Centre for Child Studies

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 sustainable, 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 in2009. 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.

" That provincial and territorial governments encourage their health, education and justice institutions to work closely together in order to provide seamless access to mental health services for children and youth.

That greater use be made of case conferencing so as to coordinate and prioritize mental health service delivery to children and youth.

Early Interventions can help these children and youth to lead a normal productive healthy life and save costs that would otherwise be incurred by providing them with social services throughout their adult lives. "

The Kirby Report, 2006, pg. 129

Recommendations

MASS recommends the development and implementation of a Comprehensive Collaborative Mental Health Framework for the Province of Manitoba (see right-hand side) 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.
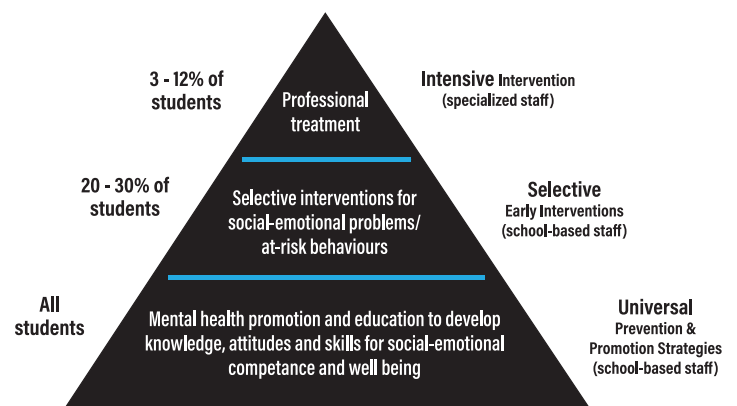
A Comprehensive Collaborative Mental Health Framework for Manitoba

A comprehensive response for Manitoba provides a framework for all service providers to work in close collaboration with school-based personnel to better support the mental health and well-being of our children and youth. This framework addresses all six of MASS's recommendations.

- A comprehensive response addresses both the promotion of mental wellness and the treatment for children and youth who are living with mental health issues. It is also comprehensive in that programming and services are available to children and youth of all ages.

- A comprehensive response is community-based, built upon strong relationships between families, support services and schools. It is also respectful of the differences between rural, urban and northern regions and the diversity within our Manitoba communities.

- A comprehensive response is collaborative in that programming and service provision is a shared responsibility and there is a close working relationship between all school and agency personnel working on behalf of children and youth.

A comprehensive response consists of three tiers of support: Universal, Selective, and Intensive.

Comprehensive Collaborative Mental Health Service Framework

3 - 12% of students — Professional treatment — Intensive Intervention (specialized staff)

20 - 30% of students — Selective interventions for social-emotional problems/at-risk behaviours — Selective Early Interventions (school-based staff)

All students — Mental health promotion and education to develop knowledge, attitudes and skills for social-emotional competance and well being — Universal Prevention & Promotion Strategies (school-based staff)

Adapted from World Health Organization, 1994

Tier 1: Universal Interventions are intended for all children, youth and their families. They include mental health promotion, education programs such as suicide prevention, drug and alcohol awareness, social and emotional skill development, professional learning for staff and creating positive school and community environments. Schools have a vital role to play in the provision of universal interventions to promote the mental health.

Tier 2: Selective Interventions are offered to children and youth who are at-risk for or are beginning to exhibit signs of more serious mental health concerns. Such interventions can be offered in small group settings or to individual students. School-based staff and community health professionals can provide selective interventions to students.

Tier 3: Intensive Interventions are required when mental health concerns are critical and result in social or educational disruption. A small proportion of the student population exhibits severe maladaptive behaviours and requires intensive treatment by qualified mental health professionals. These services go beyond the scope and role of school division personnel. Educators are not qualified to provide treatment for serious and chronic mental illness. Collaboration and communication between systems of response are essential for successful long-term treatment.

Student Well-Being and Well-Becoming

A Position Statement (2019)

Introduction

This position statement is supported and should be read in conjunction with the discussion paper Student Well-Being and Well-Becoming, prepared for MASS by Thomas Falkenberg and Grace Ukasoanya. The paper can freely be accessed at **http://mass.mb.ca/publications/.**

Student Well-Being and Well-Becoming as a Holistic Concept

(1)   We need to be and stay concerned for students who struggle with mental illness. MASS reaffirms the positions and recommendations expressed in its 2012 position paper on a Mental Health Framework for Students

(2)   Student well-being and well-becoming includes but is more comprehensive than mental health and mental well-being. Student well-being and well-becoming is concerned with all human needs dimensions, like the need to be creative, the need to know, the need for freedom, the need to participate, and so on. Student well-being and well-becoming is a holistic concept.

(3)   Student well-being and well-becoming is concerned with students' experiences as they live their lives as students (their well-being) and with the development of students' capabilities to live a flourishing life now and in the future (their well-becoming).

School Ecological Factors in Promoting Students' Well-Being and Well-Becoming

(4)   Students' well-being and well-becoming is a shared responsibility of the school, parents/guardians, the school community and the representatives of the community-at-large.

(5)   School culture and school climate provide support and risk factors for individual student's well-being and their well-becoming. School culture and climate are impacted not just by what is taught and done, but also by how it is taught and done.

(6)   School staff is central to shaping the culture and climate of a school. Thus, the well-being and well-becoming of school staff itself is a contributing factor of student well-being and well-becoming.

Reconceptualizing Student Success

(7) Student well-being and well-becoming is a means and an end of school education:

- when and if students are well in school, they are more likely to be successful in their curricular learning;

- students' well-being (flourishing) in school and the development of their capabilities needed to live a flourishing life now and in the future (their well-becoming) need to be part of what defines student success.

(8) If student well-being and well-becoming is contributing to as well as defining student success, then student well-being and well-becoming needs to be

- part of subject-specific curricula and student-specific planning;

- guiding educational practices and services;

- framing educational policy; and

- part of staff education (pre-and in-service).

Assessing Students' Well-Being and Well-Becoming

(9) As a means and end of school education, student well-being and well-becoming need to be systematically and regularly assessed and monitored at the provincial, school divisional, and school level, and the findings should inform educational practice and policy.

(10) Assessing and monitoring of student well-being and well-becoming needs to include community and student voice, whereby voices should reflect the diversity of students and community.

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www.mentalhealthfirstaid.ca Mental Health Commission of Canada

www.mindyourmind.ca Mind Your Mind, a website for professionals in mental health

www.mindmatters.edu.au Mind Matters, Australian Government National Mental Health Initiative

www.reclaiming.com The Reclaiming Youth Network

www.responseability.org An initiative of the Australian Government, Dept. of Health & Ageing

www.responsiveclassroom.org Northeast Foundation or Children, Inc.

www.lionsquest.ca Lions Quest Canada - The Centre For Positive Youth Development

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