

GUIDE TO SCHOOL-BASED MENTAL HEALTH

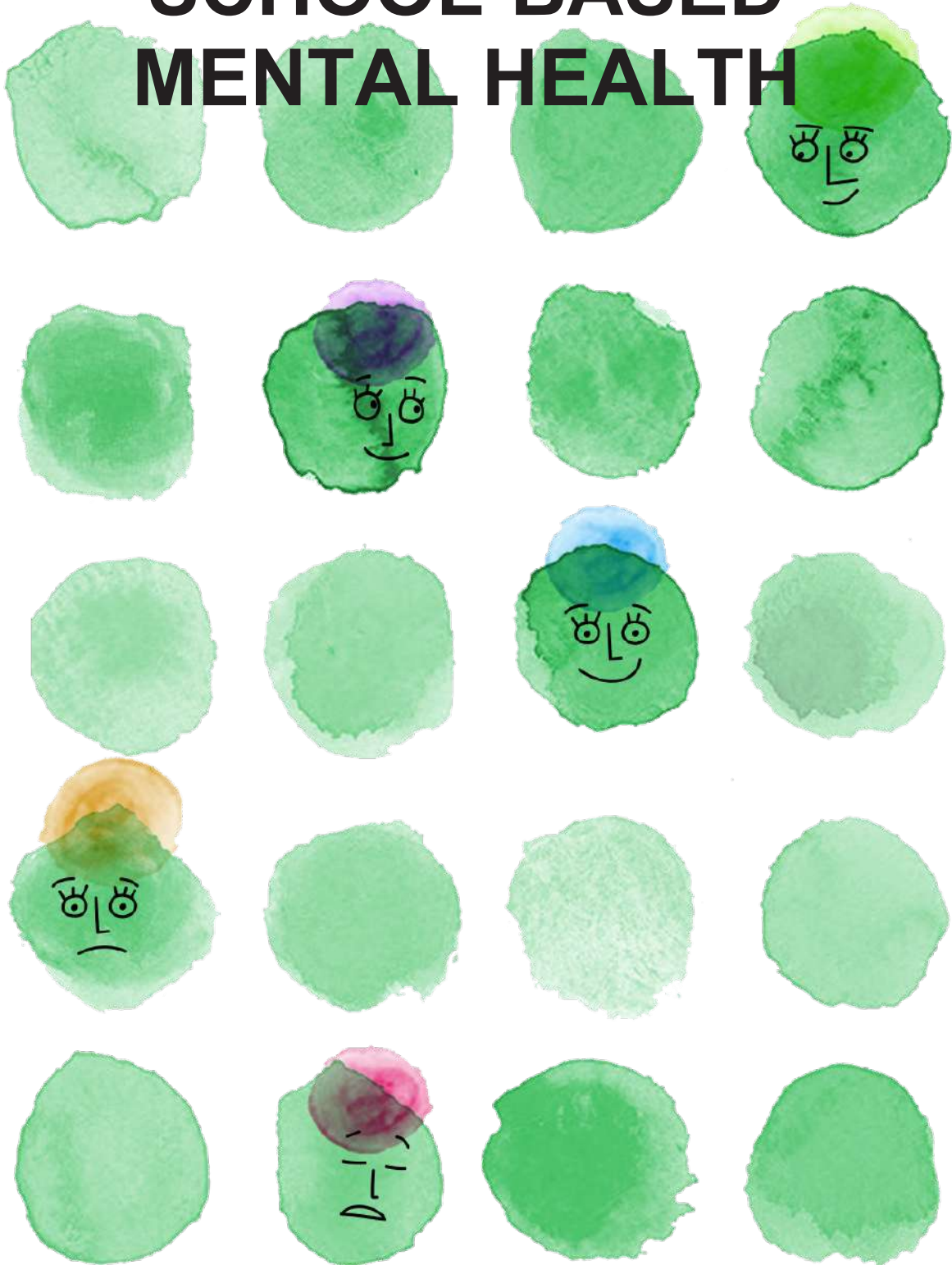


Table régionale en santé mentale de Montréal

Thanks

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Table of contents

- Introduction..... 8
- 1. Mental Health: A common definition..... 10
- 2. Mental Health: Five findings in schools 11
 - 2.1 The educational institution has a responsibility for mental health 11
 - 2.2 Educational success and perseverance in schools are closely tied to mental health 11
 - 2.3 The school environment is a privileged place to promote mental health..... 12
 - 2.4 The time spent in school represents a defining moment in the development of youth 12
 - 2.5 Adult and youth mental health impact each other 12
- 3. Mental Health: Child and youth programs 13
 - 3.1 Three levels of intervention..... 13
 - 3.2 Five universal interventions to foster mental health 15
- Conclusion..... 19
- Mental Health Lexicon 22
- Bibliography 24
- To learn more 27





What if raising children with gentleness, caring, and empathy made humans more peaceful and loving, and transformed the world? [translation]

— Catherine Gueguen

INTRODUCTION

Introduction

Reports from Montreal school staff indicate they are facing many challenges. Indeed, an ever-increasing number of students live with complex and varied difficulties. In 2017, more secondary students (29%) reported high levels of psychological distress than in 2010–2011 (21%). During these years, a significant increase was also observed in the proportion of students diagnosed with anxiety disorders (8.6% to 17.2%), and attention deficit disorder with or without hyperactivity (12.6% to 23%) (Institut de la statistique du Québec, March, 2019).

Numerous Montreal-area socio-demographic particularities colour this picture and make the work of school staff more complicated. These particularities include the following: high population density (Institut national de la recherche scientifique et Fondation Jeunes en Tête, 2019), a great number of public schools with a high poverty index (Gouvernement du Québec, ministère de l'Éducation, 2020), an increase in the number of students in schools with handicaps, social maladjustments, or learning difficulties (EHDAA) (Gouvernement du Québec, Databank of Official Statistics on Québec, 2020), a high percentage of allophone and first- or second-generation immigrant students (Lahaie, J.-P., Comité de gestion de la taxe scolaire de l'île de Montréal, 2020).

Simultaneously, in recent years, mental health and well-being have been of greater concern to all. The COVID-19 pandemic has emphasized this shift. This unprecedented situation has weakened the population's mental health while bringing the importance of taking care of this essential aspect to the forefront.

In this context, we prepared this guide for all school personnel concerned with the well-being of students. It pursues the following objectives:

- Developing a common mental health language;
- Improving understanding of students' socio-affective needs;
- Highlighting the school's crucial role;
- Familiarizing school staff with avenues for mental health universal interventions.

As such, we hope that this document will raise the awareness of mental health workers and school staff regarding the importance of nurturing youth mental health and that this will impact the collective way we intervene in mental health.



MENTAL HEALTH

1. Mental Health: A common definition

Firstly, adopting a common vision of mental health requires a look at the **concept of health**. The World Health Organization (WHO, 1946) defines it as “a state of complete physical, mental, and social well-being.” These three components are interlinked and impact each other. Like physical and social health, mental health is essential to our general health.

In 2018, the WHO proposed the following **definition of mental health**:

“A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.”

As health is “not merely the absence of disease or infirmity” (WHO, 2018), mental health is not the absence of mental disorders or illness. Keyes’ model (2002) sheds light on this differentiation.

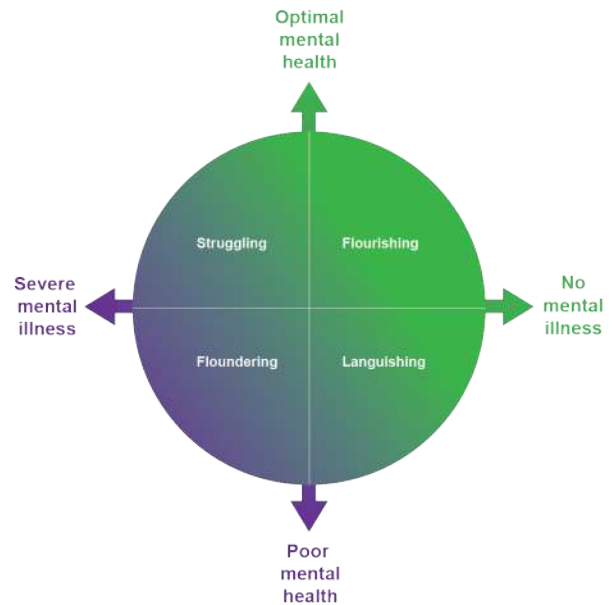


Figure based on the following:

<https://manitoba.ca/healthychild/images/tf/KeyesMH.jpg>

We then notice that it is possible to suffer from a mental disorder while being in good mental health. For instance, a student with an attention deficit with hyperactivity disorder (ADHD) who receives the necessary support could exhibit an excellent level of well-being. Conversely, one could have poor mental health while not suffering from a mental disorder or illness. So, a student who is bereaved or suffering through a breakup could display distress without it being a disorder.

Mental health is part of a developmental process especially with children and adolescents. It evolves constantly and numerous personal, family, school, environmental, and social criteria shape it. These can be grouped into two categories: risk and protective factors. The risk factors heighten the possibility of developing social maladjustments or mental health problems. Their effect is cumulative and interactive. In fact, when several risk factors occur at the same time they interact; their effects not only add up, but multiply, as effects of one increase those of others. Conversely, the protective factors build resilience and contribute to positive mental health development. The latter decrease the probability of developing problems when a young person faces adversity. (Blanchet et al., 1993; Desjardins et al., 2008; Ayotte et al. 2009).

With mental health, it is necessary to work simultaneously on promotion and prevention. Mental health promotion emphasizes the reinforcement of protective factors, whereas prevention targets the reduction of risk factors. [translation]

(Blanchet et al., 1993; Desjardins et al., 2008; Ayotte et al., 2009).

2. Mental Health: Five findings in schools

2.1. THE EDUCATIONAL INSTITUTION HAS A RESPONSIBILITY FOR MENTAL HEALTH

In Québec, the Ministry of Education (MEQ) and the Ministry of Health and Social Services (MSSS) have agreed on the schools' responsibility in mental health. On one hand, the MEQ in its Policy on Educational Success (2017) maintains that: "Educational success covers the three major vectors of the mission of Québec's schools [as stipulated in the Education Act (2019)]: to provide instruction, to socialize and to provide qualifications. It includes success in school, but goes beyond obtaining a diploma or qualification by taking the person's overall intellectual, cognitive, affective, social and physical potential into account (...)". By choosing a holistic approach for educational success, the MEQ highlights the importance of the links between educational success, health and well-being (Palluy et al., 2010). On the other hand, the MSSS, in its Plan d'action en santé mentale [Action Plan on Mental Health, in French only]

(2015–2020), presents a vision where a population's mental health is tied to their development and general health. It underscores the importance of promotion and prevention and designates schools as a major player in the planning and implementation of these actions. Several initiatives and programs aim to clarify the school's role. For instance, the reference framework ÉKIP encourages school and health networks to "team up" to maximize the impact of their actions and to equip school-age youth to deal with the life situations that come their way. The EKIP framework encourages coherent and integrated actions for young people's health, well-being, and success. All these frameworks and programs emphasize the pivotal responsibility of schools for the mental health of young Québécois.

2.2. EDUCATIONAL SUCCESS AND PERSEVERANCE IN SCHOOLS ARE CLOSELY TIED TO MENTAL HEALTH

Children with a greater feeling of well-being are more likely to learn and efficiently assimilate information (Ontario Ministry of Education, 2016). Based on the latest Montreal data, Grade 6 students who report a great level of satisfaction with their life are less at risk of dropping-out (Direction de la santé publique de Montréal, 2017). High school students who suffer considerable psychological distress are also more likely to drop out. In this respect, emotionally disturbed students who exhibit poor mental health find it difficult to succeed academically (Meldrum, Venn and Kutcher, 2009).

Current research and perspectives draw attention to the significant role of mental health in learning and, consequently, the importance of adjusting educational practices.

(Kopela and Clarke, 2005; Morrison and Peterson, 2013)

The implementation of practices that support school-based mental health is connected to better school results (Morrison and Peterson, 2013).

2.3. THE SCHOOL ENVIRONMENT IS A PRIVILEGED PLACE TO PROMOTE MENTAL HEALTH

The Canadian strategy for mental health (Mental Health Commission of Canada, 2012) identifies schools and centres as privileged places to broach mental health with children and adolescents. Since schools welcome children from 4 to 16 years of age for more than five hours a day, 180 days a year, they offer a unique environment in which to reach out and support a great number of youths. They provide an entry point for students and parents to access help when faced with difficulties (Weintraub, Nguyen, Héту, Lajoie, and Denoncourt, 2018). The school context also presents numerous opportunities for the promotion and prevention of mental health (Morrison and Peterson, 2013; Stewart et al., 2004). Specifically, school offers multiple possibilities to observe students, acquire information on their level of well-being, target the practices that best meet their needs, and ensure follow-up over time (Ontario Ministry of Education, 2016; Taras, 2004).

Since school is a known and familiar environment, it allows a student or family's request for help to be less stigmatizing, thus facilitating the access to mental health services. [translation]

(Taras, 2004)

2.4. THE TIME SPENT IN SCHOOL REPRESENTS A DEFINING MOMENT IN THE DEVELOPMENT OF YOUTH

During school years, which span from early childhood to the brink of adulthood, a child goes through several developmental stages. These stages have a crucial impact on their mental health. At the elementary level, the child experiences a pivotal phase in their emotional, cognitive, and social development which makes them particularly open to

different learning opportunities. Namely, the child builds their capacity to voice and organize their thoughts, learns to wait and persevere, and integrates more and more social rules. On the other hand, many hormonal, physical, psychological, and social changes characterize adolescence. Therefore, high school is marked by the expression of a need for independence, the influence of peers, and the development of self-identity (MSSS, 2015). At this point, school environment can exert a greater influence than family environment because of the importance of school peers and of a positive school environment (Stewart, 2008; Stewart, et al., 2004; Morrison and Peterson, 2013). It then becomes essential to accompany young people during the whole school phase to exert a positive influence on their developmental path and allow them to acquire the competencies integral to their future life as citizens.

2.5. ADULT AND YOUTH MENTAL HEALTH IMPACT EACH OTHER

Considering the importance of relationships built in a school environment, we realize that staff mental health influences the students' mental health. As a matter of a fact, a teacher who perceives themselves in good psychological health maintains warmer and less conflictual ties to their students (Lambert-Chan, 2011). A school staff member with good mental health will be more receptive, open, benevolent, and attentive to students. However, in 2019, 19% of teachers considered their mental health average or mediocre, 47% of teachers felt a decrease in their daily energy levels, and 34% had little or no satisfaction with their jobs (Houlfort and Sauvé, 2010). Based on this information, it is essential to implement optimal conditions to support the personal fulfilment of those involved in child education (Lépine, 2012). These conditions include equipping staff by encouraging team listening and sharing, by creating a non-judgmental and collegial climate, by inviting members to care for themselves, etc.

It is important to consider that children's mental health also has an impact on the adults who look after them. Therefore, promotion and prevention geared to youth can potentially support the mental health of all.

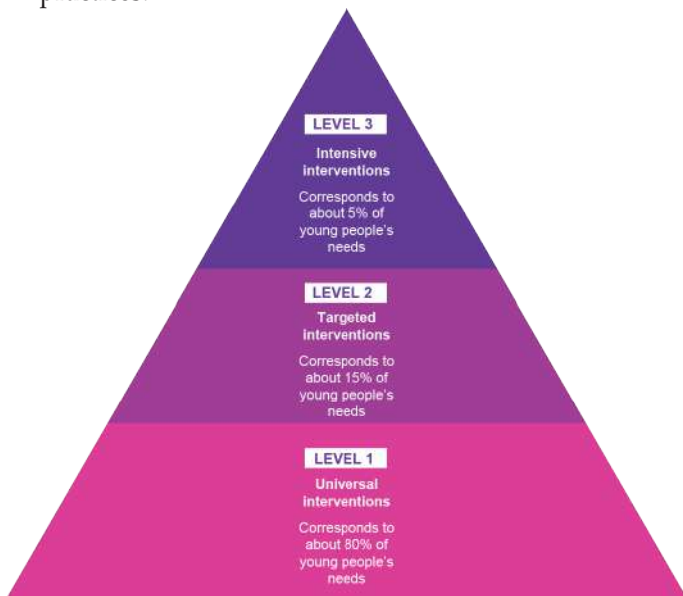
3. Mental Health: Child and Youth Programs

Several initiatives and an array of activities which contribute to student well-being already exist in schools: the school code of conduct, the action plan to prevent bullying and violence, class management, etc. On one hand, the school must evaluate the effect of these projects on the mental health of young people, by integrating it into the vision and the common language developed herein. On the other hand, one must develop complementary actions related to youth mental health to create a significant impact.

3.1. THREE LEVELS OF INTERVENTION

A three-tiered intervention model allows the school team, their partners, and families to actively, knowingly and deliberately participate in fostering student mental health in a benevolent, healthy, and safe atmosphere. A global approach that respects each person's role is recommended.

Tiered intervention places these actions at its heart: early intervention, student needs, increased support and evaluations, as necessary, and decision-making that relies on evidence-based data and recognized effective practices.



LEVEL 1: UNIVERSAL INTERVENTIONS

The strategies used in Level 1 should reach all students, throughout their studies and support their development, whether they present mental health problems or not (Morrison and Peterson, 2013). It is estimated that 80% of students should find answers that meet their needs with efficient Level 1 promotion and prevention interventions. This estimation emphasizes the importance of an increase in universal actions especially as students who find answers that meet their needs at Level 1 will not require the interventions offered in the two other levels (Splett et al., 2013).

Interventions targeting the development of social and emotional competencies are efficient ways to improve mental health and universal actions implemented in schools should aim to develop them.

(MSSS, 2015)

Bearing this in mind, CASEL (2017) proposed a model that includes five sets of competencies to target (see figure 1). Their objective is to allow students to recognize and control their emotions, set and achieve constructive goals, be more considerate of the opinions of others, and establish and maintain more positive relationships while making responsible decisions (Knapp, et al., 2011). In this way, well-developed social and emotional competencies can become a protective factor for students' mental health and nurture a harmonious environment.

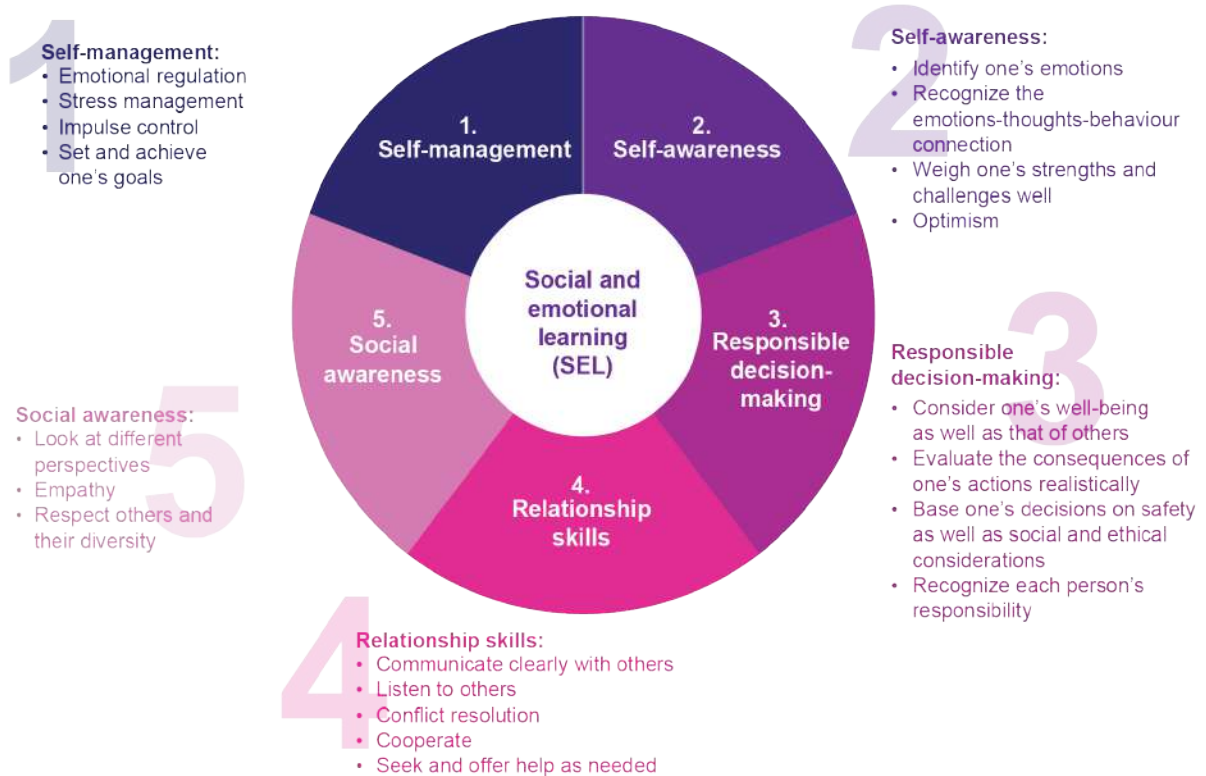


Figure 1—Freely adapted from: <https://casel.org/what-%20is-sel/>

LEVEL 2: TARGETED INTERVENTIONS

Despite an implementation of universal promotion and prevention interventions, students will require additional support that has more to do with targeted interventions. Approximately 15% of students will find answers to meet their needs with these interventions (Splett et al., 2013). Targeted interventions are geared to students exposed to risk factors or presenting characteristics that weaken their mental health.

LEVEL 3: INTENSIVE INTERVENTIONS

Finally, the last level concerns about 5% of young people who need treatment or individual and intensive measures because the interventions of the first and second levels are insufficient (Horner et al., 2010). These students present mental health problems that greatly alter their behaviour (Weintraub et al., 2018). To meet the needs of the young person at this level, school staff members and external resources (CLSC, hospital, youth centre, or community organization) must often collaborate.

It is essential to keep up the interventions of the preceding levels for students who benefit from targeted (level 2) and intensive (level 3) interventions. Their effect will be cumulative.

3.2. FIVE UNIVERSAL INTERVENTIONS TO FOSTER MENTAL HEALTH

The quality of the relationship between a significant adult and a child is a well-known and determining factor in the child's learning process and educational success.

This guide seeks to create a common ground so that school staff members can carry out universal mental health promotion and prevention interventions.

Here are five accessible and helpful actions which all staff members can put into practice daily to further mental health and well-being for all (Short, K., 2018):

Welcoming

Welcoming, is creating a climate where everyone feels welcomed and acknowledged owing to the staff's caring attitude as much as to the reassuring organization of the school environment.

For instance:

- Creating an environment conducive to students expressing their feelings when they wish to do so;
- Creating a learning environment where mistakes are seen as a natural part of the learning process;
- Creating personalized welcome routines (verbal rituals at the beginning of a period, handshakes).

Including

Including, is involving students in school life by nurturing an atmosphere of openness to diversity and by emphasizing the strengths and the interests of one and all. It also means offering a comfortable space where students can express their opinions and show leadership.

For instance:

- Ensure all young people are equally respected and appreciated regardless of their needs and realities;
- Find ways to increase student sense of belonging to the school by giving them responsibilities or encouraging their participation in social or extracurricular activities;
- Facilitate the full involvement in school life of students with special needs, particularly those in "classes d'accueil" or specialized classes, and consider the diversity of the groups (conceive accessible school-wide activities, plan for additional help during special events, and apply a transparent process when forming groups).

Understanding

Understanding, implies an interest in the development of the students (their life, history, strengths and difficulties, interests, and progress) and acquiring basic mental health concepts to be able to understand the needs behind the difficulties.

For instance :

- Create a space for dialogue with students where they can share their concerns, their interests, their personal or school life (cooperation council, support group, class council, etc.);
- Recognize one's own beliefs about mental health and well-being, and their impact on one's actions and words;
- Identify at least one interest, strength, passion, or talent for each student;
- Be aware of the school's socio-demographic reality and of its students (neighbourhood life, underprivileged environment, accessible community support, public health statistics, etc.).

Promoting

Promoting, is teaching mental health concepts and encouraging the development of competencies that foster well-being daily. These can be taught casually during a planned or informal lesson, whenever the opportunity arises in various moments of school life.

For instance:

- Act as a positive role model for students by adopting a respectful behaviour, communicating one's emotions, and being mindful of one's needs;
- Lead a relaxation or meditation activity;
- Teach concepts related to stress, conflict resolution, identifying feelings, empathy, healthy lifestyle (sleep, nutrition, and physical activity), etc.

Collaborating

Collaborating, is working as a team with the key actors of the student's mental health: school team, family, health care (CLSC, hospital and rehabilitation centre), and community organizations.

For instance:

- Find out about ways to access school, service centre, school board, and external services;
- Create conditions that foster cooperation (people responsible for files, meeting times, trusting environment, recognition of the complementarity of different expertise, etc.);
- Encourage and support the sharing of tools and winning strategies between family and school team;
- Implement an Individualized Education Plan (IEP) or an Individualized Service Plan (ISP) with the collaboration of the school personnel involved and the family.

These five interventions aim to develop student protective factors, by specifically supporting their emotional and social competencies.

This guide concentrates on the first level of intervention because it provides a way to respond, at least in part, to the socio-emotional needs of most students in the school. The implementation of first-level interventions is an especially winning proposition. Nonetheless, as was mentioned previously, certain students will also need levels 2 and 3 interventions. Since these interventions require studying the specific or precise needs of targeted students, we encourage intervenors to call upon the different resources available in schools, service centres, and school boards to implement adapted interventions.



CONCLUSION

Conclusion

To conclude, mental health represents an essential component of health and well-being; it is not synonymous with mental illness. We all have a mental health to maintain and strengthen. Accordingly, promotion and prevention are an intrinsic part of the day-to-day school life that will shape tomorrow's citizens. Five findings have emerged:

- The educational institution has a responsibility for mental health;
- Educational success and perseverance in schools are closely tied to mental health;
- School is a privileged place to promote mental health;
- Time spent in school marks a defining moment in the development of young people;
- Adult and youth mental health impact each other.

While proposing a common vision of mental health, this guide also wants to invite school personnel and their partners to begin a discussion and cooperate on reflecting and implementing concrete, lasting, and concerted actions. Mental health is everyone's concern. The entire school staff can be engaged with students by supporting the five daily universal interventions (level 1), which are welcoming, including, understanding, promoting, and collaborating. Furthermore, targeted (level 2) and intensive (level 3) interventions could also be necessary for certain young people.

We trust that this guide will nurture practices, inspire people, and act as a stepping stone for the collaboration of all involved. We hope it will come alive and grow roots in the individual realities of the different Montreal milieux!



MENTAL HEALTH LEXICON

BIBLIOGRAPHY

Mental Health Lexicon

Benevolence (caring): an attitude, a way of behaving, a disposition to do good and the quality of being kind and helpful. Through benevolence, you create an educational approach that enables students to feel understood, accepted and affirmed, thus creating a safe and caring environment.

Empathy: “Empathy usually refers to the aptitude to recognize, understand, and feel the emotions of others as well as the ability to understand the point of view of others. [translation] (Institut de la statistique du Québec, mars 2019)”.

Flourishing mental health: “[persons] with complete mental health are flourishing in life with high levels of well-being. To be flourishing, then, is to be filled with positive emotion and to be functioning well psychologically and socially [...] (Keyes, 2004)”.

Languishing mental health: “[persons] with incomplete mental health are languishing in life with low well-being. Thus, languishing may be conceived of as emptiness [...] with no emotional, psychological and social well-being [...] (Keyes, 2004)”.

Mental health promotion: “[...] focuses on the development of personal and collective resources that foster better mental health rather than on the sole eradication of behaviours or phenomenon identified as a cause of psychological disorders. [translation] (Gagné, 1994).”

Preventive mental health: “[...] aims to reduce the incidence of the illness by acting on the risk factors that threaten individuals’ mental health before problems arise. [translation] (Blanchet et al., 1993; Desjardins et al., 2008)”.

Protective factors: “[...] conditions or attributes that promote well-being and reduce risk for negative outcomes (or individuals from harm). These factors strengthen students’ mental health and buffer the effect of risk or adverse factors. Protective factors are developed when students are offered opportunities to develop social-emotional skills and healthy relationships. The

more protective factors in a student’s life, the more they are likely to have positive mental health. (Alberta Minister of Education, 2017)”.

Psychological distress: “[...] results from an ensemble of negative emotions a person experiences which can cause depression and anxiety syndromes when they persist. [translation] (Camirand, H. and Nanhou, V., 2008)”.

Resilience: “Resilience refers to the capacity of people to cope successively with stress-related situations, overcome adversity and adapt positively to change. (Alberta Minister of Education, 2017)”. “[...] resilience is not a characteristic specific to an individual. Despite risks, children can succeed because of different assets—several of which are separate from their personality—such as support from parents, grandparents or from a closely knit and high-functioning community. It would be best to use the term *resilient* as an adjective (as in “resilient children”), since this suggests an innate capacity to avoid risk. It would be best to utilize terms such as “resilient coping” or “model of resilient skills” as they do not imply any interpretations about the person or what induces the child’s skill. [translation] (Luthar, 2006)”.

Risk factors: “[...] are attributes, characteristics or experiences that increase the likelihood of illness or injury. Risk factors for students’ mental health include events that challenge their social-emotional well-being such as unsupportive or negative interactions, isolation, learning delays, bullying, loss and grief, maltreatment including exposure to abuse (substance, physical, psychological, sexual), poverty, abandonment, malnutrition and transiency. Generally speaking, the more risk factors in a student’s life, the higher the chances of them experiencing mental health difficulties. (Alberta Minister of Education, 2017)”.

Social and Emotional Learning (SEL): “Social and emotional learning (SEL) is an integral part of education and human development. SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions. (Niemi, K., 2020)”.

Social health: “Multiple interrelations between the individual and their social environment and [...] their individual capacities to develop them. These capacities are weakened because of different pressurization processes. [...] Precariousness is a series of events and experiences leading to different situations which cause economic, social and family vulnerability. [translation] (Labbé et al., 2007)”.

Well-being: “Well-being should be interpreted as a state of subjective pleasure and satisfaction with one’s life, but also as self-realization. [translation] (Conseil supérieur de l’éducation, 2020, p. 20).” “Well-being is a positive sense of self, spirit and belonging that we feel when our cognitive, emotional, social and physical needs are being met. Well-being in early years and school settings is about helping children and students become more resilient so they can make positive, healthy choices to support learning and achievement, now and in the future. (Ontario Ministry of Education, 2016)”.

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To learn more:

Personalized welcome routines (verbal rituals at the beginning of a period, handshakes):

https://www.youtube.com/watch?v=2Z_AEsfrFWs

Free online training (MOOC), for experienced teachers and new teachers in particular:

<https://www.teachmentalhealth.org/>

Information sheet published by the Direction de la santé publique de Montréal :

https://santemontreal.qc.ca/fileadmin/user_upload/Uploads/tx_assmpublications/pdf/publications/IEUNES_SANTE-mentale_Mai2019.pdf

Information sheet with an overview of mental health and well-being in schools:

In French:

https://smh-assist.ca/wp-content/uploads/Info_Sheets-Supporting-Minds-MH-Classroom-French.pdf

In English:

<https://smh-assist.ca/wp-content/uploads/InfoSheets-Supporting-Minds-MH-Classroom-English.pdf>

Répertoire des acteurs en santé mentale jeunesse, Recension des initiatives en prévention et promotion en matière de santé mentale chez les enfants et les adolescents montréalais: CIUSSS du Centre-Sud-de-l'Île-de-Montréal. (2021). *RÉPERTOIRE DES ACTEURS EN SANTÉ MENTALE JEUNESSE. Recension des initiatives en prévention et promotion en matière de santé mentale chez les enfants et les adolescents montréalais.* Direction régionale de santé publique du CIUSSS du Centre-Sud-de-l'Île-de-Montréal. N.B.: For more information, please contact the CIUSSS du Centre-Sud-de-l'île-de-Montréal.

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