



BRAINSTORM

Fresh thinking on supporting students with mental health issues in the classroom.

BY JENNIFER LEWINGTON

Overwhelmed, frustrated and desperate — the raw emotions spilled out when Sarnia teachers were asked to rate how they cope with mental health issues in the classroom. The high volume and intensity of responses in the voluntary, open-ended comment section of one survey stunned researchers.

“They were all saying ‘I care about my students; I am desperate, I am burning out, I am at the end of my rope,’” says Chatham-Kent Public Health Unit epidemiologist Michaela Smith, whose agency conducted the survey with the Lambton Kent DSB and co-terminus St. Clair Catholic DSB a year ago.

Surveyed teachers felt somewhat able to handle attention deficit problems, but ill-equipped for student depression and suicide. “We can’t teach those who cannot learn because we are not addressing the underlying [mental health] issues,” says Smith, summing up teacher concerns.

The Sarnia teachers’ unease, echoed elsewhere, come as Ontario rolls out a sweeping, decade-long overhaul of mental health services. Phase one of the Comprehensive Mental Health and Addictions Strategy, announced in 2011, earmarks \$257 million over three years (and \$93 million a year thereafter) for an array of school-based initiatives.

The strategy provides coaching and other support to school boards to raise mental health literacy and awareness, reduce stigma and, as never before, work with the health care agencies to smooth pathways to care.

The new spotlight on schools is overdue, say advocates. One in five children and youth experience some kind of issue (anxiety, stress, attention deficit hyperactivity, mood disorders, schizophrenia, depression and suicide among them), and not all receive treatment. For schools, the challenge is to create an environment conducive to academic achievement and social-emotional well-being for all students.

To that end, the “caring classroom” — a place of empathy, engagement and learning — is emerging as a significant component of school-based mental health.

ILLUSTRATION: MICHELLE THOMPSON/ANNA GOODSON

A student's stress MAY BE PERCEIVED AS DEFIANCE. TOO FREQUENTLY, STUDENTS WITH SERIOUS MENTAL HEALTH ISSUES ARE DISMISSED AS "GOING THROUGH A PHASE."

"It is right at the centre," says Kathy Short, director of School Mental Health ASSIST, an implementation support team set up by the Ontario Ministry of Education to provide support to mental health leaders and assist in implementing the strategy within the province's 72 school boards. "It is so important that classrooms are welcoming environments where teachers know their students and students feel comfortable taking risks as they are learning pro-social as well as academic skills." Teachers, she adds, are "the eyes, ears and heart in this work."

The strategy has the potential to reshape practices within and beyond the classroom. "It's not just about what do teachers need to know," says Ian Manion, executive director of the Ontario Centre of Excellence for Child and Youth Mental Health. "It's also what the community service providers need to know and the linkage between the two."

Caring classrooms exist in the province's 5,000 schools, say observers, just not everywhere or with adequate support. "We have pockets of excellence across the province, but it is a bit of a staggered front," says Judith Nyman, OCT, co-chair and co-ordinator of the Coalition for Children and Youth Mental Health, a multi-sector advocacy group. "Good teachers have always done this in a very intuitive way but now we are being very explicit about the conditions that need to be in place in the classroom to build resiliency in children and youth — and that takes time."

Support for students

Students know a caring classroom when they see it. At St. Patrick's Catholic SS in Sarnia, Grade 11 and 12 students serve as peer mentors in a Grade 9 mental health awareness program. Senior students rhyme off the key ingredients: communication, respect, trust, understanding and a feeling

of safety. "If we have a problem, teachers are never too busy to talk to us," says peer mentor Trevor Ducharme. "They might not know the answer, but they help you get to where you need to be."

But his experience is not universal. In *Building a Better School Environment for Youth with Mental Health and Addiction Issues*, a report released this fall, the Youth Action Committee of Children's Mental Health Ontario (CMHO) surveyed nearly 300 students aged 11 to 25. Only 35.1 per cent felt school staff understood mental health issues. The report recommends a larger role for students in reducing stigma and promoting better communication between students and teachers.

"A student's stress may be perceived as defiance or a teacher may be viewed as showing judgement versus genuine concern," say the report authors. "Too frequently, students with serious mental health issues are dismissed as 'going through a phase.'"

Students with mental health problems say they often get the brush-off. "People think we are crazy attention seekers," says one teenager, too young to be identified, who participated in CMHO's annual youth leadership camp in Orillia last July. "We are just normal people who are dealing with a struggle."

The camp provides training for the organization's anti-stigma campaign, "The New Mentality," with teen volunteers swapping stories on local efforts to drive mental illness from the shadows. Often candid, the volunteers refuse to be defined by their illness.

That can mean addressing stigma head-on. One young woman describes being ostracized by other students who feared they could "catch" her disease. Another teen, who asked not to be identified, shares her drawing of a school counsellor's office showing limited office hours. "My mental illness doesn't run on a schedule," reads the

outline. "So why do you?"

Recognition of students as school allies is gaining currency. This year, student leaders in the Hamilton-Wentworth DSB held peer-to-peer workshops on mental health, with support from mental health professionals.

"A lot of people think that if you have a mental illness that you can just 'get over it,'" says Alexandra Ewing who, with fellow trustee Sydney Stenekes and student senators representing every high school in the school board, organized the event. "A lot of people learned through the workshops that you can't just 'snap out of it.'" As important for students, says Stenekes, is the knowledge they can change preconceptions. "Starting the conversation is the first step to eliminating the stigma," she says.

The workshop fits with a broader strategy by Hamilton-Wentworth to engage students on mental health. "We are really being explicit in Hamilton-Wentworth to ask students what they need, how we might do things differently, what should we continue," says director of education John Malloy, OCT.

Customized approaches

A focus on students shines through on a sunny September morning at P.E. McGibbon PS, an inner-city elementary school in Sarnia, where Grade 5/6 teacher Heather Parnham, OCT, and her students kibitz in the schoolyard. Moments later, outside her second-floor classroom, she greets each student by name.

Like the Canada-wide statistics, one in five of her 25 students has a diagnosed disorder. Long before her students open a textbook, Parnham invests time to teach respectful listening, empathy and conflict resolution. For attendance, students check off their names on a Smart Board and select an icon — happy, sad or in-between — to communicate their mood. A few minutes later, the students sit in a circle on the floor to share a "tribble," if they wish, such as the death of a pet.

"My biggest thing in September and October is building community, building inclusion and making them feel safe," says Parnham, a teacher for 12 years. The social-emotional "front-loading," she argues, lays the foundation for student success.

"Heather runs a program that is the full embodiment of what we hope to see in a safe classroom and a safe school," says McGibbon principal Helen Lane, OCT, whose school is one of six Lambton Kent schools with a program to promote positive character traits.

In Stoney Creek, the caring classroom has a different hue at Saltfleet District HS, where Grade 12 teacher Dubravka Prica, OCT, seeks to create a safe haven for students wherever she finds them.

During the first week of school, a former student drops by for encouragement before heading to his class. To welcome the incoming class of hospitality and tourism students, Prica hands out a homemade "student survival kit" of dollar-store trinkets, bite-size candy and uplifting message.

She leaves her door open at lunch — sometimes hearing from an anxious student — and serves as an adviser for a weekly "positive space" meeting for LGBT students. This fall, she worked behind the scenes to make sure the "rainbow" prom, to be hosted by Saltfleet next spring, is held at a banquet hall like any traditional prom, not the gym. "It's about making people feel at home," says Prica.

Creating comfort

Students notice. Saltfleet graduate Kaitlyn Addley, 19, came out as a lesbian at age 12 and struggled to adjust to high school. Prica struck up a regular hallway conversation with the then-Grade 9 student, sparking a supportive relationship that lasted through high school.

"She said 'if you ever have any issues, if you have anything you need to talk about, come to me,'" says Addley, citing several interventions by Prica to keep her on track. The experience changed Addley's perception of teachers. "It told me that there are teachers out there who care about you and respect you for who[m] you are and do care about everyone fitting in equally," she says. "She stood for something."

Elsewhere, boards are working with each other and community agencies to help teachers spot student distress and know where to seek help.

In Sarnia, mental health was a priority before the provincial strategy. Lambton Kent lost eight students to suicide over

two years in 2010–11. "Seven of the eight students were not on a caseload and were a surprise to our staff who deal with mental health issues," says director James Costello, OCT, whose board had no suicides in the last two years.

Mental health was also a priority for St. Clair Catholic DSB director Paulus Wubben, OCT, who retired last August. Prior to that, the two directors used their history of co-operation to establish a regular meeting of education, health and community agencies. "I liken it to connecting the dots," says Costello. "There were some organizations that we had never heard of that provide mental health supports for our kids."

Building awareness

But it was the arrival of Lori Brush in October 2012 as a school mental health leader — a province-funded position for each Ontario school board under the strategy — that Costello says was "a critical piece in improving the conditions."

With coaching from ASSIST, she gathered information from Lambton Kent teachers who identified anxiety, oppositional behaviour, social relationships and bullying as top concerns. Digging deeper, she conducted school-level focus groups to identify needs, such as training on how to manage stress. Brush describes her work as "trying to put together a puzzle"

that integrates mental health awareness into the daily life of a classroom.

At Northern CI & VS, though not raised by Brush in focus groups with students, the memory of two suicides in close succession in 2010 lingered with them. In sessions, students expressed concerns about teachers and urged that they have more fun in and outside of class. Last June, principal Gary Girardi, OCT, responded with a staff day of outdoor leadership activities organized by the YMCA. The mix of school newcomers and veterans created positive chemistry, says teacher Dave Parkes, OCT. "It was great to shuffle the whole deck."

The ASSIST network also gathers evidence on effective practices for potential province-wide application. "If ASSIST works, it promises to bring a comprehensive lens to school mental health," says Stanley Kutcher, Sun Life Financial Chair in Adolescent Mental Health, a respected Canadian mental health researcher at Dalhousie University. "That is its strength."

A constant challenge is to reassure teachers they are not expected to be medical specialists. University of Western Ontario psychologist and professor of education Alan Leschied, an expert in children's mental health, sees a parallel with the recalibrated response to school violence. "It was seen as an add-on for teachers until we realized that if kids don't feel safe they will not be able to focus on their learning and

Learning to manage

This fall the faculty of education at the University of Western Ontario offered an elective on mental health literacy for prospective teachers, the only one in the province. Students jumped at the chance, with 38 enrolled for each of the fall and spring semester courses — the spring course has a waiting list.

The faculty's associate dean of research, Susan Rodger, fellow psychologist and faculty member Alan Leschied and faculty member Kathy Hibbert, who specializes in literacy, developed the elective. "We asked teacher candidates what they knew and what they thought they needed to know about mental health," says Rodger. "The answer was they were decidedly feeling unprepared to even work with children in a classroom with any kind of mental health challenge or problem."

The elective is offered online, accessible to teacher education students living in remote regions. An inclusive, productive learning environment is healthy for students — and teachers, says Leschied.

Other teacher education initiatives are in the works. In September 2015, a two-year teacher education program is expected to add mental health content. All AQ courses include content associated with student well-being and mental health. *The Ethical Standards for the Teaching Profession* also includes the concept for caring for student well-being.



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achievement,” he says. “Now we are at the same with mental health.”

With no evaluation yet of the provincial strategy, some encouraging trends are emerging. For example, Lambton Kent had a 40 per cent drop in student suspensions over five years. Similar results hold for Keewatin-Patricia DSB, whose 4,800 students include 40 per cent self-identified First Nations, Métis and Inuit. Some credit for an almost 50 per cent drop in suspensions over five years goes to the board’s embrace of a Native-inspired “restorative practice framework” to nurture relationships among students and with their teachers. When conflicts occur, students talk about possible remedies.

“Aboriginal culture offers a lot of really positive, healthy modelling for how to be engaged in school and learn, and be respectful of the environment,” says Lisa Doerksen, OCT, school mental health leader for Keewatin-Patricia. In recognition of Aboriginal culture, the board

engages elders to work with students, teachers and parents, and some schools hold staff meetings in a circle.

Like its co-terminus board, Kenora Catholic DSB has introduced restorative practices, with special training for five staff this year. “There is a great push and a lot of interest,” says mental health leader Ashley Hendy. “We have reorganized our professional learning communities this year and one of them is focused on restorative practices.”

The boards piloted a school-community intervention program that assigns mental health workers to help needy families strengthen their ties to school. The result, says Doerksen, “is an increased understanding on the part of teachers about what was contributing to a student’s difficulty in her classroom.”

Still, wait times remain a challenge. In 2012, the average wait time was 72 days for clients who started receiving a mental health service that year, with even

longer delays for access to residential or day school programs, according to data gathered by Children’s Mental Health Ontario for the provincial government.

Geography, language and access to resources can test patience. The Conseil scolaire de district catholique Centre-Sud, with 14,500 students in a 40,000-square-kilometre region, is typical of francophone boards delivering programs to schools scattered across the system.

At some of Centre-Sud’s 54 schools, pilot projects to promote teacher mental health literacy and coping skills for students are showing positive signs, with anecdotal reports of reduced school suspensions, says school mental health leader Dr. Marie-Josée Gendron.

Francophone boards face a shortage of relevant materials *en français*. “Often at the table of mental health leads, they are talking about wonderful programs they are putting in place,” says Gendron. “Finding the equivalent in French that is just as good is much harder.”

Changing the culture, climate and practice of school-based mental health will take time, but promises big dividends, predicts Nyman. “If we do this work and we do it well,” she says, “it will probably have the greatest impact on student success, achievement and well-being over time.” **PS**

When stigma strikes close to home

An award-winning teacher and youth sports coach, Tracy Sharpe, OCT, knows how anxiety, depression, mood disorders and behaviour issues affect her students at a rural school in Bluewater DSB. But it was not until her eldest child, Hayden, 18, was diagnosed with depression that she felt the sting of stigma.

Earlier this year, after a four-year battle to get help for their son, Sharpe and her husband, Scott, decided to share their experience. They had to cope with mistaken assumptions their son was on drugs or, as Sharpe puts it, “we were bad parents and must have done something wrong.”

A teacher for the past 10 years, Sharpe won a Premier’s Award for Teaching Excellence in 2007–08 and has been recognized for her work with behaviour students. This fall, she was appointed vice-principal of a K–12 school, with half-time responsibility for behaviour issues. Several months ago, an acquaintance rebuked Sharpe, saying “you won a Premier’s Award and deal with behaviour kids all the time and you can’t handle your own kid? That must make you feel like a failure.” Bruised, Sharpe walked away. “I knew it was not something Hayden had asked for, it was not something he did or we did.”

Going public gave her fresh insights into other families struggling with wait times for treatment. Hayden’s academic decline in high school was

dismissed initially as a behaviour problem because he fell asleep in class and skipped school. “Depression presents as behaviour,” she says. “People have in their mind that depression is about crying and being sad and it is not. It can be rage, acting like the class clown and truancy.”

Sharpe says it took four years to get an official diagnosis of depression. This year, about to graduate from high school, Hayden is the first adolescent in Grey-Bruce to receive counselling by teleconference. She says the experience has reinforced her practice of honest, regular conversations with students and parents. “Let’s not say the kid can’t cope,” she says. “Let’s say what it is: anxiety disorder.”

Working for a board that promotes character education, Sharpe integrated respectful, responsible, trusting and caring behaviour into her Grade 3 curriculum. When an issue arose — on the playground or in the classroom — she would gather students in a circle and talk it out. “I have never lost curriculum by incorporating and focusing on character education,” she says. “My kids learn better because they are happy, healthy and feel included.”

In time, she hopes the stigma of mental health will ease. “Twenty years ago, cancer was a scary word for people,” she observes. “People pulled away and now we embrace them and help them. Hopefully that is what it will be like with mental health too.”