

the CHURCHILL fellowship

Promoting Mental Health and Wellbeing in School Communities: A Canadian Perspective

Dr Robert Brooks



Contents

Abbreviations.....	4
Summary	6
About the Author	7
Acknowledgements.....	7
Introduction	9
Why Mental Health & Wellbeing in School Communities?	9
Why Canada?	10
Aims of the Churchill Fellowship.....	11
Methods.....	12
The 5-D cycle: Define, Discovery, Dream, Design, Destiny	12
Participant selection	13
Data collection	13
Data analysis	13
Findings	14
Presentation of themes	14
Theme 1: Commitment to Mentally Healthy Schools.....	14
Implications: How schools and services can demonstrate a commitment to MHWB.....	16
Theme 2: Passionate and Visionary Leadership	17
Role modelling self-care.....	17
Vision and passion.....	17
Creativity and flexibility	18
Distributed leadership and collaboration	18
Training	19
Planning.....	20
Implications: Passionate and Visionary Leadership	20
Theme 3: Quality Data	21
Implications: Using Quality Data.....	22
Theme 4: School Climate	23
Promoting whole-school climate	23
Promoting climate in daily practice	25
Implications: Promoting a Positive School Climate	26
Theme 5: Social Emotional Learning Curriculum	27

Social-Emotional Learning.....	27
Coaching.....	29
Implications: Embedding a Social Emotional Learning Curriculum	29
Theme 6: Systemic Support Services	30
Implications: Using Systemic Support Services Can Support Schools and Districts.....	33
Theme 7: Community Partnerships	34
Partnerships with public services and academia	34
Partnerships with children and families	36
Implications: Community Partnerships.....	37
Conclusions	38
Appendix: Details of Itinerary	39
References	70

Abbreviations

CAMHS	Child & Adolescent Mental Health Services
CEMH	Centre of Excellence for Mental Health
CYP	Children and Young People
DSB	District School Board
FSSTT	Family and School Support and Treatment Team
HELP	Human Early Learning Partnership
JCSM	Joint Consortium for School Health
LA	Local Authority
LBPDSB	Lester B. Pearson District School Board
LGBT2Q+	Lesbian, Gay, Bisexual, Transgender, Two-Spirited, Queer and others.
MH Lead	Mental Health Lead
MHWB	Mental Health and Well Being
DfE	Department for Education
SMART	Specific, Measurable, Achievable, Relevant, Timely
SMH-ASSIST	School Mental Health Assist
SNAP	Stop Now And Plan
UBC	University of British Columbia
UK	United Kingdom of Great Britain and Northern Ireland
WCMT	Winston Churchill Memorial Trust

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Summary

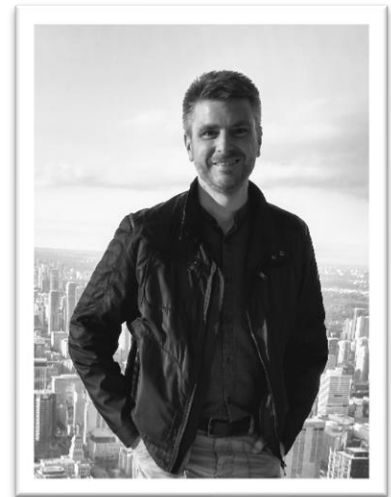
This report describes best practices in promoting mental health and well-being in Canadian school districts and distils them into principles that I hope will inspire others to action. Seven critical ingredients of success were identified from interviews with dozens of individuals who exemplify best practices to develop the MHWB of Canadian school communities.

These were:

- (1) *A commitment to mentally healthy schools:* UK schools are often criticised for narrowly focusing on attainment as the sole benchmark for success. Broadening this definition to include measures of MHWB are likely to encourage long term benefits for the whole school community and wider society.
- (2) *Visionary leadership:* All levels of the sector should adopt an implementation informed approach. Leadership should be distributed throughout the system. We need leaders who passionately communicate their vision, role model self-care, and have the freedom to develop a MHWB strategy for their community.
- (3) *Quality data:* The above efforts benefit from access to valid and reliable MHWB measures that elicit children's voices to inform decision making. MHWB survey data must be interpreted within the local context by community members, not just professionals. Data forms the basis for productive and collaborative conversations between educators, parents and community services to create a unified vision for change.
- (4) *School climate:* A school's climate represents the sum of all relationships within the school, and it should not be left to chance. Deliberate efforts should be made to improve the quality and quantity of relationships within schools, make them safer places, promote empathy, foster deep connections, and improve behaviour.
- (5) *Social and Emotional Learning:* Aligned with efforts to improve school climate, whole class SEL curricula benefit the staff who deliver the programmes as much as the students. A comprehensive SEL should include physical health, mental health, well-being, social and emotional skills, morality and ethics, digital and data literacy.
- (6) *Systemic Support:* Implementation informed practitioner psychologists should support schools and district leaders by developing a joined-up local offer aligned with regional and national strategy. Systemic practitioners can alert schools to local resources and help to establish a consistent, coordinated response to MHWB, from governments to regional service providers to classrooms.
- (7) *Community Partnerships:* The work of MHWB promotion for CYP does not solely rest with schools, but schools are well situated as partnership hubs for CAMHS, academia and local services. When schools and their community partners share data about community MHWB, they can work together to identify community needs, with academic standards of evaluation, scientific rigour and ethical practice.

About the Author

I am an Educational Psychologist supporting schools to meet the needs of children in schools as a change consultant and advisor. In recent years I noted that almost half of referrals to my service were related to children with complex SEMH needs, and demand for services outstripped provision. Schools need help to mobilise their internal and local resources and policymakers who think beyond the MHWB of CYP in crisis. We must consider more sustainable solutions, i.e. how knowledge, resources and community networks can be organised to make schools healthier places to work and study.



I started working with children in the community and residential care in 2000, before working with socially excluded CYP at a college based pupil referral unit. After seven years of lecturing, I completed a Doctorate in Child and Educational Psychology in 2012, in which I studied the factors influencing teacher stress and burnout. I pioneered Appreciative Inquiry's use to inform organisational change to promote teacher well-being in schools (see Brooks, 2015) and came to realise that the well-being of CYP and the adults supporting them were intrinsically linked. What you are reading here is the next step on that journey towards solving the problem: *'How can we make schools sustainable places to work and study for all?'*

I am passionate about the benefits of whole-school MHWB, and I hope that the wealth of experience generously shared with me on this Churchill Fellowship can be used to bring about positive change for the future of British education.

Acknowledgements

Winston Churchill Memorial Trust has enabled this incredible discovery journey that has already inspired many here in the UK. I also wish to thank my family for their steadfast support and friends and colleagues who helped shape a vision of what could be. Finally, to my various Canadian hosts who generously hosted and humoured me on my travels. They shared a veritable treasure trove of practices, knowledge and resources. It was humbling to see how their kindness, generosity and passion for the cause transcends borders:

- Professor Kimberly Schonert-Reichl (Director of HELP).
- Pippa Rowcliffe (Deputy Director of HELP)
- Anna Marie Bueno (Middle Years Development Instrument Implementation Coordinator).
- Lisa Pedrini (Middle Years Development Instrument National Scale-out Project Manager).
- Selma Smith (District Principal of Student Services SEL and Prevention Programs at Vancouver DSB)
- Jody Langlois (Associate Superintendent at Vancouver DSB).
- Stephen Smith (Director of the Ministry of Health and Life Course Prevention at Vancouver Ministry of Health).

- Roxanne Blemings (Director of the Ministry of Health Prevention & Promotion, Mental Health & Substance Use at Vancouver Ministry of Health).
- Mali Bain (British Columbian Lead for the McConnell Foundation WellAhead initiative).
- Jean Clinton (Professor of Psychiatry and Behavioural Neurosciences at McMaster University).
- Mark T. Greenberg (Edna Peterson Bennett Endowed and Professor at Penn State University).
- Michael Ungar (Professor of Social Work at Dalhousie University).
- Cindy Finn (Director of Student Services at Lester B. Pearson DSB).
- Elana Bloom (Psychologist Coordinator at the Centre of Excellence for Mental Health).
- Gerry Weintraub (Psychologist Coordinator at the Centre of Excellence for Mental Health).
- Nathalie Constant (Behaviour Consultant at Lester B. Pearson DSB FSSTT).
- Chantal Legault (Behaviour Consultant at Lester B. Pearson DSB FSSTT).
- Peggy Grant (Principal at Evergreen Elementary School).
- Jason Duke (Social Work Technician at Sunshine Academy).
- Joanne Graham (Social Work Technician at Beurling Academy).
- Kenneth Stanislaus (Social Work Technician at Verdun Elementary School).
- Staff at Lindsay Place High School.
- Lorraine Millette (Implementation Specialist at Université du Québec à Montréal Centre for Research and Intervention on Suicide).
- Nicola Slater (Manager of SNAP Business Development and Affiliate Relations at Toronto's Child Development Institute).
- Susan Christine Rodger (Associate Professor of Counselling Psychology at the Faculty of Education at Western University)
- Claire Crooks (Clinical Psychologist and co-developer of the Fourth 4 program at the Faculty of Education at Western University).
- Kathy Short (Director of SMH-ASSIST).
- Kelly Rizzo (Principal at Guy Brown Elementary School).
- Glen Cook, John Farrell, Roger Logan, Aaron Cowan, Kim Collier and Scott Barr (Sir Allan MacNab Secondary School Mental Health Team).
- David Hoy (Manager of Social Work Services at Hamilton-Wentworth DSB).
- Joseph Zaroda (Principal and staff at Blessed Trinity Catholic Secondary School)
- Andrea Bozza (MH Lead at Niagara Catholic DSB).
- Michelle Bates (Professional Services MH Lead at Halton DSB).
- Sue Ball (Chief Psychologist at York Region DSB)
- Heather Carter (Chief Social Worker at York Region DSB).
- Patricia Marra-Stapleton (MH Lead at York Region DSB).

I think of you often and remember you well.

Introduction

Why Mental Health & Wellbeing in School Communities?

Government data on the nation's mental health (Pitchforth, et al., 2018) documents a steady increase in long-term mental health conditions among CYP since the mid-1990s. Around a quarter of children in the UK will experience mental ill-health at some point in their lives (Young Minds, 2018), with CYP reporting that they are significantly less satisfied with life than ten years ago. Bullying, social media use and reduced face to face time outside school hours are thought to contribute to this trend (The Children's Society, 2019).

Work to change the trajectory of MHWB outcomes is underpinned by the growing recognition that early life experiences directly impact the prevalence of lifelong mental health problems. Half of all (non-dementia) mental health problems are present by age 14, and three-fourths are established by 24 years (Kessler, et al., 2005). Failure to address mental health needs early in life severely reduces individual happiness, well-being, and development. It increases the likelihood of stigma, social isolation, and discrimination (National Assembly for Wales, 2018). Poor MHWB harms educational success, self-worth, concentration, school attendance and behaviour, as well as increasing the probability of drug misuse and unemployment in adulthood (Bradeley & Corwyn, 2002), (Office of National Statistics, 2005), (Farah, et al., 2006), (Mani, Mullainathan, Shafir, & Zhao, 2013), (Richards & Abbott, 2009). The economic cost of inaction is incredibly significant: UK taxpayers spend an estimated £70-£105 billion each year on mental health-related costs (Davies, 2013), (Mental Health Taskforce, 2016).

Pathways to access specialist treatment are staggeringly lengthy, and CAMHS are routinely overwhelmed by referrals. Kessler et al. (2005) calculated the average time between CYP experiencing symptoms and receiving expert help as ten years. Even now, only the most distressed children receive treatment and diagnosis. Traditional tiered pyramid models of service delivery predominantly benefit families with social capital and psychological resources to engage with clinical and specialist services as intended, leaving three-quarters of children who would benefit without (NHS Benchmarking Network, 2018), (National Assembly for Wales, 2018). In England, a quarter of CYP referred to CAMHS are turned down (Frith, 2016). Suppose CAMHS continue to adhere to stringent criteria for access to support: there will always be a hidden underbelly of untreated CYP with complex needs living with chronic adversity, acute stress, and trauma (Roffey, 2016). The lack of investment and attention to prevention means that underlying systemic and societal causes of distress remain unaddressed (Smail, 2005). The continued emphasis on funding reactive clinical services masks the societal divisions in schools and communities that cause psychological pain; only 0.1% of NHS spending is invested in preventing mental ill health in CYP (Frith, 2016).

The National Assembly for Wales (2018) proposes addressing this gap in service delivery by shifting the culture of thinking around the mental health needs of CYP and developing a universal and holistic understanding of MHWB in schools. Schools are arguably one of our nation's best institutions for ameliorating distress, promoting community cohesion, and operating as centres of support and intervention for CYP and their families. In an international survey conducted by Dolton, Marcenaro, de Vries, & She (2018), 84% of British people instinctively saw teachers as carers for CYP, demonstrating the level of public support for schools as places of caregiving. However, UK teachers also consistently report high levels of stress and work among the longest hours in the world (Health

and Safety Executive, 2014); (Sharrocks, 2014), (Dolton, Marcenaro, de Vries, & She, 2018). Daily pressures on teachers to raise attainment, work unpaid overtime and perform at their peak in the classroom adversely affects the quality of their relationships with students, thereby undermining their efforts (Easthope & Easthope, 2000), (Ronfeldt, Lankford, Loeb, & Wyckoff, 2011), (Sharrocks, 2014). The narrow lens of achievement in education has been counterproductive: Teachers who feel stressed are less emotionally available for their students, and consequently, their students achieve poorer outcomes (Roffey, 2012).

There is hope; an exponential growth in research in recent years demonstrates that efforts to build student character, resilience, and MHWB benefits staff and student achievement rates (Weare, 2015). Schools with effective interventions that improve MHWB show an average of an 11 per cent increase in achievement, 25 per cent improvement in social and emotional skills and a 10 per cent decrease in misbehaviour, anxiety and depression (Brooks, 2014). Staff also experience reduced stress, sickness and absence, and improve the quality of their teaching (Greenberg & Jennings, 2009). Efforts to ensure that schools are mentally healthy places to work and study simultaneously help teachers support the MHWB of their students, thereby creating virtuous cycles in which incidences of challenging behaviour are reduced and attainment increases. Improved SEL skills among students also help CYP navigate future transitions and provide resilience against developing lifelong mental health problems. When SEL skills are embedded throughout school systems, they affect every interaction in the school community (Weare, 2015).

The key points from research on the effects of MHWB on student performance have been summarised below (Brooks, 2014):

1. Pupils with better health and well-being are likely to achieve better academically.
2. Social and emotional competencies are associated with greater MHWB and better achievement.
3. The culture, ethos, and school environment influence pupils' health and well-being and readiness to learn.

Why Canada?

Given what is known about the merits of MHWB promotion in schools and communities, I sought to gather a fresh perspective on the issue by visiting Canada. This country has committed itself to this agenda the publication of the JCSH in 2010. The JCSH set the stage for Canadian schools as settings for promoting MHWB. Informed by experts in health and education already involved in delivering positive mental health services and initiatives, it drew together convergent practices, themes from the literature and key informants to create a comprehensive school health framework for positive mental health promotion. Since then, numerous approaches have been introduced across the ten Canadian provinces and their three territories.

Much like the UK, Canada is an ethnically diverse country with two official languages and immigrants worldwide. From this vast, diverse country, I chose three different cities in three provinces, each with different ethnic traditions, laws and educational systems, to gather three distinctive yet interrelated perspectives on promoting mental health in schools. I began by attending National Symposium for Child Well-being in the Middle Years at UBC to learn how HELP measures childhood well-being and its

use to inform decision making. I then travelled to Quebec to meet with my counterparts at the CEMH and the FSSTT and then to Ontario to witness their nationally acclaimed SMH-ASSIST service and meet regional experts.

The education system in Canada would be recognisable by educationalists in the UK. Still, there are also many points of comparison. Education in both countries is divided into stages identifiable as Key Stages 1 to 4 underpinned by a universal curriculum. Still, Canadian principals have more freedom to control their school budget, set their ethos, and shape their school environment. Similar freedoms have been realised for schools in the UK by granting them Academy status, relinquishing them from LA control. Canadian schools are also organised under School Boards, akin to Local Education Authorities in the UK. Many decisions remain in the remit of the District Superintendent. Parents in Canada can choose their preferred school based on its language, faith, and approach, which is thought to encourage 'buy-in' from parents and students. Still, because the same curriculum is taught in all schools, streaming is prohibited until children reach 16 years, and there are very few private schools. There is usually a mix of children from different social backgrounds.

Since returning from the Churchill Fellowship, new professionals have entered the UK workforce, including the Trailblazing Education Mental Health Practitioners in participating English counties and Whole-School Wellbeing Leads in Wales. These professionals are well-placed to bring together health and education sectors and inform the process of building mentally healthy learning communities within a UK context. These new roles have also created a demand for school leaders and practitioners to understand both *what* needs to happen and *how* interventions can be sustainably implemented to benefit whole school communities.

Aims of the Churchill Fellowship

This Fellowship, therefore, has two core aims:

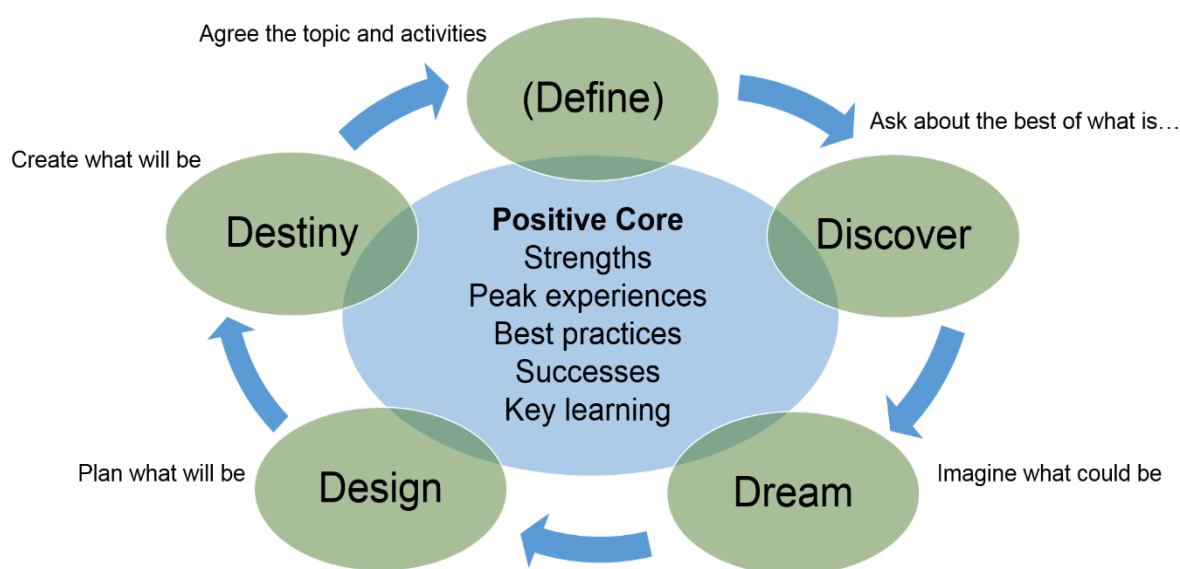
1. To distil and describe examples of best practices in promoting MHWB in Canadian schools and districts and identify core themes to success.
2. To provide suggestions for how these insights can be implemented in the UK so that schools, community partners and allied agencies can collaborate to tackle the barriers children face in education.

The appendix of this report presents an overview of the myriad of practices that I encountered during this Churchill Fellowship. By revealing the best of 'what is', we can be inspired to think creatively about what 'could be'. Let curiosity guide you and enjoy.

Methods

The complexity of systemic efforts to improve MHWB make it well suited to qualitative approaches that describe peoples' underlying perceptions, beliefs and hopes about their work. The open-ended nature of a Churchill Fellowship allowed me to explore avenues of interest from within organisations in a way that would have otherwise been limited by predetermined questions (Hong, 2012). I used a methodological and philosophical approach aligned with Appreciative Inquiry (AI) to investigate best practices, known as 'The AI 5-D cycle'. This report focuses on the initial stages of AI, i.e. define, discover, dream, and design suggestions. Figure 1 shows how the AI 5-D cycle draws upon a positive core of an organisations strengths, peak experiences, best practices, successes, and key learnings. This core then becomes a source of inspiration for imagining a better future and planning strategic change.

Figure 1: The Appreciative Inquiry '5-D Cycle' with 'Define' as an additional dimension.



The 5-D cycle: Define, Discovery, Dream, Design, Destiny

In addition to the normal 4-D process of Discovery, Dream, Design and Destiny, a fifth 'D' for 'Define' was included to acknowledge (Cooperrider D. L., 1986) recognition that AI requires an affirmative topic choice before an inquiry can begin, i.e. to investigate ways of promoting MHWB of CYP in schools. The Discovery phase involved interviewing stakeholders about what works and what feels successful in promoting HWB of CYP in schools (Calabrese, Hester, Friesen, & Burkhalter, 2010). In the Discovery phase, I attempted to garner various perspectives from schools, leaders and experts from multiple sources in each locality. I have since digested my findings into themes and recommendations. Still, these are only suggestions since those within the system need to develop their own Dreams to Designs if they are to be responsible for its delivery. Only once there is agreement should the process of change be delivered, i.e. its Destiny, typically an action plan that elaborates the proposals identified during the Design phase (Bushe, 2011).

Participant selection

I contacted dozens of school boards and universities in several Canadian provinces and cities as a scoping exercise. The responses allowed me to narrow my focus to Vancouver, Montreal, and the Toronto area based on their presented opportunities. Several key contacts generously volunteered to act as conduits, including Pippa Rowcliffe in British Columbia, Elana Bloom in Quebec and Kathy Short in Ontario. I was honoured by their generosity, which was extended by those they introduced me to despite their crowded schedules. In total, 48 people were willing to meet with me to talk about their work promoting MHWB in schools, including:

- 5 Academic Professors
- 18 Directors or Government Ministers
- 12 Mental Health Consultants
- 13 Principals and Teachers

Data collection

45 to 90-minute audio-recorded semi-structured interviews and photographs were used for data collection, followed by unstructured exploratory questions. Follow-up emails with transcribed interview data were sent to participants to clarify their contributions or provide additional detail. References to online materials made by my hosts were included as a secondary data source.

Data analysis

I narrowed the focus from the available data to provide a clear message for UK readers: *‘What are the three core strengths, values, qualities, ways of working – that you think are key to improving mental health and well-being of children and young people in education?’*. Thematic Analysis (TA) was used to interpret participant responses (Braun & Clarke, 2006). This enabled me to see, make sense, analyse, observe and convert the information into usable data intended to be accessible to the educated public (Boyatzis, 1998; Rice & Ezzy, 1999; Braun & Clarke, 2006).

Findings

Presentation of themes

Seven themes were identified from the data, reflecting the strengths, values, qualities, or ways of working central to successful MHWB promotion in Canadian schools and districts. These were:

- (1) Commitment to Mentally Healthy Schools;
- (2) Passion, Vision & Leadership;
- (3) Quality Data;
- (4) School Climate;
- (5) Social-Emotional Learning Curriculum;
- (6) Systemic Support Services;
- (7) Community partnerships.

A visual representation of the themes is presented in figure 2 below, followed by a presentation of the data and recommended implications for practice. The implications of these themes are presented to create a unified vision of conditions for school leaders to reflect upon during their journey to championing MHWB in their school community.

Figure 2: The ingredients for the successful promotion of MHWB in schools



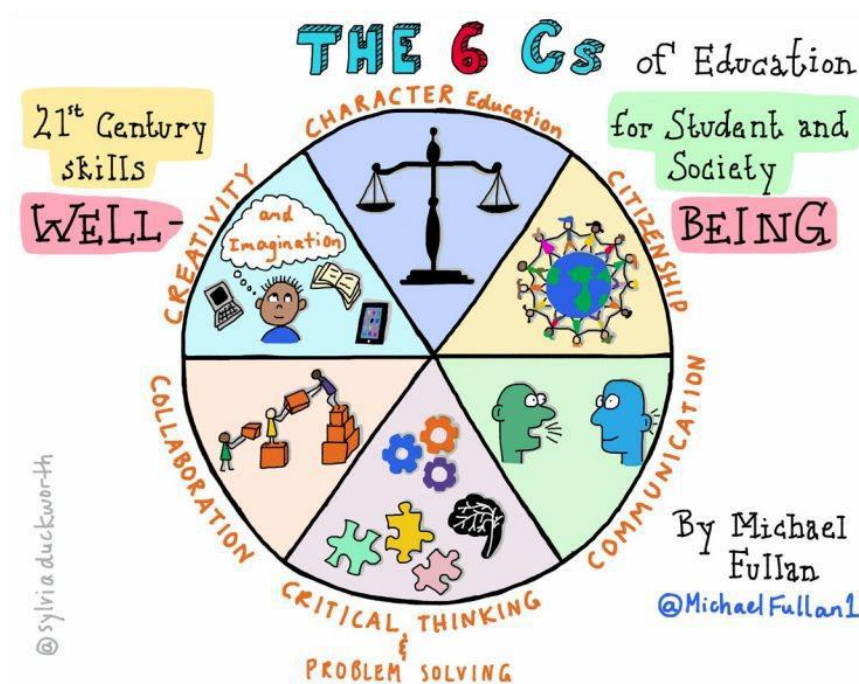
Theme 1: Commitment to Mentally Healthy Schools



Before the change process can begin, it is essential to *"reframe education to include a commitment to mental health or well-being at its core"*, explained Joanne Graham (Technician at Beurling Academy). The York Region DSB affirmed their commitment by shifting the focus of education from 'achievement' to 'success', *"there is a shared understanding of the importance of MHWB promotion in schools... and success includes MHWB elements"*, explained Chief Psychologist Sue Ball. Jason Duke (Technician at Sunshine

Academy) in Quebec stressed that they also “talk about MHWB as a primary objective [of education], not just achievement.” Roxanne Blemming explained that the impetus for change had been agreed upon at the Pan-Canadian JCSH. Canada’s provincial Health and Education sectors decided to work collaboratively to create a shared, comprehensive, evidence-based understanding of MHWB promotion in schools. British Columbia adopted a holistic vision of school health that includes behavioural, cognitive and affective dimensions. Cindy Finn (Director of Student Services at LBPDSB), Jerry Weintraub & Elana Bloom (Psychologists at the CEMH) explained how the Québécoise strategy cascades to schools: “by treating the individual, you are working purely reactively. You are not addressing the causes of distress, only the symptoms... there needs to be a shift in the thinking of school leaders away from focusing MH resources on the worst 5% and instead on whole school change to promote MHWB.” Michelle Bates (MH Lead at Halton DSB) concurred, “there needs to be an understanding that schools have a significant role, and in particular teachers have a significant role, in supporting and developing the MHWB of students.”

Jean Clinton (Professor at McMaster University) encouraged teachers to examine the Deep Learning curriculum developed by Fullan & Langworthy (2013) that aims to prepare learners to be creative, connected, collaborative problem solvers, and healthy, happy contributors to society by promoting six core competencies: character, citizenship, communication, critical thinking, collaboration and creativity.




Joanne Graham also thought that the secret to positive learning environments lay in promoting “personal skills: Rapport, listening, empathic approach to establishing relationships.” Convincing all teachers to embrace this view is incomplete. Still, there have been successes in the willingness of leaders to think differently. There is an intention “for teachers to implement mental health initiatives on a daily, whole-school level,” said Joanne Graham. Jerry Weintraub added that “a lot of the work is about persuading teachers to meet others from their point of cultural origin rather than expecting others to abandon their cultural reference point. This is true of minority groups and marginalised

groups such as LGBT2Q+.” He went on to describe how schools no longer “count fights, and instead focus on self-regulation, problem-solving and resilience. Teachers are no longer surprised to see bad behaviour in children whose basic needs are unmet”. Jason Duke told me that “most work is with staff to help them to understand the importance of relationships, empathy and context, there are many ACES in CYP’s lives.”

Understanding that MHWB is about meeting CYP’s basic needs was one of the primary arguments for change. *“Everyone has a responsibility to intervene in mental health issues; it is akin to safeguarding”,* said Elana Bloom. Stephen Smith (Director of the Ministry of Health and Life Course Prevention at Vancouver Ministry of Health) advised that policymakers begin by founding their ideas on familiar concepts, for example, by *“Introducing the notion that [employers are] responsible for psychological health and safety as well as physical health and safety.”*

Michelle Bates took a different approach, encouraging childhood risk-taking and mistake-making. She urged educators to coach as well as teach *“support risk-taking and failure. Allow staff to become role models for mistake making.”* Kelly Rizzo (Principal at Guy Brown Elementary School) suggested that *“the role of educators is to educate, and we cannot do this if people do not feel they can be successful... The flipside of that is that failure has to be something that you learn from, and not something to be ashamed of.”*

Implications: How schools and services can demonstrate a commitment to MHWB

	<ul style="list-style-type: none"> • Explicitly announce a shift in the education system's culture, structures, priorities, and practices to incorporate MHWB, e.g., broadening the narrow lens of ‘achievement’ to holistic ‘success’. • Encourage education leaders to communicate their commitment to MHWB through action, including LA leaders and representatives from regional bodies, then ensure that this commitment cascades to school leaders, educators and students. • Invite LA leaders and representatives from regional bodies to attend community liaison and MHWB Leadership Team meetings where decisions are made for the betterment of CYP in the community. • Schools should have at least one senior leader who consistently attends MHWB Leadership Team meetings and community planning meetings. • Ensure that each MHWB Leadership Team focuses on vision-setting, collaboration, strategy/program selection and problem-solving. • Encourage school leaders to initiate a ‘whole school’ campaign and develop programmes that capture, address and manage the MHWB challenges in their school. • Support school leaders by providing access to experts who understand how to implement initiatives and the framework outlined in this report. • Schools, LAs and local services should work together to adopt a graduated or tiered model of support that begins with developing their universal offer, then whole class/small group interventions, then support for individuals with high-end needs, without abandoning existing support.
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	<ul style="list-style-type: none"> • School leaders should be allocated or ringfence funding to enable their staff to commit to attending liaison meetings, invest in school infrastructure, secure resources and access training. • School leaders should be supported to understand the broader community network and health system and articulate their role in the local care offer.
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Theme 2: Passionate and Visionary Leadership



“The role of the leader is to share their vision, understand what the research says and operationalise it. It makes a big difference if you can get leaders to this point in well-being promotion.” (Kelly Rizzo, Principal at Guy Brown Elementary School).

An intimate consequence of showing a commitment to promoting MHWB in schools is creating a unified vision and distributed leadership reaching throughout education, from the provincial government to school districts, to individual school employees. For example, in Ontario, Kathy Short (Director of SMH-ASSIST) argued that a school *“mental health and well-being strategy needed to be part of a whole-school approach, aligned with the Board’s vision and strategy. This involves having a clear vision, an action plan, explicit responsibilities and timelines.”* Each province has a strategic implementation team that includes philanthropic organisations such as WellAhead, and publicly funded bodies like HELP, to provide schools with the specific guidance to sustainably implement their vision.

Role modelling self-care

The active promotion of well-being in schools involves developing the quality and quantity of relationships with emotionally available and skilled adults. MHWB development happens when teachers and school leaders take care of themselves and extend their support to others, and this facilitates the creation of mentally healthy school communities. *“Administrators can support and promote staff mental health and well-being by fostering a stigma-free culture that encourages self-care and mutual support amongst colleagues. This can be nurtured by modelling good self-care and engaging in conversations about the promotion of mental health and well-being for both staff and students within the school community”* (Kathy Short). Principals are *“role models when it comes to promoting values, attitudes, and actions in terms of the development of a positive school climate,”* added Nathalie Constant (Behaviour Consultant at LBPDSB FSSTT). Sir Allan MacNab Secondary Mental Health Team stressed the importance of vulnerability: *“This school is honest; people are okay making themselves vulnerable and being open about their own lives. Modelling vulnerability promotes honesty and openness in others.”*

Vision and passion

Clear vision and passionate leadership underpin intentional organisational change. *“Setting the vision of the school impacts on your day to day mobilisation and school climate.”* (Nathalie Constant). Government leaders should *“be clear about the intended outcomes and ground them in the local context... know each organisation’s mission and help them to achieve it.”* Suggested Stephen Smith

and Roxanne Blemming. A clear vision enables collaboration between members within a system, especially when it is delivered with passion. Lorraine Millett confided that *“conveying your enthusiasm at conferences will get people inspired... Passion is contagious. If you are passionate and truly believe in the work you are doing, then others will join.”* Jody Langlois (Associate Superintendent at Vancouver DSB) and Selma Smith (District Principal of Student Services at Vancouver DSB) argued that even if a school leader is not inspired to promote MHWB, they can employ passionate others to do the work for them: *“Let people find their niche, employ people who are passionate about change and let them fulfil their goals.”*

Creativity and flexibility

Kelly Rizzo considered an ethos of creativity, open-mindedness, and flexibility to be necessary for the effective implementation of change. *“A key ingredient is having a school that is willing to make modifications and adjustments for kids.”* Adaptability and creativity applied to how schools meet staff and student needs were endorsed by Jason Duke and Elana Bloom. They proposed that schools require *“open-minded flexibility to develop a community of support for each other. Mobilised values about how we engage with each other, not just beliefs but actions.”* Jody Langlois and Selma Smith joked that their success was owed to working with local leaders *“who do not say no to new ideas!”*

Distributed leadership and collaboration

This kind of work requires collaboration and distributed leadership. First, *“set the stage: Create the conditions for your school that allow for sustainable and effective practices, like having a school team with responsibility for mental well-being and establishing in-school processes for helping vulnerable students.”* Suggested Kathy Short. Then encourage *“staff [to] participate in the solutions and decisions that are related to the implementation of universal, targeted, and intensive approaches.”* Added Nathalie Constant. It helps if there is *“principal Leadership who listens and doesn't get in the way of the senior management team in driving the project forward... [This work] takes shared leadership and collaboration.”* Said the mental health team at Sir Allan MacNab Secondary School.

Nathalie Constant went on to explain how School Climate Committees and Mental Health Teams *“play an important role in making sure that work is organised, communicated to all, and revised as needed. These favourable conditions ensure that policies are updated, maintained, create a sense of community and enhance collaborative practices.”* Collaboration involves *“incorporating students' interests, including them in decision making and creating opportunities for involvement. It is an opportunity for student voice and student leadership in the class and wider school. Students can take an interest in mental health awareness and lead campaigns to promote kindness and inclusion. Those with lived experiences should be included in efforts to reduce stigma and promote positive mental health.”* (Kathy Short).



Nathalie Constant & Chantal Legault
(Behaviour Consultants)

Engagement isn't enough; school mobilisation implies action or motion towards a goal. *“Staff should be encouraged to participate in the solutions and decisions that are related to the implementation of*

universal, targeted, and intensive approaches,” said Nathalie Constant. In this endeavour, students are an asset. They should be included in decisions that promote a culture of belonging and mattering. Kelly Rizzo did this by having an open-door policy and encouraging anyone with an idea about school improvement to talk to her; well-being improves when people believe their opinions matter.

Training

Training is a mainstay feature of organisational leadership. It helps establish a culture, develops shared understandings, and deepens a sense of educators’ roles and responsibilities. Regional training



promotes a common language between schools. Schools that successfully use training create *“educators who are mental health literate and who have a comfortable working knowledge of strategies for mental health promotion at school”*, explained Kathy Short. She explained that getting the balance right between educating, guidance, and healing is also important. Schools need *“educators who understand that they are not expected to be clinicians but know the process to access professional mental health support when needed. Educators who know the students in their classrooms, their background, strengths, needs, interests, and worries build*


positive relationships with their students each day. Everyday practices for mental well-being are used intentionally, explicitly and systematically in teaching and learning.” Training should not just educate but also inspire and mobilise the workforce, Lorraine Millett stressed that *“buy-in from teachers and administrators is key”* and it needs coaches who come back to work with teachers to implement the ideas with fidelity and consistency.

Sir Allan MacNab Secondary School Mental Health Team hosted a whole staff development day to discuss the importance of school mental health, during which *“...a student talked about her mental health experiences. She told her story for ten minutes. The teachers gave standing applause. The first day motivated the teachers to engage intellectually but also emotively to understand the purpose. Afterwards, when people were asked who was prepared to learn more about mental health promotion, there was a great response.”* Sir Allan MacNab Secondary School Mental Health Team described their training model, to *“provide universal training for staff and invite some to do more. Issues beyond these leverage relationships between staff, students and specialist support services using the principle of ‘a friend of my friend is a friend’.”* For Sir Allan MacNab Secondary School, all staff and volunteer students received Talk About Mental Illness (TAMI) and SafeTALK training. Those who volunteered completed either Mental Health First Aid or Applied Suicide Intervention Skills Training (ASIST). The school then openly shared who had received what training on notice boards around the school so that students and staff could self-refer when needed. Elana Bloom described how the CEMH had upskilled staff in participating schools: *“Last year, all staff were trained in Solution Focused Brief Therapy, and this has been effective to help staff to engage with someone when they are upset and to put their vulnerabilities aside.”* Fundamentally, educators need to feel confident that they have the skills to *“create mentally healthy classrooms and to understand their role as eyes, ears and hearts for students who may be struggling with emotional problems”*, asserted Kathy Short.

Planning

"Create a plan, definitely plan. There needs to be a plan at the board level, certainly at a school and classroom level, to take these great ideas and desire to do things," said Michelle Bates. Schools that successfully promote MHWB have a *"school administrator who provides leadership and has explicit mental health and well-being goals in the School Improvement Plan"*, concurred by Kathy Short. Sir Allan MacNab Secondary School Mental Health Team explained how they put school mental health on the agenda every year to *"ensure they continuously built on what has been done the year before."* Adding MHWB goals to existing school planning processes ensures that it remains at the heart of its business. At the York Region DSB conference, Sue Ball (Chief Psychologist), Heather Carter (Chief Social Worker) and Patricia Marra-Stapleton (MH Lead) encouraged their teams to ensure they were included in school planning meetings: *"If it is not on the School Improvement Plan it doesn't happen because the School Improvement Plan is what is talked about in management meetings. Social Workers and Psychologists need to be on the School Improvement Plan. If you are not... you become a guest in education and not a part of the foundation."*

Implications: Passionate and Visionary Leadership

	<ul style="list-style-type: none">• LAs should create 'MHWB Leadership Teams' to serve each locality. These should be multidisciplinary, multi-layered, and include meaningful engagement with students, parents, and community partners. Ensure there is a balance of people attending these meetings regarding power, expertise, influence, relationships and representation. Meaningful engagement means ensuring that power imbalances are addressed between participants.• Schools benefit from establishing internal MHWB Teams that focus on meeting the needs of CYP in their community. This is likely to require engagement by school governors and with local services.• MHWB Leaderships Teams and school leaders should fully collaborate in agreeing and writing strategic plans and action plans.• Schools should adhere to agreed actions in MHWB Leadership Team meetings and have the freedom to maintain their independence in decisions relating to the nature of the programmes, training providers, partnerships, and the projects they wish to develop.• Schools should have at least one senior leader responsible for MHWB who coordinates action within the organisation to ensure they integrate well.• School governors and senior leaders in schools should actively endorse the school's vision for MHWB.• Community stakeholders should co-create a realistic, clear, focused vision and value base. The vision should be aspirational yet focused, contextual, and used to inform decisions aligned with the regional and national strategy to ensure their support. The vision should also be preventative, inform teaching, be evidence-based and be strongly informed by data. The vision should be revisited every three years as a
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	<p>part of the strategy development process to ensure it remains contextually relevant.</p> <ul style="list-style-type: none"> • Leaders should contribute to the implementation of existing healthy schools policies and programs. • Create processes that identify who does what, which evidence-based programmes and monitoring tools to use, and ensure transparent referral protocols to enable access to school and community services. • Promote clarity about the role and services available within the LA and Health Board to support CYP MHWB. Establish clear pathways for vulnerable students to, from, and through care systems that staff, students, families, and community partners understand. • Create or update protocols for suicide prevention, risk management and postvention work when needed. • Establish school-wide programs and initiatives that enable students to work as team members with peers, educators, and the wider community to promote and publicise healthy schools programs and initiatives using various tools (e.g. school website, learning management system, mobile apps, social media). • Ensure protocols are in place to select CYP and their families who can inform the MHWB Leadership Teams of their vision and strategy. • Establish a process for students to take on leadership roles with the support and cooperation of peer and, where necessary, adult allies.
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Theme 3: Quality Data

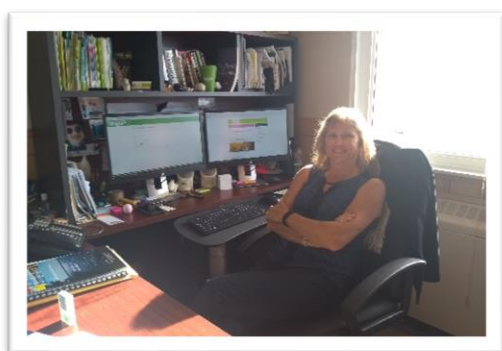


Those I met routinely emphasised the value of research data to inform decision making. Pippa Rowcliffe (Deputy Director of HELP) explained how British Columbian school districts used data from the EDI and MDI to create change throughout the province by gathering population-level data and facilitating conversations to interpret it in communities: *“If you are going to do it, then do it well, with trust, respect, two-way learning. Commit to providing data back to communities in a way that makes sense to hear other people’s interpretations of the data. Sit with people and understand what it means, not just to build the data but to inform the research... The answer is not data but the interpretation of data.”* Pippa went on to explain that her team employ a principle of 50% data gathering and 50% dissemination and interpretation; however, she warned against using data to name and shame schools, *“schools are a point of intervention as an institution where we can have an influence, but the data doesn’t apply to schools because the child is not only a product of the school environment. Furthermore, the MDI or EDI data cannot solve problems by working solely within schools; you also need to develop partnerships with*



neighbourhoods and parents. [HELP] give the data right back to the people who contribute to it... Suppose you conclude that 'all we need is a monitoring system'. In that case, it will not get you to where you want to go", argued Pippa Rowcliffe, adding that effective, responsible data use requires "a philosophy of not telling others what to do, but to help them to ask better questions and inquire. Unless you live and work in a community, you cannot presume to interpret data for others. HELP is often criticised because people want a silver bullet, but the principles are sacrosanct: Appreciative Inquiry and Collaborative Action. This means working from a research base and engaging community partners," recommended Anna-Marie and Shannon (Managers at HELP).

Data can also be used to demonstrate the impact of efforts against specific targets. Sir Allan MacNab Secondary School Mental Health Team values "data collection about the impact of our work." Lorraine Millett added that "teachers need to be able to see the outcomes to believe in the intervention; it also supports the school to implement an intervention to ensure its effectiveness." Nicola Slater (Manager of SNAP at Toronto's Child Development Institute) attributed the success and sustainability of SNAP to its 32-year continuous cycle of intervention delivery and academic research. Data allowed provincial




Nicola Slater (Manager at SNAP)

and local government institutions to endorse and fund it. She added that "science and practice working together in the same building is important because manualised programs stagnate unless they go through evolutions of change, and they require evidence to inform that change." Kathy Short further justified the need for performance outcomes and research data to protect funding: "systems need to be strong enough to resist changes of Government, and this means communicating to ministers and the public about the value of improving mental health in schools." She warned against underestimating the

importance of data gathering and dissemination. Failure to do so can undermine long-term sustainability if political interest wanes. Kathy Short also advised against merely collecting data for academic and government purposes, "research needs to be accessible to teachers and parents. SMH-ASSIST gathers a lot of pre- and post- data and analyses the financial savings to society for running schools in this way. Create presentations that use the correct language to persuade each audience. People aren't interested in implementation science talk; they need it to be digested to their sphere of understanding and focused on their interests and needs; this is the heart of collaborative working."

Implications: Using Quality Data

	<ul style="list-style-type: none"> • Assess existing resources, strengths, needs and provision maps to inform the LA and schools of their strategy. Ensure initial assessment data is routinely updated and that pockets of best practices are identified and promoted as inspirational case studies. • Consult a wide range of stakeholders to hear different perspectives about school and community strengths, needs, and priorities for promoting MHWB in CYP.
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	<ul style="list-style-type: none"> • The minutes from the school MHWB Leadership Team conversations should be shared with other community partners to help them identify their priorities and goals. Include the findings from school, district, and local datasets and use this to inform the community offer. • Establish a process for gathering information about the MHWB of students in schools (e.g., surveying students, staff, parents, and on-site partners, including staff connected with childcare/family support programs) and developing and implementing a plan to act on the information. • LAs can pool existing population-level measures to create a public health perspective of CYP's MHWB in communities, e.g. School Health Research Network (SHRN), EDI/MDI data or Pupil Attitudes to Self and School (PASS). • Create links with university and research organisations that can assist in designing, collating, and presenting data to ensure its scientific rigour and adherence to ethical guidelines. • Use early identification tools to establish standard ways for schools to raise concerns, both internally and externally. • Up-to-date assessment data should be used to identify areas of focus and inform refinement of existing action plans. • Ongoing monitoring should inform reviews of the effectiveness of processes, programmes, strategies on teacher and student perceptions and outcomes. Create process indicators on action plans that can be reviewed within each implementation cycle so that participants know whether they are reaching their goals.
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Theme 4: School Climate

Promoting whole-school climate



The emphasis on managing schools' climate was one of the more curious differences between the UK and Canadian approaches towards MHWB promotion. Perhaps best understood as school culture or ethos, it is defined as a social architecture that is consciously and regularly promoted by school policy and practices. *"You need to change school culture towards well-being,"* said Mali Bain (Province of British Columbia Lead for the McConnell Foundation WellAhead initiative) when she talked about her team's work with schools, *"this work requires a change at both school systemic and interpersonal levels."*

Deborah Pepler & Wendy Craig's work on school climate was inspired by a Canadian national drive to reduce bullying in schools: *"School climate is the sum of all relationships... Bringing someone coffee is caring. Telling a student a joke in the hallway is fostering an atmosphere of fun. This work promotes a positive sense of school climate. It should be encouraged by our students and teachers."* Deborah Pepler & Wendy Craig go on to argue that *"our current understanding of conduct places too much emphasis on respect and communication alone."* Joanne Graham considered quality relationships to be her *"number one"* principle. Jason Duke advised schools actively *"promote belonging and inclusion, i.e. the belief that every child deserves to be in school. When children don't feel accepted, they perceive*

it and reject adults”, he argued that a deliberate effort to promote belonging was crucial, as “a positive school climate can be gained and lost so easily, it is fragile.”

“The Ontario provincial strategy fosters a strong sense of belonging at school: Being known at the individual level and mattering at an interpersonal level. This involves eliciting student’s voice, interpersonal interaction, asking pupils and teachers what is important to them.” Introduced Patricia Marra-Stapleton at the monthly York DSB conference. The principal of Guy Brown Elementary School,



Tracy Walsh & Kelly Rozzo (Guy Brown Elementary)

Kelly Rozzo said that she aimed to *"create a school culture where people feel like they matter and are noticed. Teachers need to connect with students to get to know them, find meaningful and relevant things for them, and build learning opportunities around their interests. The school had an instructional coach to help develop the pedagogical skills of educators and help them to bring deep learning experiences to the surface [so] students to feel valued."* Kathy Short described positive school culture as one in which *"Teachers plan to incorporate their student's interests, include them in decision-making, and create opportunities for involvement. Opportunities for student voice and student leadership in the class and at school. Students take an interest in Mental*

Health awareness and lead campaigns that promote kindness and inclusion. Those with lived experience are included in efforts to reduce stigma and to promote positive mental health."

According to Deborah Pepler & Dr Wendy Craig, promoting school climate includes seven key characteristics: *"1. Respect: the foundation for all healthy relationships, 2. Safety: both physical and psychological, 3. Caring: including affection, kindness, help, and support. 4. Communication: critical to the functioning of a relationship. 5. Trust: which develops when there is consistent respect, safety, caring and open communication. 6. Independence: that each person is free to do, think, or say what is most genuine. It also means that each person is free to enjoy other relationships. 7. Fun: the ingredient that motivates people to connect."* It is a shift in thinking away from schools as *"sterile environments, toward safe environments. Sterile environments are silent; disagreements are discouraged, classroom discussions are few, mistakes are seen as negative. In safe environments, students feel free to express opinions and feelings with boundaries but without judgement. Students are free to make mistakes knowing that they are a normal part of life experience. As a tool for learning, they are encouraged to examine and learn from errors that are observed in themselves and others and are prepared to address challenges that they will frequently be confronted with,"* describes Trish Shaffer (Coordinator for Multi-Tiered Systems of Support for the Washoe County School District).

Promoting climate in daily practice

MacNab Secondary School described a positive school climate as *"the good stuff, the day to day practices, e.g. going up to kids and asking them, 'how it's going?' If it's working then you won't notice."* There was a consensus that a positive school climate is founded in positive relationships and, therefore, in developing enjoyment, trust, safety, and respect between school community members. Jason Duke suggested that educators should *"hook kids in; once you find a connection, you can influence them. Find something in which kids can find joy in everyday life. This will help them to self-regulate and cope with their day."* Good relationships promoted positive affect, one of the ingredients of well-being, alongside give and take: *"People forget to have fun. You need to teach children how to have fun, to lose, to win."* suggested Kenneth Stanislaus (Technician at Verdun Elementary School). These relationships enable children to take the personal risk required to talk about their lives: *"Relationships are founded on Trust. [If] you need information from a child and they don't trust you... you cannot help."* Elana Bloom drew reference to the work of *"Brené Brown, a Social Worker who talked about vulnerability as the cornerstone for change. Vulnerability shared demonstrates trust."* Brené Brown (2015) discovered that the basic human need to connect with others began with the courage to make oneself vulnerable: *"Connecting with people in distress takes courage, skills and practice. It needs to be a part of the school culture, but people also need to notice distress in others"*, explained Elana. Nathalie Constant added safety, justice and respect were essential elements of a positive school climate: *"If you have mutual respect, then you have communication, and then you have trust, and this promotes safety."* She encouraged *"intentional strategies to ensure that every child is included, respected and safe in school."* These principles for fostering connectedness between people in schools must be understood and demonstrated by adults in their practices. Jason Duke described feeling like a *"walking role model"*, contending that educators should aim to *"bring about joy for others, by looking after themselves first, and talking about staff wellness as a school board."* Jerry Weintraub also viewed a healthy school climate through a whole-school relational lens: *"Build relationships, with teachers feeling good about themselves, able to access and understand children and their needs, to be able to connect with the child and family so that they feel that they matter. What the CEMH understand is that connection and mattering is important for all."*

"Staff well-being is important because the more we do this kind of work, the more we need to look after ourselves", explained the Mental Health Team at Sir Allan MacNab Secondary School. Kathy Short adds that effective schools are those where *"administrators and school staff attend to their own self-care and wellness intentionally, explicitly and systematically as part of everyday practice."* This requires *"Administrators and staff who are aware of their own beliefs, perceptions and attitudes related to well-being and mental health. Educators are mental health literate and have a comfortable working knowledge of strategies for mental health promotion in school. Educators who understand they are not expected to be clinicians and know the process to access professional mental health support when needed, and educators who know the students in their classrooms - their background, strengths, needs, interests, and worries and build positive relationships individually with their students each day"*.




Kathy Short (Director of School
Mental Health Assist)

Operationalised in daily practice, Elana Bloom suggested that school leaders could *“actively encourage staff to walk around the school and chat with teachers at different points in the school. Wake ‘n’ Shake could be targeted at latecomers, so they are encouraged to come in earlier to do something fun; get volunteers involved in school community activities, e.g. cooking.”* Some schools hold *“monthly assemblies with awards for consistent effort, academic achievement, and citizenship. Three students are nominated per class per month. The kids come up in assembly and receive a certificate. They also ‘fill the bucket’ of 10 or 15 kids in the school or teachers: People complete an appreciation wheel for people who are having a tough time”,* said Jason Duke. These kinds of *“Kindness exercises have a beneficial impact on the person giving, as well as those receiving”,* added Jason, who offered examples from other aspects of the school day: *“Emotional Regulation can be taught through exercise, e.g. Skipping tricks for children with anxiety or low self-esteem. They can then be demonstrated to the rest of the school at the end of the year.”* Sunshine Academy delivers *“60 seconds of mindfulness every morning with the children, and a morning gym for five or six children a day.”* These kinds of activities should be about *“having fun – there is already so much going on in children’s lives that fun is often forgotten”,* suggested Kenneth Stanislaus. For older students, Kenneth suggested, *“spoken word poetry on the last day of each month, people talk about interesting things.”* Kenneth said he started a poetry group to encourage public speaking, expression, and secondary school performances.

Teachers can promote a positive classroom climate by welcoming students. Kathy Short argued that effective schools create *“clear and consistent expectations for behaviour in class. Promote classrooms as safe, inclusive and supportive environments. Recognise that mental well-being is explicitly linked to performance. Celebrate diversity and help students to feel safe and to share who they are without stigma. When this happens, students turn to their teachers for help if needed. As a result, they feel a strong sense of belonging.”* Joanne Grahame said that she *“would like to see teachers acknowledge mental health and integrate it into the classroom,”* partly because *“the outcomes that educators hope to achieve from a child meeting a school technician or psychologist are usually not achieved.”* *“This is why improvements in school climate and interactions are necessary”,* expanded Elana Bloom.

Implications: Promoting a Positive School Climate

	<ul style="list-style-type: none"> • Establish a learning environment that includes positive role models and opportunities for students to practise making reasoned decisions related to a wide range of health-related topics. • Develop respectful and trusting relationships that exist within the school to enable collaborative discussions about MHWB between staff. • Provide authentic learning experiences that engage students in creating and sustaining a healthy school environment (e.g., creating a green school, planting trees, establishing a garden or nature study area, developing peaceful spaces for students to meet, installing recycling receptacles, and planning citizenship projects). • Create a physical and cultural climate that conveys the significance of MHWB and actively challenges negative perceptions and behaviours. • Members of the school community should feel a strong sense of belonging about their school environment, i.e. feel accepted, respected, included and supported by others.
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	<ul style="list-style-type: none"> • There should be a clear and consistent expectation for behaviour in class. • Classrooms should be safe, inclusive and supportive for students. • Encourage students to take an interest in MHWB awareness, lead campaigns that promote kindness and inclusion, and explicitly align efforts with academic or character education outcomes. • Create opportunities for student voice and leadership in the class and school. Coordinate or participate in efforts related to creating and sustaining a healthy school environment (e.g., through presentations, discussions, display tables, bulletin boards, websites, open house events). • Diversity should be celebrated, and students safe to share and be who they are without stigma. • Those with lived experiences of mental health difficulties should be included in efforts to reduce stigma and promote MHWB. • A consistent, strength-based, non-stigmatising language should be communicated clearly throughout the LA and schools, using standard terms. • Educators should know the students in their classrooms, i.e. their background, strengths, needs, interests, worries, and time building positive relationships with individual students each day. • A foundation of knowledge about MHWB should be conveyed and maintained through ongoing staff training and induction programming. • There should be a recognition that MHWB refers broadly to the entire continuum of needs and supports and educators who are comfortable using their knowledge of strategies within schools. • Encourage students to turn to teachers or other adults in the school for help if needed. • Educators need to understand that they are not expected to be clinicians and 'know how' to access professional mental health support when needed.
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Theme 5: Social Emotional Learning Curriculum

Social-Emotional Learning



Complementary to promoting a positive school climate is the direct teaching of Social and Emotional Learning (SEL). When SEL is operationalised using the principles of 'Deep Learning' (Fullan & Langworthy, 2013) they become synergistic with the promotion of a positive school climate. The direct teaching of SEL has much in common with the UK's Social and Emotional Aspects of Learning (SEAL) programme that was criticised for being poorly implemented (see DfE, 2010). Trish Shaffer (2014) cites an analysis of 213 studies on SEL effectiveness that found that students who received direct SEL instruction gained an average of 11% in standardised academic outcomes. Canadians have gone much further than their UK counterparts by developing and supplying resources that teach SEL skills from kindergarten through to Grade 12 by supporting the ideas' implementation. *"Students learn skills for self-awareness, self-management, social problem-solving, responsible decision-making. Educators offer instruction in mental health literacy. Educators reinforce positive habits and attitudes as part of*

the daily fabric of the school day, e.g. mindfulness/contemplation, optimism, gratitude... a common language is used among educators that is consistently strength-based and non-stigmatizing,” Kathy Short explained. “SEL units are delivered in compulsory lessons. It was difficult to implement at first due to curriculum pressures. Still, activities and resources were developed... by schools” added the Blessed Trinity Catholic School Mental Health Team. A good SEL curriculum “provide[s] materials that ask students to think differently, to be creative, to share ideas when solving problems. This means teaching the skill to say to others that they disagree and find common ground. These are life skills,” encouraged Kelly Rizzo. The belief in implementing SEL throughout education was common; Claire Crooks (Clinical Psychologist at Western University) and Susan Christine Rodger (Associate Professor in Counselling Psychology at Western University) stressed that an effective SEL curriculum needs “...a clear focus of what you are trying to change or promote. Teach social skills the same way you teach reading - start early, do it often, and recognise different starting points. An integrated mental health system needs to do this throughout the school – it cannot be done once or by just one person; it needs to be promoted throughout the school and be a part of its culture.”

Canadian schools justify the need to deliver SEL using research. Belfield et al. (2015) estimated that every \$1 invested in SEL programmes produced an \$11 return for society. Jean Clinton explained that *“the real purpose of an SEL curriculum is to influence the thinking of adults in schools, not just the students.”* According to an All Party Parliamentary Group on Wellbeing Economics (2014), *“staff skills are demonstrably linked with staff well-being and effectiveness.” “Positive school environments are shaped by the social and emotional skills of those who work and learn there. Social and emotional skills demonstrably help young people negotiate the challenges of growing up and making transitions and act as protective factors by preventing the development of mental health problems and risky behaviour. They are directly connected with learning and lead to increased school attainment and completion, less involvement in the criminal justice system, lower costs to public services, higher earning potential, and resilience for life.”* (Zins, Walberg, & Weissberg, 2004). There is a moral and financial imperative to promoting SEL in schools.




Jean Clinton (Professor of Psychiatry and Behavioural Neurosciences at McMaster University)

Michelle Bates explained that she considered the benefit of compulsory SEL teaching in schools to be about *“shifting thinking about behaviour, from will to skill.”* This has implications for school exclusion rates and encourages schools to engage in a process in which children are first taught SEL skills. Students with challenging behaviours are targeted for intervention to address skill gaps. Those who make little progress are referred for specialist treatment. This reframing of behaviour away from student wilfulness to a skills deficit avoids the problem of children experiencing shame for actions outside their control. Sir Allan MacNab Secondary School Mental Health Team provided an example of the value of SEL, explaining that their *“school could not simply allow students to avoid naturally occurring stressful or anxiety-provoking situations; it needs to teach coping skills and put them into practice, is it about using adversity as an opportunity to target groups of children for skills development.”*

Coaching

Canadians have changed their instructional methods towards co-agency models that engage all students and focus on skills and developing knowledge, attitudes and values across the entire curriculum. These include the 'cognitive foundations' for learning, i.e. literacy, numeracy, digital literacy and data literacy; and 'health foundations', including physical and mental health and well-being; and social and emotional foundations, including morality and ethics. Jean Clinton championed universal SEL in schools, but she believed that the most effective change comes from changing teachers' mindsets who assimilate SEL and 'Deep Learning' principles in their practices. Kelly Rizzo stressed the importance of *"changing the educator leads to change the outcomes."* Jean Clinton explained that *"the future direction of education is about creating knowledge, skills and attitudes for 2030. Education should be about enlivening citizenship, and children who practise these skills will also develop the skills to combat MHWB problems when they emerge."*

Implications: Embedding a Social Emotional Learning Curriculum

	<ul style="list-style-type: none">• Ensure leaders recognise that educator skills and knowledge work in synergy with efforts to promote a positive school climate.• School leaders may draw on guidance for improving SEL in schools to improve effectiveness (e.g. EEF, 2019 and Anna Freud Centre, 2021).• The LA and individual schools should build capacity by providing systematic staff training delivered by high-quality, engaging experts. Professional learning should cascade so that all levels of the system are supported with knowledge about MHWB promotion.• Training should include MHWB awareness for all school community members, MHWB literacy for those closely involved with students, and mental health expertise for those delivering specialised assessment and intervention services. The most vulnerable members of the school community should have access to professionals with expert level training.• One-off presentations and training days should be avoided. Provide access to training from high-quality experts who can provide ongoing coaching to help staff embed the knowledge into practice.• Ensure that content delivered within school workshops, written materials, recommended resources remains current, research-informed, and inclusively respectful of diversity in the community.• Everyday practices for positive MHWB should be used intentionally, explicitly and systematically in teaching and learning.• Compulsory SEL should be delivered in classrooms as part of regular instruction. SEL could embed the ASPIRE principles of agency, safety, positivity, inclusion, respect and equity (Roffey, 2017).• Educators should teach MHWB literacy and self-awareness, self-management, social problem-solving, responsible decision-making, safe and positive relationships, safe technology use, positive mental health and help-seeking.
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	<ul style="list-style-type: none"> • Educators should reinforce positive habits and attitudes as part of the daily fabric of school life (e.g. mindfulness/contemplation, optimism, gratitude). • Teachers should plan for their students' interests, include them in decision making, and create opportunities for their involvement. • Create a school-wide focus on learning through inquiry that enables students to make cross-curricular connections. Align health-related learning with a wide variety of curriculum programs and initiatives. • Engage students in exploring real-world situations and issues and solving authentic problems related to the factors that influence MHWB. • Develop strategies for recognising and deconstructing biases and enabling students to access reliable sources of information on MHWB promotion, interpret data, and critically evaluate content. • Please encourage students to have input into identifying priorities, planning, organising and implementing activities, and evaluating their impact (e.g., by conducting student-led research). • Use technology-based teaching and learning strategies involving authentic, real-world learning tasks that promote student voice and engagement (e.g., blogging about social and environmental issues with real audiences within a secure online learning management system).
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Theme 6: Systemic Support Services



Each province I visited possessed an intentional, explicit, systematic strategy for implementing and scaling up effective practices for supporting MHWB in schools. Historically there was a patchwork of sometimes competing efforts throughout the country until the Canadian government identified a need to implement cohesive, sustainable evidence-based programmes. This led to the creation of several systemic support services employing regional Mental Health Implementation Specialists.

Jerry Weintraub at the CEMH helped coordinate the Quebecois approach: “Our role was to look at best practices and *provide advice for teachers. What we found is that the best practices are whole-school approaches. A part of change needs to come from the way society views teachers. Pupils don’t respect teachers as much as they did, and this makes their job tougher, so efforts need to go into systemic change to support teachers too.*” To achieve this, “*there needs to be a coalescence of resources in schools with investment from the government.*”

The mandate of CEMH is to work with school boards to assist in implementing best practices in MHWB promotion by providing professional development, dissemination of information, prevention, research, consultation and developing partnerships with other mental health resources. The CEMH is a multidisciplinary team of six professionals, including Director Cindy Finn, three Psychologists, a School Guidance Counsellor and a Behavioural Consultant.



Gerry Weintraub & Cindy Finn (Centre of Excellence for Mental Health)

More recently, the work of CEMH has been to increase knowledge about the early warning signs of mental illness, reducing the stigma associated with mental illness help-seeking behaviours, promoting parent and community involvement in prevention and intervention, fostering resilience, reducing risk factors, and enhancing protective factors in schools through evidence-based interventions and approaches.

Ontario Provincial Government funded a provincial MHWB implementation team called SMH-ASSIST. The Director, Kathy Short, manages a team of Implementation Coaches with extensive experience working in schools. Two implementation coaches per region liaise with the 72 School District MH Leads and Superintendents responsible for school MHWB. Together, they coordinate the development and implementation of the Board Mental Health and Addictions Strategy, facilitate the co-development of resources with stakeholders, contribute to school board decision-making, and build capacity in schools. The heart of this work involves an implementation science informed framework that ensures that a consistent strategy is delivered across the province and within each school board.

Blessed Trinity Catholic School Mental Health Team told me that they had received funding from a wide array of sponsors, *“from charities, local government, provincial government, health services, universities etc.”* In Ontario and British Columbia, there are deliberate efforts to foster collaboration between health, education and social services; for example, York DSB holds routine joint conferences for their entire psychology and social work teams. In British Columbia, *“The Provincial Government created a new Ministry of Mental Health and Addictions to work alongside other Ministries responsible for Child Protection, Special Educational Needs, Mental Health and Early Years. This new ministry is responsible for collaborating with other ministries with a mandate to work as a disruptive force and set the direction of work,”* explained Ministry Directors Stephen Smith and Roxanne Blemming. The British Columbia government has also developed a partnership with WellAhead, a social innovation initiative sponsored by the McConnell Foundation. WellAhead aims to improve child and youth mental health by integrating social and emotional well-being into the Kindergarten to Grade 12 curriculum and shifting the culture, structures, priorities, and practices in the education system to better incorporate social and emotional well-being. Mali Bain argued that *“philanthropists play a unique role in the promotion of systemic change in schools. Their role as a sponsor, but not as a director, means that people can come together in unofficial ways, on neutral ground, and think outside the system.”* Mali Bain explained how WellAhead had initially sought to roll out an evidence-informed approach to promoting MHWB from the top down but warned that this turned out to be a mistake. *“WellAhead provided schools with a 200-page manual and staff training, but this led to fidelity issues. The co-design step of the process was originally very intensive, involving 3-day workshops for teachers. Still, these*

overburdened school staff, so the WellAhead team backed off and instead asked school districts what changes they wanted and how they could help them to get there. WellAhead now uses a pure consultation process.” The problem was that teachers could not be released from their duties in significant enough numbers to attend the workshops, and manualised programmes were unread, misunderstood or inadequately implemented, leading to poor outcomes. Mail Bain explained how WellAhead abandoned these early efforts, replacing them with a *“social innovation team to bring the community together. A round table where each team shares where they are at and work through consultation to identify simple practices, followed by trials and evaluations to see if they work.”* Kathy Short adopted a similar view about manualised advice-giving, noting that *“guidance is great stuff, but no one has time to look at it all.”* Rather than abandon the role of manuals altogether, SMH-ASSIST sent out a draft to five thousand Principals who fed back their views about how it would be better presented for them. *“We wanted to ensure the leadership cascaded from province to school board to individual schools in an accessible way.”* Kathy Short said that although the guidance is now concise, the leadership of MH Leads and Implementation Coaches remains a critical component for supporting schools to develop their priorities and initiatives sustainably. Kathy Short told me that *“Ontario use a coaching model throughout the system, which is increasingly being embraced because implementation science suggests that it is helpful.”* Employing specialists to coordinate the strategic delivery ensures that knowledge is used to inform practice and that the changes are sustainable and measurable. She stressed that implementation science underpinned everything they did as a team, *“we articulate how to move from A to B in promoting MHWB. It leads to sustainable, systematic, synchronised approaches at a provincial level.”* In Quebec, Lorraine Millett agreed that *“you need a good strong support system. If you don't have a good strong support system, then even if you have buy-in from staff and observable outcomes, there is still a risk that sustainability folds.”*


In British Columbia, HELP plays a significant role in providing systemic support to organisations. HELP receives funding from the government and individual schools to provide data on childhood wellbeing at a population level. Anna Marie & Shannon from HELP shared their organisation's principles for working with community partners that were based on the approach inspired by Clive Hertzman, the founder: *“Go into every single community to talk about the use and value of the Early Development Instrument and ask them to contribute to its development and rollout.”* The data from participating districts is shared publicly and disseminated locally with community partners to inform collaborative decision making.

Each provincial systemic support service works with and partner agencies to coordinate leadership and to support individual schools. They ensure that *“mental health and well-being are part of a whole-school approach and aligned with school board vision and strategy”*, said Kathy Short. Empower schools to become centres for health and prevention. Cindy Finn, Jerry Weintraub & Elana Bloom cast education as *“one of the last bastions of change for children and young people. Health services need to bring their services to schools if they want to reach the populations they are targeting because the level of mental health problems is far in excess of those accessing clinical help and well in excess of what can be reasonably expected of health services.”* Change is co-created between systemic support services, their partner agencies and schools. Rather than relying on government guidance alone, there is an emphasis on prioritising and nurturing local needs and efforts in a way that respects the community context. This work requires skilled facilitators who can provide leadership, develop staff skills and knowledge, help educators to apply their knowledge through coaching, and influence school community cultures in a way that optimises support for all. Each support system aims to change school

policy, funding, curriculum, and measures used in schools and bring together multiple stakeholders to create a shared vision.

In the absence of services that embed implementation elements, there can be islands of excellence in schools that have received funding to develop initiatives or those fortunate enough to employ a charismatic leader who prioritises MHWB. Still, such projects are dependent on ongoing funding and are jeopardised by leadership changes. An external systemic support team that helps embed MHWB promotion in existing structures and processes helps to ensure that schools successfully adopt, adapt and scale up evidence-based programmes. Cindy Finn, Jerry Weintraub & Elana Bloom proposed that *“sustainability should not be left to chance, you should create or recruit organisations that work independently with both government and schools, who can keep the work going should your visionary leader or Mental Health Champion leave the school.”* Kathy Short described how Canadian schools are free to maintain their independence to decide the nature of the programmes, training, partnerships, directions and projects as they wish. Still, they are supported to do so by provincial teams who ensure that this work has a deeply embedded implementation infrastructure, driven by continuous data-driven quality improvement cycles, and *“provide the necessary time and coaching to bring school mental health plans to life”*.

Implications: Using Systemic Support Services Can Support Schools and Districts

	<ul style="list-style-type: none"> • Source funding from public services or philanthropists to create a regional systemic support service. Employ practitioner psychologists from health and education who adopt an implementation informed approach to coordinate the strategic delivery, facilitate the co-development of resources with stakeholders, contribute to LA decision making, and build capacity in schools. This systemic support service will help schools deeply embed change into their organisational infrastructure and ensure that it is driven by continuous data-driven quality improvement cycles. • Forge an intentional and sustained collaboration between education, health, social care sectors, and charitable organisations and coalesce resources to address the MHWB needs of CYP in communities. • There should be an understanding of what can be done to address MHWB needs in schools based on research evidence. Implementation informed experts should support schools to help them identify tools, training needs, provide technical support, help with quality assurance processes, and develop practices. • Investigate and share what is already available in the school community and identify cost-effective programmes that maximise effectiveness. • Provide jargon translation services where differences in language exist between organisations and across sectors to break down barriers between services, e.g. between Health and Education. • Systemic support should ensure that implementation plans are SMART, strategically linked to the LA and Health Board objectives, and are founded on evidence-based practices. 3-year written strategic plans should lead
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	<p>seamlessly to yearly action plans with a limited number of SMART priority areas identified per cycle.</p> <ul style="list-style-type: none"> • Plans should focus on creating the right organisational conditions, developing staff capacity and implementing a selection of MHWB promotion and problem prevention programmes in schools and communities. • There should be a continuing long-term investment in capacity that allows schools and services to look ahead, maintain learning, embed emerging best practices, create resilience and wellbeing support, and become influential with families and their communities.
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Theme 7: Community Partnerships

Partnerships with public services and academia



Success in a complex issue such as MHWB promotion requires *“collaborative partnerships, programmes co-created between academia, practitioners and service users”*, argued Susan Rodger & Claire Crooks. They stressed that educators should *“build-in an implementation science framework from the outset, align your model with existing education structures, make teachers jobs easier, not more difficult.”*

The need for collaboration to shape community practices was felt at all tiers of leadership. Stephen Smith & Roxanne Blemming advised that we *“ensure a collaborative, consensus-based approach by building trust. Relationship building is at the heart of the work needed.”* Pippa Rowcliffe (Deputy Director of HELP) concurred, saying that it is essential that we foster a *“deep commitment to form relationships with integrity with external organisations.”*

British Columbia’s Ministry of Mental Health and Addictions, created in 2017, aims to tackle mental health difficulties early by focusing on wellness promotion and prevention, seamless and integrated care, equitable access to culturally safe and effective care, and indigenous health and wellness. It acts as a disruptive force to promote tri-ministry alignment amongst the Ministry of Health, Education and Social Services. Stephen Smith recommended that such work should appear non-threatening and palatable: *“Adjust the sphere of reference – not just the terms being used but also align with the goals of the organisations that are at the heart of the discussion, e.g. use ‘social connectedness’ or ‘community connectedness’ rather than ‘mental health’. Social connectedness is tangible, and a key outcome that local governments want to see social cohesion, order on the streets, lower crime, participation in community events etc.”* Lorraine Millett echoed the need to *“tailor your message to the needs of the environment to bring others on board. Find out schools’ mandates for change and help them to achieve their objectives, e.g. the government in Quebec require schools to have a protocol and intervention around bullying, and this created an opportunity for us to sell Zippy’s Friends and Passport skills for Life.”*

Cindy Finn, Jerry Weintraub & Elana Bloom described how *“the Ministry of Health gave resources to the Ministry of Education to promote mental health in British Columbia, and Ontario, e.g. Ontario created SMH-ASSIST to have a Mental Health Lead in every school district. Tracking implementation and pooling resources.”* Kathy Short also noted that government and community collaboration was critical to success in creating a social change of this kind. *“Foster collaboration: Work with the school board, the health board, the community, and family partners to promote seamless mental health service delivery. +The school has an important role to play in the system of care,*



Elana Bloom (Coordinator at Centre of Excellence for Mental Health)

but it must work closely with partners for treatment and transition services.” It is this connecting of the dots between services that leads to a rich picture of public mental health service delivery: *“Make links with initiatives links like Healthy Schools, align your work with the school board and provincial government’s plans for the future.”* Lorraine Millett shared that *“work in partnership with other organisations can sometimes bring about unexpected outcomes, e.g. when Passport Skills for Life was used in Brazil, young people came forward to report self-harming. It made national news.”* At the school board and local government level, Jody Langlois & Selma Smith considered the importance of building relationships with city agencies, e.g. the university, police, social services, health. *“If an agency has a relationship with you, you’re golden, but if not, you are going to get nothing. People who have good relationships with others is the key to building capacity because they have power and influence.”* Patricia Marra-Stapleton argued that for this to happen, it was necessary to have a strategy: *“build bridges, have a strategy for bringing the solos together using a tiered model for each area of wellbeing. A monthly meeting between Social Work and Psychology develops a common vision of what we do and how we will do it. There is also a drive to bring school boards together to form a wider community of practice.”*

The roots of collaboration run deep in Canada. Communities of practice have been formed within and across tiers in education. Kathy Short explained: *“There are about thirty principals from different parts of the province that are building tools for their colleagues. This year they asked for a Provincial Community of Practice and a Principal Learning Team.”* An example of cross-service, cross-tier work was shared at Blessed Trinity Catholic School, *“students play an active role in MH promotion in secondary schools and on the board. The board used to ask the nurses to go into classrooms and spend time teaching sex education. They stopped this and are now focused on the Healthy Schools Framework. Nurses are now supporting not just physical health but also mental health. A School Liaison Police Officer comes, as do Child and Youth Workers. Bringing professionals into school and engaging with students improves their relationships in the community, reducing stigma for those accessing services. Furthermore, secondary schools work with the feeder primary schools. The student forum (Youth Net) is monitored daily by students trained to talk about mental health issues.”* However, cross-tier collaboration is not easy work. Kelly Rizzo stressed that careful consideration needed to be given to the relative imbalances of power. While *“SMH-ASSIST provides guidance, coaching and a community of practice. It is important to not have Superintendents as members of these communities because the relationships create an unequal power dynamic. Instead, school administrators pair up and try to support each other, and there are mentorship programmes that are delivered in some schools as well as support from the School MH Leads.”*

Partnerships with children and families

Canadians hold a similar ethos about representing child and parents' views when planning to meet children's MHWB needs, as has recently been enshrined in UK legislation, e.g. Children and Families Act 2014; Additional Learning Needs and Education Tribunal (Wales) Act 2018. Kelly Rizzo mobilised child and parents' views in her daily work in schools: *"Student's voice is a core component in wellbeing because it demonstrates mattering and therefore belonging to the system."* Sir Allan MacNab Secondary School Mental Health Team used student voice to *"identify the school's resilience anchors, i.e. the things that keep students coming to the building and putting up with periods one and two because at lunch they get to go somewhere."* They recommended that schools find out what their school's resiliency anchors are, what their students want, what support they say they need to cope, and once students have what they need, to pull out. For Jody Langlois & Selma Smith, working with children means *"being kid-centric in your outlook. When staff do things that work with the kids and not for them, it works brilliantly."* Nicola Slater stressed that developing the treatment package around the child and family is core to the therapeutic work delivered at SNAP: *"Spend time developing a relationship with the child and parent and involve them in the process of planning the intervention as well as helping them to set their targets and goals. This model ensures that change happens in the right place regardless of what needs to change. School-based work also needs to engage the parents, at least a little."* Within schools,



Jason Duke (Social Work Technician at Sunshine Academy)

Jason Duke took a proactive approach: *"By engaging parents in September, they are more likely to be engaged in November. Bridging and developing relationships between home and school... leads to success, as is breaking down stigma about accessing services and signposting parents to what is out there. Many parents have anxiety about meeting in school - they had their own poor school experiences. FSSTT works with pupils and families proactively, pastorally, universally, for example, fundraising events create opportunities for parents, teachers and pupils to work collaboratively."* Kathy Short's vision for Ontario's

schools involves systems in which *"educators work together with families to support learning and well-being, recognising parent/guardian expertise. When students struggle with learning or mental well-being, educator and family partnerships provide consistent classroom and home support plans. When students' mental health requires specialised support, educators and families initiate the pathway to services within the school, district, and community and students are supported to, from, and throughout care."*

Implications: Community Partnerships



- Create collaborative links with external partners that enable schools to draw on external capability and capacity.
- Create ways for educators to work together and form respectful and trusting relationships with students and families to support MHWB in a way that recognises parent/guardian expertise.
- Engage all parents, extended family and school community partners (e.g., health professionals, recreation, and childcare and parent support programs) to identify school priorities, develop and implement a plan to address these priorities, and monitor and evaluate the plan's impact.
- When students are struggling with MHWB, educators and families come together to develop a consistent classroom and home plan of support.
- Form respectful and trusting relationships that enable MHWB conversations with community partners, including community and health agencies, universities and those serving specific populations.
- Co-create decision-making models with stakeholders and involve them in conversations about resources and services that affect them.
- Share school strengths, needs and roles so that they can contribute to community partners' planning processes.
- When students require specialised support, educators and families should know how to initiate pathways to services within the school, LA or to community partners for help.
- Invite community partners with expertise in a range of health-related topics to support curriculum-linked learning in the classroom.
- Students who receive specialised mental health services should be supported to transition to, from, and through care services. This requires effective communication between schools and community partners.
- Ensure that the primary types of mental health needs seen in schools are met through robust provision mapping, including community links, i.e. in support of anxiety, eating disorders, attachment disorders, hyperkinetic disorders, conduct disorders, post-traumatic stress, deliberate self-harm, substance misuse and depression.
- Encourage participation in various programs offered in partnership with LA departments and other community partners during and outside school hours.

Conclusions

Creating organisational realignment to include MHWB at the heart of school business is a multifaceted process that requires time and commitment from everyone responsible for CYP. Seven themes identified in this study suggest *what* is essential for the cause. Still, we should also attend to *how* to execute change using implementation aware leadership practices. Avoid the temptation to create further well-intentioned, time-limited programs intended to be 'bolted on' to existing school frameworks with little regard for each school's contextual needs and existing strengths. Sustainable change requires an organic approach, cultivated by those who live and work within the community, nourished by local data, and tended by professionals who can establish essential processes and procedures to meet CYPs' needs.

School leaders should prioritise quality relationships between all members of the school community and include educator and student voices in decision making. When voices are heard, they contribute to strategic planning and address the unique MHWB needs of the school population in a timely way. Therefore, schools and districts need a unified language to engage in discussions about MHWB by establishing platforms for conversations with partner agencies. Schools that embed and expand the direct teaching of SEL promote a unified language and skillset for addressing everyday MHWB needs within the school community and develop the know-how for members to navigate pathways to internal and external agency support when necessary. Although schools can mobilise their whole-school community to action, the responsibility for addressing community needs lies in creating synergistic collaborative networks, linking schools, local authority services, health services, academia, and the voluntary sector.

The findings of this Churchill Fellowship emphasise the need for a coordinated, multi-tiered, top-to-bottom response from the government to distributed leadership networks within schools to address the MHWB needs of CYP. This complex work benefits from regional experts who can bring their skills and knowledge of implementation science to foster sustainable change (Kelly & Perkins, 2012). These external agents should be familiar with the plethora of school-based evidence-informed programmes. They will translate the jargon, navigate systems, and facilitate cross-sector communication to build bridges between schools and their partner services to co-create and establish a unified vision, values, and priorities aligned with government policy.

Appendix: Details of Itinerary

The purpose of this trip was to garner a breadth of understandings and best practices from a range of systems, disciplines and human perspectives. These experiences identified emerging principles and an understanding of key ingredients, nuggets of wisdom, that can help other professionals create meaningful, productive, and sustainable support systems to better childhood well-being. The following itinerary details my journey.

Visit 1: National Symposium for Child Well-being in the Middle Years, University of British Columbia, Vancouver

My visit coincided with the National Symposium for Child Well-being in the Middle Years hosted by HELP. This two-day event at the UBC was crafted to inspire, motivate, and strengthen participants' leadership by systematically exploring child well-being.



Canadian leaders in the field of child well-being gathered, including Dr Jean Clinton, Clinical Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University; Dr Mark Greenberg, Edna Peterson Bennett Endowed Chair in Prevention Research, Professor of Human Development and Psychology, Penn State; Dr Michael Ungar, Canada Research Chair in Child, Family and Community Resilience and Professor of Social Work at Dalhousie University, and Dr Kimberly Schonert-Reichl, Director of HELP. Also in attendance was Author, International Speaker and Consultant Monique Gray Smith; Superintendent of Schools with the Vancouver School District, Suzanne Hoffman; award-winning television producer and interviewer, and Adjunct Professor in the Faculty of Medicine at UBC, Maria LeRose; Max Bell Foundation Senior Policy Fellow and Executive Director of the Comox Valley Child Development Association, Joanne Schroeder and Tracy Smyth, owner and consultant with Ready to Raise and Senior Editor for Heart-Mind Online with the Dalai Lama Centre for Peace and Education, quite a line-up.

The first day was as inspiring as it was opportune, a perfect venue for networking with like-minded professionals to flesh out my Churchill Fellowship, some of whom I would go on to visit later in the journey. I heard Canadian leaders share their priorities and key messages, including the voice of indigenous groups who emphasised the values of love, respect, courage, honesty, humility, truth and wisdom. These values were shared alongside messages about the importance of community, partnerships, systemic change, the need to hear children's voices, and promote the school staff's

wellbeing. I learned from Dr Unger that it was not the frequency or duration of intervention that made the most significant difference for children who had experienced multiple Adverse Childhood Experiences, but the service users' experiences of their intervention that was most important for promoting resilience and functional outcomes later in life.



Dr Michael Ungar & Mark Greenberg



Symposium for Collaborative Action to promote child well-being

Visit 2: National Symposium for Child Well-being in the Middle Years, University of British Columbia, Vancouver

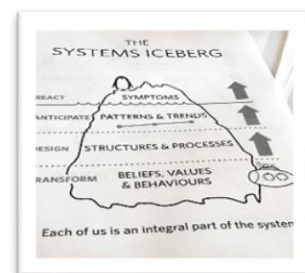
Day 2 of the National Symposium for Child Well-being in the Middle Years focused on implementing the Middle Years Development Instrument developed by Kimberly Schonert-Reichl, a tool for monitoring childhood social and emotional well-being. The day focused on the practical application of the MDI, with interactive workshops that demonstrated how it could be set up in a district and used to inform community engagement and local decision-making to promote child well-being. I also met with Deputy Director of HELP, Pippa Rowcliff, and MDI District Champion Peter Dubinsky. Together they explained that the MDI workshops turned data into a two-way process, a form of collaboration between academia, school and community practitioners, and the voice of CYP themselves to influence population beliefs, values and behaviour throughout the city.



Deep data diving with the MDI



Materials to help with data analysis



*Symptoms < Patterns & Trends
< Structures & Processes <
Beliefs, Values & Behaviours*

Visit 3: Selma Smith and Jody Langlois at Vancouver District School Board No.38

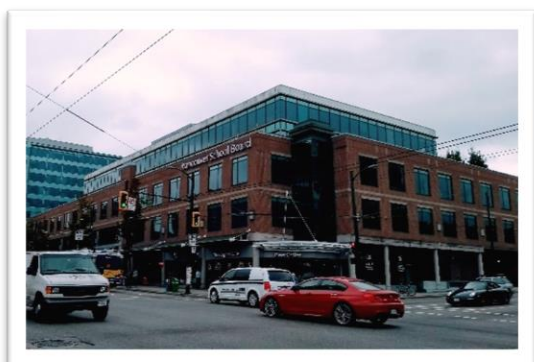
I then visited Selma Smith and Jody Langlois, District Principal and Associate Superintendent for Vancouver School District. These passionate leaders shared with me their secrets to promoting positive change towards more mentally healthy schools. Selma, who was a teacher and MH Lead in her previous roles, regularly attended board meetings and research committees and advocated organic grassroots change. Selma and Jody are members of a multi-agency team that includes several districts. The collaboration often involves around two dozen people who set goals together and share research and progress briefings. The Ministry of Education sometimes offers grants and links in the form of provincial partnership opportunities. A Diversity Committee chairs community health partnerships involving parents and youth voice. Vancouver DSB runs an SEL Centre for ½ day each day over 16 weeks. These use sensory classrooms, a high adult to child ratio 3:10, including a classroom Teacher, Youth & Family Worker and Student Support Worker. The SEL Centre students receive specific instruction for social-emotional skill development using strength and evidence-based approaches. Unfortunately, I was not able to visit the centre, but I was able to hear about the interventions and psychological approaches used, including:



*Jody Langlois
(District Principal for
Vancouver School District)*

- The Zones of Regulation (Leah Kuypers)
- Social Thinking (Michelle Garcia Winner).
- MindUP (Goldie Hawn Foundation)
- FunFriends (Dr Paula Barrett)
- Strong Kids (Dr Kenneth W. Merrell)
- PATHS (Promoting Alternative Thinking Strategies)
- DESSA (Devereaux Student Strengths Assessment)

The School Board pays transport costs for teachers and the release time for them to attend so that the school teachers can implement the programmes in their classes once they return. The SEL Centre also offers training to parents, and they now plan to include parents in the process. Selma and Jody explained that although children were referred to the SEN Centre for intervention, the change in thinking of the adults around the child that they believed made the most difference.



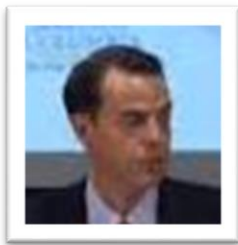
Vancouver DSB supports StrongStart, an early intervention programme sponsored by the British Columbia Government and delivered in schools and early years setting for 0 - 5year old children. This universal programme receives funding from British Columbia Provincial Government and works by inviting parents (or caregivers) to attend a learning/play environment to observe professional early years practitioners as they model good childcare and play

skills. Attendance is free, but the caregiver must stay on site. This differs from our early year's settings in that the emphasis on is maintaining key adult relationships with family or professional caregivers and improving the effectiveness of their care at home.

Other recent initiatives have included hosting a Student Mental Health Wellness Conference in which 15 students from each Vancouver Secondary school came together to talk about what is vital to their wellbeing, using a small group of student planners to facilitate the conference. This was extremely well-received and deliberately included students that find school challenging. Students' voice is recognised as crucial to decision making here, and there are creative and effective ways in which it is elicited in Vancouver.

Another surprising but forward-thinking development in recent years has been for every school to ensure it has Gender-Neutral bathroom and toilet facilities due to listening to CYP's voices. This was paid for by the provincial government and demonstrated the British Columbian approach by addressing disability and discrimination systemically.

Visit 4: Stephen Smith and Roxanne Blemings at the British Columbia Provincial Government



Stephen Smith (Ministry of Health Director of Life Course Prevention)

I met with British Columbia Government Director of the Ministry of Health and Life Course Prevention, Stephen Smith, and Director of the Ministry of Health Prevention & Promotion, Mental Health & Substance Use, Roxanne Blemings, in Vancouver.

They shared their intention to work with Healthy Schools to develop a Mental Health & Wellbeing Leaf and work in partnership with an influential philanthropic initiative, the McConnell Foundation, on a project called WellAhead that focused on improving child and youth mental health by integrating social and emotional learning into K-12 education. I agreed to meet with Mali Bain, The Provincial Lead for this project, the following day.

Roxanne told me that their direction for change came from a Pan-Canadian Joint Consortium for School Health in which governments across Canadian Health and Education sectors were working collaboratively to create a shared, comprehensive understanding of the evidence base by examining scholarly literature, grey literature, and from interviewing 24 experts from across Canada on school health. It was here that British Columbia adopted a holistic vision of school health that includes behavioural, cognitive and affective dimensions. She explained that the mission was for Canadian governments: "When we show students that we care about them and not just about their results, then we create a better environment where students learn."

Stephen also described how British Columbia's Provincial Government had created a new Ministry of Mental Health and Addictions to work alongside existing ministries with responsibilities for Child Protection, Special Educational Needs, Mental Health and Early Years. It exists separate from the Ministry of Health, which is predominantly focused on adult care. The new ministry had been in existence for only 18 months and acted without a budget, but it worked as a "disruptive force" responsible for getting other departments to work collaboratively and set the direction of work.

Visit 5: Meeting with Mali Bain, Provincial Lead for McConnell Foundation WellAhead Program

I met with Mali Bain, the Provincial Lead for McConnell Foundation WellAhead Program in a bar in downtown Vancouver for a soft drink and chat about what they had learned about promoting MHWB initiatives in schools. As mentioned above, WellAhead aims to improve child and youth mental health by integrating social and emotional wellbeing into K-12 education. Mali explained that WellAhead encouraged sustainable practices and implementation science informed approaches to school wellbeing by working with teachers and schools collectively. WellAhead employees act as enablers and supporters that focus on long-term change, i.e. shifting culture, structures, priorities, and practices of schools and the education system at-large to better incorporate social and emotional wellbeing. WellAhead launched in British Columbia in 2015 with a Social Innovation Lab covering five school districts. They are currently investing in schools at a universal level and rolling the approach out province to province.

Mali explained that in the early days The Social Innovation Lab held 3-day workshops for teachers and developed extensive, evidence-informed toolkits for teachers by teachers to deliver in schools, but they found that because wellbeing was not a central aspect of the school curriculum, it was often squeezed out of planning. Fidelity was weak, and so the capacity of schools to implement the ideas was also inadequate. After two years, WellAhead abandoned this initiative and redesigned their approach to make use of Grounded Design Thinking and Systems Thinking with Implementation Science at the core of their work. They ask schools “What changes do you want as a district, and how can we help you to get there?” Schools responded by asking “for better relationships within their organisation and for relationships to be more meaningful within their systems.” In response, WellAhead now operates a 3-step pure consultation process: Co-design, Prototyping, and Scaling up. They help schools to set up their projects, and those that are successful have their project reverse engineered to identify the practices that lie at their core. These projects are then scaled up to the whole district level, involving district principals to work at a whole-systems level. As a result, over the last five years, they have promoted social innovation by bringing communities together at a round table to share where each stakeholder is. They work through consultation to create simple practices that make a difference. For more information about WellAhead, visit www.wellahead.ca.

Mali was keen to promote the idea that schools need to change their ‘climate/culture’, and to avoid bolting-on interventions to existing organisational practices. Mali also stressed that funding cycles could be problematic for this kind of work, initiatives and associated support networks often not funded for long enough to evidence change. Perkins & Kelly (2012) recommend that 3-5 years of funding is needed to implement change, but often, projects are abandoned after the first year if they do not provide immediate results.



*Mali Bain
(Provincial Lead for
WellAware)*

Visit 6: Human Early Learning Partnership at the School of Population & Public Health, University of British Columbia

I returned to HELP to meet with the MDI Project Coordinator and National Scale-out Project Manager Anne-Marie Bueno and Lisa Pedrini. They treated me to tea, and we discussed the history and origins of HELP and its mission. It was founded 15 years ago by Professor Clyde Hertzman who saw early childhood development as a determinate of health. Kimberly Schonert-Reichl succeeded Clyde following his sudden death in 2013, and it was clear that he was held in high regard as a visionary, researcher and advocate of early childhood. Selected publications produced by Kimberly and Clyde can be accessed at http://earlylearning.ubc.ca/people/Clyde_Hertzman/. A collective of seven researchers was awarded grants delivered over a 10-year cycle by the Ministry of Health, Ministry of Education and Ministry of Child and Family Development to develop and scale-out the Early Development Index (EDI). The EDI is a tool for monitoring early childhood development in children aged 0 – 6 years at a population level. The finding has helped to establish the use of the EDI throughout the province as it allows services and communities to work in collaboration.



Anne-Marie Bueno & Lisa Pedrini (MDI Managers at HELP)

Kimberly has since developed the MDI, a community orientated way of looking at population level MHWB measures for 6 to 12-year olds, and there is an intention to produce a tool that focuses on adolescent development in the future. The MDI utilises five dimensions of childhood well-being, including:

1. Physical Health & Well-being
2. Connectedness
3. School Experiences
4. Use of After-School Time
5. Social & Emotional Development.

It makes use of positive psychology to look at childhood thriving rather than focusing on children's deficits (an example of which being Adverse Childhood Experiences). It also differs from traditional measures of wellbeing such as the 'School Climate Survey' or 'Tell Them From Me' in that these tools do not use a concept of childhood wellbeing or look at community resources, and so lack validity. You can read more about the MDI yourself at <http://www.discovermdi.ca/understanding-the-mdi/dimensions/>.

HELP adopt a life course approach to childhood wellbeing, a vision supported by United Way, a Pan North American not for profit organisation that aims to increase children's access to afterschool activities. The MDI is the most exciting of all wellbeing measures that I have encountered. I marvel at the value that a public health lens has brought to understanding ways in which we can track and work collaboratively in the promotion of MHWB in schools. By collecting student voice on a range of issues known to affect children's wellbeing, it is possible to generate discussions with governments, services, schools, parents and the children themselves to come up with an informed plan about what changes

to focus on. I whole-heartily recommend that you look at an example of a report available here: <http://earlylearning.ubc.ca/maps/mdi/nh/#mdiReports>.

Anne-Marie, Lisa and I talked about the possibility of licencing the MDI overseas and its feasibility. They explained that while the license costs \$7500. Lisa has been working with the McCarthy Foundation over the last two years to investigate how to implement the MDI reliably and sustainably. So far, they have identified several pre-requisites necessary for the successful implementation, including technical support, resources, systems, reporting and management. Just generating reports requires:

1. School leaders need to understand the value of the MDI, and there should be a clear plan about how it fits local government priorities.
2. An Administrator Portal (website) needs to be created that contains the resources for district leaders to inform and enable independent implementation.
3. Users need to be familiar with the MDI assessment itself and how to interpret it.
4. A research team needs to be identified, who can make the MDI a part of their plans, i.e. as a tool to help them to achieve their goals.
5. The research team would need the capacity to clean and manage the data coming in from schools. It would also be necessary to establish protocols for the data, e.g. to ensure data is secure and conforms to legislation.
6. The MDI is currently urban-centric, and recognising the influence of the context is essential to those engaging with it, e.g. the first-nation Manitoba school system wanted to tweak the questions posed in the MDI to reflect their context better. These adaptations must be done with the MDI creators at HELP to ensure that it maintains its validity and reliability.

Hamilton School Board, Ontario, have run the MDI on their servers using Qualtrix. They process the data and generate reports themselves with a team of 3 people who work as researchers and advocates to analyse the data. In addition to the technical and fundamental infrastructure, it is necessary to develop a network of MDI Champions and community partnerships. Implementation science principles underly the rollout, but they warned that it should not be made explicit to schools and community partners as it can make implementing the approach sound too technical.

Visit 7: Pippa Rowcliffe, Deputy Director of the Human Early Learning Partnership

Pippa explained that HELP was initially set up as a provincially funded interdisciplinary unit within the UBC at the cost of \$5m to start-up and \$2.5m/annum) for ten years. It is founded on the principle 'no data, no problem no action.' Funding streams are evenly distributed to provide:

1. External data for policymakers, community members and institutions to use it effectively.
2. A robust research data to 'identify the difference that makes a difference.'

The Early Development Instrument (EDI) has been running for seven years and now monitors the development of 90% of the under 5-year-olds in British Columbia, providing a robust measure and trends in language, cognition, emotional and social competences.

Central to the philosophy of HELP is *not* telling others what to do, rather, it enables dialogue, questioning, and inquiry informed by data. The way information is reported to individual schools is always private. HELP never publicly publish school data as this may present a false image to the public



Pippa Rowcliffe
(Deputy Directors of HELP)

about school success. Pippa stressed that since schools cannot control all variables that influence childhood wellbeing, they cannot be *blamed* for it, but they are ideally situated as centres of intervention.

Pippa recommended that anyone interested in setting up a similar public health focus on wellbeing liaise with Professor Sir Albert Aynsley-Green, the Children's Commissioner for England.

Visit 8: Cindy Finn, Jerry Weintraub and Elana Bloom from the CEMH at Lester B. Pearson School Board, Dorval, Quebec

The primary purpose of my visit to Montreal, Quebec, was to visit the CEMH, located at LBPDSB. Cindy, Jerry and Elana were gracious hosts who immediately made me feel welcome; it was a delight to talk with them about their work.

The mandate of the CEMH is to develop capacity locally and to serve as a provincial resource to English speaking school boards in Quebec. They assist schools in the implementation of best practice approaches in prevention, intervention and research in the field of mental health, and as such, they also focus on positive aspects of wellness and prevention as an intervention.

The CEMH supports schools in the following directions:

- Prevention efforts aimed at health promotion and wellness.
- Increasing knowledge about the early warning signs of mental illness and reducing the stigma associated with mental illness.
- Early identification of signs of difficulty.
- Parent and community involvement in prevention and intervention.
- Efforts to foster resilience, reduce risk factors, and enhance protective factors.
- Interventions based on evidence-based treatment approaches, as validated by the scientific community.



During the time of my visit, the emphases at the CEMH were on:

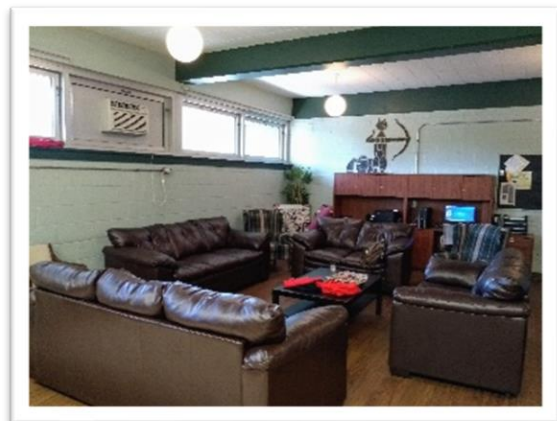
- Providing professional development to school staff by:

- Responding to requests from within the system.
- Delivering workshops, conferences and symposia.
- Liaising with outside experts.
- Disseminating information by:
 - Sharing resources such as ‘Wellbeing Postcards’, articles, books, conference presentations, a CEMH website and library.
 - Consulting with local and provincial steering groups around special needs education.
- Prevention and resilience development by:
 - Developing a whole-school approach to well-being.
 - Preventing mental health problems such as suicide, substance abuse etc.
- Promoting research by:
 - Linking with universities, hospitals and research centres.
 - Conducting research around particular needs.
- Offering consultation that:
 - Works with school teams using a problem-solving model.
 - Understands the context of students, families and schools.
- Developing partnerships by:
 - Linking with provincial mental health resources and community organisations.
 - Linking with Canadian mental health agencies.

Visit 9: Lindsay Place High School, Pointe-Claire, Quebec

Here I took the time to absorb the ambience of a typical secondary school in Quebec and noted how teachers are valued. Meaningful quotes on kindness, thank-you notices, getting to know you quizzes, comfortable places for teachers to take time out, regular reunions and celebrations, and a teaching union that protects teachers’ right to autonomy in their practices.

Staffroom lounge – a quiet, comfortable place to eat, socialise and rest during recess (pictured right)



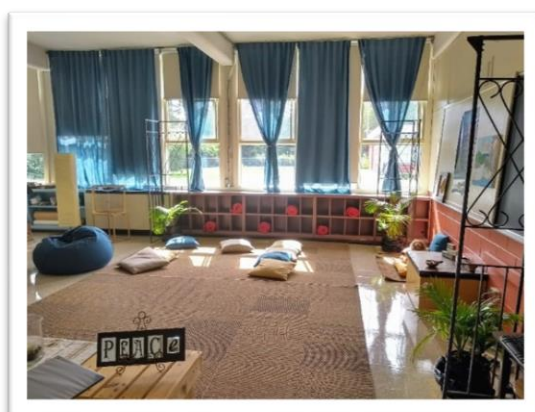
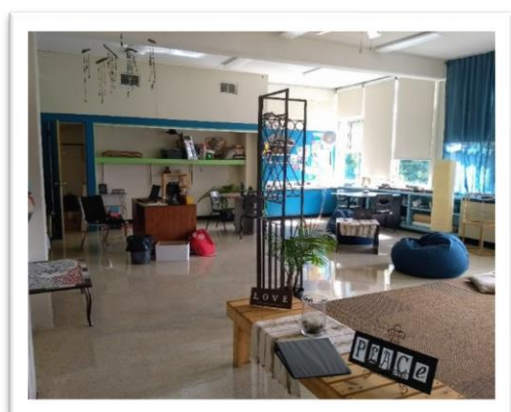
Visit 10: Family and School Support and Treatment Team (FSSTT), Nathalie Constant and Chantal Legault (Behaviour Consultants) at Horizon High School, Pointe-Claire Quebec

This FSSTT was created in 1995 to address the needs of students experiencing behavioural or social & emotional difficulties. FSSTT aims to help individual students and their families where they are,

physically, emotionally and psychologically. FSSTT is a multi-professional group who work alongside the CEMH to:

- Produce resources/newsletters.
- Present at conferences.
- Offer tiered support for schools through the provision of:
 - Social Work Technicians based in schools who provide on-site support to students and engage parents.
 - School-based multiagency psychiatric consultations around arising needs.
 - School Resource Teachers – These are professionals based in schools who manage resources for children with special educational needs.
 - Special Needs Consultants.
 - Link Team Consultants who work with families.
 - A commissioned practitioner psychologist.
 - An Art Therapist
 - Youth Outreach Consultant.
 - A school nurse who works as a Consultant for Addictions Prevention.

Natalie shared how schools in her district had mainly focused on promoting a positive school climate at a universal level, particularly the example of Pierre Elliott Trudeau Elementary School in Western Quebec.



Transitions classroom, intended for secondary aged pupils with SEMH needs.

Visit 11: Centre for Excellence for Mental Health Away Day, Dorval, Quebec.

I met with the full CEMH team to discuss the management of traumatic events affecting schools and communities. The version developed by the LBPDSB was established in 2008. It departs from the Critical Incident Stress Debriefing model previously used, which involved professionals talking with groups of students after an incident, and instead aimed to normalise people's reactions to traumatic events and provide them with coping strategies, including psychological first aid. (Ruzek, et al., 2007) outline the eight components of psychological first aid as being:

1. Contact and engagement,
2. Safety and comfort,

3. Stabilisation,
4. Information gathering of current needs and concerns,
5. Practical assistance,
6. Connection with social supports,
7. Information on coping support,
8. Linkage with collaborative services.

The CEMH also provide care for caregivers in critical incidents, including debriefings over the longer term. Students are encouraged to be supported by facilitating natural support systems in their schools and communities, e.g. parents, teachers, peers, books, etc.

After a fabulous lunch, the second half of the day focused on the CEMH's latest 'postcard' aimed at digesting psychology for teachers. The CEMH have a series of such infographic newsletters which are co-developed with feedback from the whole team on layout, content and design.

To: Our colleagues throughout Quebec From: The Centre of Excellence for Mental Health

Nurturing Positive School Climate and Healthy Relationships

A positive school climate is essential to promoting student mental health and wellbeing. A positive school climate is where students and staff create harmonious relationships, feel safe, included, valued, supported and cared about, as well as, share a sense of "community."

The mission of creating a positive school climate involves all of a school's values, norms, goals, teaching and learning practices, interpersonal relationships and leadership. Teachers can significantly influence school-wide climate through their positive attitudes. They can create a classroom where students feel understood, accepted and affirmed. This helps to elicit a sense of belonging and well-being among students and staff.

How can we build a strong relationship with each student:

- Help them get to know their strengths (and yours)
- Involve them in developing class norms
- Involve them in decision making about activities, chores and responsibilities
- Provide them with opportunities to share about their family and community

For more information: <https://healthyschoolsbc.ca/key-focus-areas/school-connectedness/>

Watch this video on engaging students in establishing norms for classroom climate: https://www.youtube.com/watch?v=Ug_PuYg25Q

Positive school climate and healthy relationships influence more than behaviors...

- Hope & optimism
- Improved physical, social, & emotional well-being
- Improved academic achievement
- Higher graduation rates
- Increased motivation to learn
- Improved staff morale
- Greater attachment to school
- Decrease in oppositional & negative behavior
- Decrease in risky behaviors
- Lower rates of student suspensions
- Lower rates of teacher burnout
- Alienation & isolation

(JCHS-Best Practice, 2013)

A tiered approach to positive school climate

Tier	Approach	Examples
3	Intensive Approaches	Collaborative problem solving Alternative schedule or curriculum Conflict resolution
2	Targeted Approaches	Restorative practices Stigma reducing approaches Monitoring Intensive social skills development
1	Universal Approaches	Class-wide: teaching social and emotional skills, self-regulation, pro-social interaction with adults & peers, responsible problem solving, empathy & social awareness School-wide: positive respectful interpersonal relationships, open welcoming to parents and community

Promoting values, attitudes, and actions that target the threshold mission of Quebec's schools: to instruct, to socialize and to qualify

PERMA is a positive educational approach, created by Martin Seligman, that encourages classroom practices that promote **Positive emotions**, utilizing student strengths to foster **Engagement**, relating in a genuine manner to build **Relationships**, helping students find **Meaning** and enabling students to develop a sense of mastery through their **Achievements**.

Click here to view a video of Dr. Seligman explaining PERMA: https://www.youtube.com/watch?v=w8EK_H2p9Y

For more information on Positive School Climate and Healthy Relationships:
www.schoolclimate.org
www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf
www.ed.gov/omb/cafr/12/2/special/bullying.pdf
www.cclhi.ca/en/Improving_health_canadians_en.pdf
www.premet.ca/resources/bullying_prevention_facts_and_tools_for_schools

If you have found this postcard to be helpful and informative, please share it with colleagues.
Dissemination of information about mental health is the first step toward promoting better mental health!

For more information: Gerry Weintraub, Ph.D., OPQ
Psychologist-Coordinator, Centre of Excellence for Mental Health,
514.873.3000 ext. 23668 gweintraub@lbpsb.qc.ca

This newsletter and many others are available from <http://cemh.lbpsb.qc.ca/newsletters.htm>.

Visit 12: Peggy Grant (School Principal) at Evergreen Elementary School, St. Lazare, Quebec

Peggy described how her school had activity promoted student wellbeing through:

1. Physical activity during lunch, sports days, tournaments, and provision of outdoor equipment and celebrating these achievements in school assemblies.
2. By showing respect for others. Students are invited to report conflict and access peer support using anti-bullying strategies that have been taught explicitly to them. This is informed from the 'Tell Them From Me' annual student survey that highlights concerns around a range of factors that are known to affect academic achievement and other outcomes to improve

learning for all students (you can read more about TTFM here https://www.unb.ca/research/institutes/crisp/resources/pdf/crispfacts/tell_them_from_me_surveys_nov2007.pdf).

3. Staff wellbeing is nurtured through professional development discussion and participation meetings. Stress management skills are directly taught to staff, and the school are supported by the FSSTT, where there are concerns about specific students through Solution-Focused Conversations.
4. Fostering educator to student connection using a principle called 'Time to Listen and Talk'. This means that teachers always give time to listen to children with concerns over other daily tasks and this is encouraged by the school leadership.
5. Finally, the school encourages academic risk-taking and teachers are encouraged to take children's life circumstances into account when teaching.



Visits 13: Jason Duke (FSSTT Social Work Technician) at Sunshine Academy, Dollard-Des Ormeaux, Quebec

Jason is a Social Work Technician, a pastoral support role within schools, much like the Learner Mentor or pastoral support worker roles in the UK. I was surprised to discover that primary schools each had someone like Jason, who works from a dedicated room in school. His responsibilities involve working with the pastoral team, providing emotional support to students and participating in interpersonal problem solving within schools. He held files on the children he had worked with, made referrals to other services and applied psychologically informed programmes within the school. Jason's practice, like that of all FSSTT Social Work Technicians, is supported by a Link Consultant from the CEMH who visit the school once a week to work with children in complex circumstances.

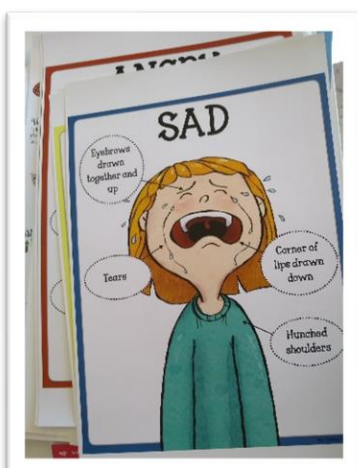
The work of Social Work Technicians is informed by the Tell Them From Me (TTFM) student survey. TTFM is a Canadian suit of online surveys designed to measure student engagement and wellbeing, currently being used in over 200 school districts. It includes six indicators of student health and wellbeing, including anxiety, depression and self-esteem (Willms, 2007). This online survey is completed by a randomly selected anonymous sample of students each year, and it may be updated as frequently as weekly or twice yearly. Data is made accessible to the school principal and her team (for more information see <http://www.hscdsb.on.ca/wp-content/uploads/2016/04/TTFM-FAQs.pdf>). Jason explained that he was able to use this data to target specific issues being reported to, promote student sense of belonging, to decrease anxiety and, to foster a positive learning environment.

What particularly impressed me about this visit was not just Jason's role and calm and reassuring demeanour, but the environment in which he conducted his work. Jason explained for much of the day his room was a quiet, peaceful atmosphere, but occasionally children and parents would drop in to discuss their concerns. He had a playlist of relaxing music playing, an aquarium of water snails that children could watch to self-soothe.



'Buddha Board' with water-reactive paper that leaves an image which evaporates as it dries is intended to help students to express their frustrations and then de-stress as it fades.

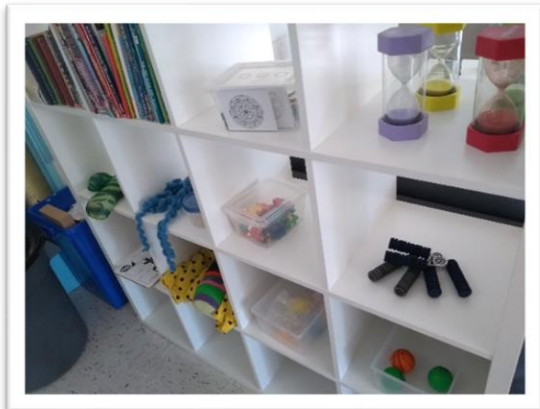
Cheap Ikea high gloss side tables act as a makeshift writing surface when paired with drywipe markers.



Emotional Literacy is directly taught as a part of the school curriculum, but it also helps to have tools to hand to help children to identify their current feelings and what they can do to regulate their feelings during tricky situations.



Fresh fruit and drinks are available to students, not only to provide nutrition but also to help provide a sense of comfort and care.



A variety of Self-Reg inspired tools that children can self-select. Self-Reg is an evidence-informed resiliency approach developed by Dr Stuart Shanker at the MERIT Centre in 2012. It aims to help children in schools to become calm, alert and to flourish through mindful self-regulation.

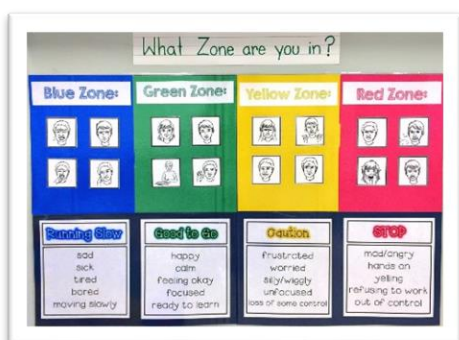
Self-Reg has been rolled out in many Canadian school districts as a whole-school approach. It includes 5-steps:

1. Reframe behaviour as being fundamentally a stress response.
2. Recognise stressors in the environment, causing the behaviour.
3. Reduce stress.
4. Reflect and enhance awareness of the caused stress.
5. Respond by developing personalised strategies to promote resilience and recovery.

More can be learned about the approach at <https://self-reg.ca/>.

Visit 14: Kenneth Stanislaus (FSSTT Social Work Technician) at Verdun Elementary School, Verdun, Quebec

Ken described the journey the school had taken in Verdun in recent years regarding their approach to SEL. He recalled how queues of students used to wait to see him sent by teachers to deal with behaviour problems, but that now, teachers were doing most of the SEL work in the classrooms using whole class and universal approaches. AT Verdun, these include:



Zones of Regulation

- Zones of regulation
- Social thinking
- Whole school mindfulness breaks
- Restorative practice
- Predictability and routines
- Teaching with Executive Functions in mind.

Local authorities and psychology services are promoting many of these approaches in the UK, but the difference is the degree to which they are encouraged, supported and embedded at a whole school level.

Verdun Elementary, as a member of the LBPDSB, are following three strategic directions:

1. Improving Achievement
2. Ensuring Wellness
3. Strengthening Engagement

Focusing on the second two directions, the school have made effective use of student voice collated from the 'Tell Them From Me' student survey to create annual action plans focusing on particular aspects of wellbeing. One of the benefits of using live data to inform decision making is that it provides insight into the lived experiences of existing children in the school, as opposed to relying on national or historical data for instance. It allows administrators to set specific, measurable targets that can be reliably checked, and this informs the school leaders of the effectiveness of interventions that have been applied to each task. There are some caveats in that it often takes around three years before we can make a judgement about the effectiveness of interventions because it takes time to embed, develop skills, resource and adapt to the implementation of a new approach that means that often little or no impact is seen within the first year. Furthermore, interventions usually do not happen in isolation, and so there are other factors at work, but the TTFM survey is a useful tool for informing strategic change.

Another interesting observation about the LBPDSB strategic directions is the recognition that Wellness, Engagement and Achievement are interrelated. Two of the directions involve the promotion of SEL (Ensuring Wellness and Strengthening Engagement) as the foundation towards Improving Achievement. Of Verdun's ten strategic objectives for 2015-2020, five are linked to SEL (these have been *italicised*):

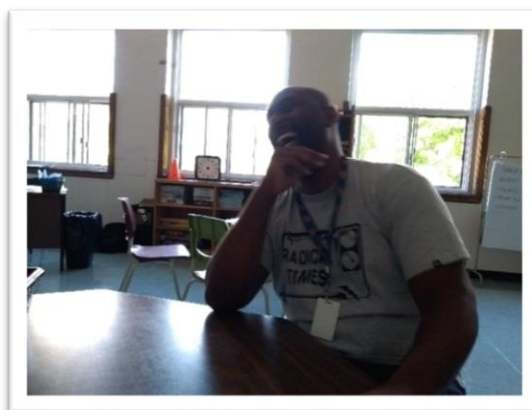
Improving Achievement	Ensuring Wellness	Strengthening Engagement
To improve students' proficiency in written English	<i>Increase a positive sense of belonging</i>	<i>To provide the students with the opportunity to showcase their work to a broader audience.</i>
To improve the success rate in solving situational problems in mathematics	<i>Encourage students to adopt a healthy and physically active lifestyle</i>	<i>To provide more opportunities for students to create secure attachments with school personnel</i>

To raise students' level of confidence when speaking French	<i>To reduce visible anxiety and stress in the student population</i>	To provide opportunities for project-based learning to increase student engagement
To improve students' Running Record scores in reading in both French and English		
Source http://verdun.lbpsb.qc.ca/documents/Educational-Project.pdf		

Ken from the FSSTT talked about the value of using recreational and sporting activities to teach social skills, by embedding competitiveness as well as good sportsmanship, although there was no single approach that worked for everyone, so adaptability and varying your strategy is essential.

The Tech base has timers to signalling the end of activities and a den for children to go to when they need some personal space where they are not subject to 'the gaze', an anxious state of mind that comes with the self-awareness that one is being judged and subject to institutional surveillance. The notion of 'the gaze' has roots in Michel Foucault's work (Foucault, 1977). Ken had been focusing on creating a safe zone for the children to relax in that was qualitatively different from that of other areas of the school. He made himself a 'go-to' person for parents and teachers and saw himself as a mediator between home and school. He upheld the belief that every interaction has a possibility for positive change. Ken receives support from Elana Bloom, who acts as a mentor and link consultant for more complex work and resourcing. Elana comes into school every Wednesday to discuss children on a separate caseload, although some of the work overlaps.

*Kenneth Stanislaus
(Social Work Technician for FSSTT)*

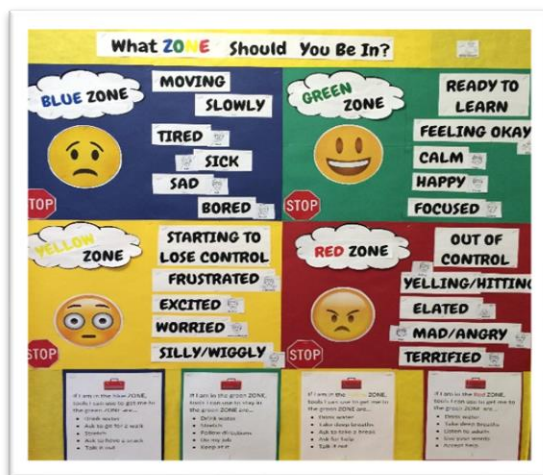


Examples of equipment made freely accessible to allow students to self-regulate.

Zones of Regulation

An initiative adopted by schools in the LBPDSB is called The Zones of Regulation created by Leah Kuypers (an Occupational Therapist). It aims to help students to learn to identify and manage the various feelings they experience and to support the development of these skills positively, as students learn to work together as a group.

The Zones of Regulation is an approach in which students learn to categorise feelings and states of alertness into four concrete “Zones”, analogous to traffic signs. These four Zones can be used to describe how the body and brain feel at any given time. Introducing the Zones in the classroom has enabled the development of a school-wide vocabulary for talking about feelings and self-regulation.



The Blue Zone: The body and brain feel like they are running slowly. You feel sad, tired, sick, or bored.

The Green Zone: Your body and brain are "good to go". You feel calm, happy, focused, or content.

The Yellow Zone: Your body and brain feel like they are moving faster. You feel stressed, frustrated, anxious, excited, surprised, silly, or scared.

The Red Zone: Your body and brain feel out of control. You may experience intense emotions such as panic, grief, or anger.

A typical Zone of Regulation display informing students of the four zones and suggesting ways in which they can change their zone to suit the situation.

Students are taught that everyone experiences feelings from all four Zones. It is natural to experience all four Zones. There are no zones that are “bad”. All the zones are expected at one time or another.

As students become more proficient at identifying the Zones in themselves, different tools and strategies are introduced to help them learn to manage the Zone they are in based on the environment and people around them.

Posters of the zones have been created throughout the school, including the office, so that staff can refer to them with students as needed, no matter where they are in the school.

Verdun Elementary created an interactive board of the zones so that students could share their feelings without having to talk if they aren't ready to. Many students enjoy organising the feelings into each zone on the interactive display, which in and of itself can be self-regulating and encouraging self-reflection.

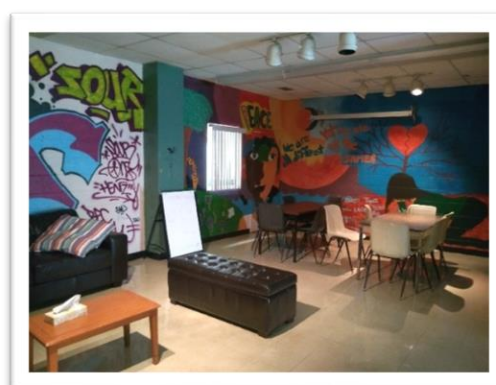
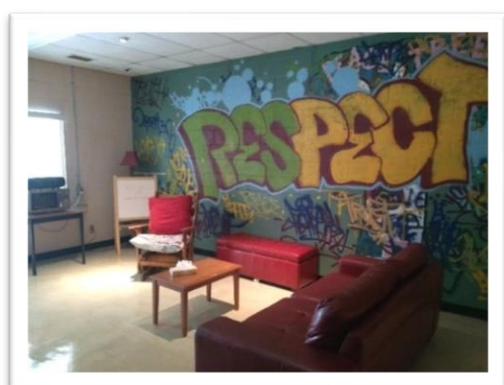
Visit 15: Joanne Graham (FSST Social Work Technician) Beurling Academy, Verdun, Québec.

Next, I met Joanne Graham, an FSST Behavioural Tech, located in a secondary school. She operated a drop-in known as the ‘Student Lounge’. Here worked from an office with a door to the lounge so that she could get to know students in a non-threatening, casual way. She described herself as being

accessible for students who are dealing with day to day stressors in a safe space within the school. She sometimes offered students psychoeducational tools to help manage their mental health in the long term, but most of her work was about listening and connecting with students. When she is not in the office, students can slip a note under the door to let her know they would like to talk that day, and they return to class. Much of the work she described was about containing arising issues. She also worked with students in groups to help them to prepare for transitions and to deal with common problems such as peer pressure or bullying.



Joanne encouraged students to take ownership of the student lounge by painting the walls and using it as a drop-in centre.



Visit 16: Université du Québec à Montréal meeting with Lorraine Millette

Lorraine shared her work promoting Zippy's Friends, a 24-week 45-minute session, whole-class teacher-led SEL intervention delivered to Key Stage 1 pupils. It uses stories that involve issues children might encounter, such as friendship, conflict, change, and painful feelings. The children discuss the topics raised, play games, and role-play activities about emotions and coping. Brian Mishara developed it based on the research of Lazarus & Folkman (1984) who describe children's stress responses as being subjective, for example, some children may see starting secondary school as something to fear, while others may see it as an opportunity for personal growth. People who experience stress can respond to it in different ways, i.e. they may focus on changing their feelings about the stressor, e.g. by distracting themselves, going for a run or running errands. Others may cope by focusing on the issue itself, e.g. by attempting to improve the situation, asking friends for advice or by making a compromise. Coping strategies are usually automated processes, and so Zippy's Friends aims to broaden children's repertoire of coping skills by encouraging them to try out different approaches until they feel able to cope. In this sense, it improves children's resilience by emphasising

individual capacities and behaviours, such as coping skills, as the key to adaptation (Aburn, Gott, & Hoare, 2016).

Children who widen their range of coping strategies and become adept at using different ones, especially asking for and accepting help, will integrate these skills into their lives and help them through adolescence and adulthood.

Zippy's Friends has been extensively evaluated in several studies which have shown that the effects of problems encountered by children are related to their ability to cope and, importantly, that Zippy's Friends can increase those abilities (Clarke, Bunting, & Barry, 2014); (Dufour, Denoncourt, & Mishara, 2011); (Holen, Waaktaar, Lervåg, & Ystgaard, 2012); (Mishara & Ystgaard, 2010); (Monkeviciene, Mishara, & Dufour, 2006); (Wong, 2008). It is an approach that has already been used in some English schools and LAs. The Education Endowment Foundation (EEF) evaluated the programme in 2018 in 83 schools from five English LAs involving 3904 children. The EEF was unable to replicate the findings of international research in English schools, but teachers delivering the programme did report that they felt it benefited the children involved (Sloan, Gildea, Miller, & Thurston, 2018).



Lorraine Millette (Université du Québec à Montréal).

Visit 17: Paula Witty (Special Ed. Resource Teacher), Toronto, Ontario

Unfortunately, Paula was unable to meet with me as planned as she had just started a new job, but she was able to share some approaches that were being used in elementary classrooms in her school board. For those interested, she recommended that readers look at the following:

- WellAware Series: <https://www.pearsoncanadaschool.com/index.cfm?locator=PS2oLj>
- Mind Up: <https://mindup.org/>
- Roots of Empathy: <http://rootsofempathy.org/>
- Tribes: <http://tribes.com/>

Visit 18: Jean Clinton, McMaster University, Hamilton, Ontario

Jean Clinton is an Associate Clinical Professor, Department of Psychiatry and Behavioural Neurosciences at McMaster, division of Child Psychiatry. Jean presented at the Symposium for Collaborative Action on day 1 of my Churchill Fellowship, where she suggested that a change in pedagogy was required to tackle MHWB issues in schools. In her role as education advisor to the

Premier of Ontario and the Minister of Education she has championed universal SEL in school but argues that that sustainability comes not from the delivery of the content to students, but through the teachers own assimilation of the principles in their practices. Her focus has been on prevention of lifelong MH difficulties by intervening to improve the skills of children in the early years.

Jean shared some striking statistics, e.g. that 50% of school-age students reported having felt so anxious that they have skipped school, and she believes that recent efforts to reduce stigma about MH difficulties in Canada had inadvertently normalised it as a mental health condition requiring treatment. This learning has elevated the importance of teaching coping strategies to students in schools alongside awareness-raising.

Jean has contributed as an advisor to a kindergarten programme for rising 3-year olds involving an Early Years Teacher and an Early Years Practitioner who taught SEL. This collaboration was very successful because it focused on children's interests through the application of a new pedagogies for Deep Learning (Fullan & Langworthy, 2013). Deep Learning aims to prepare learners to be life-long creative, connected and collaborative problem solvers and to be healthy, happy individuals who contribute to the common good. In a nutshell, Deep Learning is about the promotion of the following skills, attitudes, knowledge and values that enable students to be active learners who can meaningfully engage in the cycle of purposeful action and reflection. These core competencies involve:

1. *Character education* — honesty, self-regulation and responsibility, perseverance, empathy for contributing to the safety and benefit of others, self-confidence, personal health and wellbeing, career and life skills.
2. *Citizenship* — global knowledge, sensitivity to and respect for other cultures, active involvement in addressing issues of human and environmental sustainability.
3. *Communication* — communicate effectively orally, in writing and with a variety of digital tools; listening skills.
4. *Critical thinking and problem-solving* — think critically to design and manage projects, solve problems, make effective decisions using a variety of digital tools and resources.
5. *Collaboration* — work in teams, learn from and contribute to the learning of others, social networking skills, empathy in work with people from diverse backgrounds.
6. *Creativity and imagination* — economic and social entrepreneurialism, considering and pursuing novel ideas, and leadership for action (Fullan & Langworthy, 2013).

The intention of this work, alongside that of the OECD Future of Education and Skills 2030 group, is to provide a foundation for the global partnership's work by setting out the partnership's goals, the knowledge base that underlies its theory of action, and the implementation framework for partners to mobilise for the achievement of deep learning goals (see also <http://www.oecd.org/education/2030-project/>).

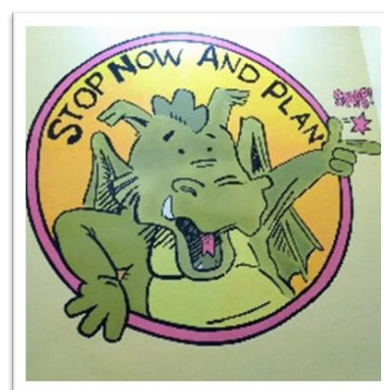
Jean explained that the future direction of education was about creating knowledge, skills and attitudes for 2030, not about just about knowledge transfer. She argued that education should be about enlivening citizenship and that children who practise the six competencies above will also develop the skills to combat MHWB problems when they emerge, and this promotes attainment.

Visit 19: Nicola Slater, SNAP Child Development Institute, Toronto, Ontario

SNAP is an evidence-informed programme developed by the Child Development Institute that aims to address anti-social behaviour and violence in children aged 6-11 years. There are more than 32 years of longitudinal data demonstrating its effectiveness at reducing the likelihood of future Conduct Disorder using The Early Assessment Risk List for Boys (EARL-20B) and Girls (EARL-21G). These tools are in the public domain, and the Child Development Institute hope that clinical practitioners and/or academics make use of them to contribute to a body of research on how to prevent future antisocial behaviour in at-risk children.

SNAP is an evidence-based cognitive behavioural model that provides a framework for teaching children struggling with behaviour issues, and their parents, effective emotional regulation, self-control and problem-solving skills. To do this, it works with parents and children in a clinical setting to disrupt children's automatic responses to frustration and tension by directly teaching conflict resolution skills through a combination of psycho-education and role-play. SNAP referred to the process of controlling impulses and habits, and planning alternative solutions to achieve desired outcomes.

SNAP has been proven to reduce aggression, bullying, and antisocial behaviour increases social competence and improves academic success by decreasing behavioural issues. It has also been shown to increase parental management skills and connect families to community-based resources. SNAP includes fully developed materials and resources, web-based tools and support and a well-established licensing framework that can be accessed at <https://childdevelop.ca/snap/>.



One of the features owing to SNAP's success has been its use of longitudinal data to prove the long term effectiveness of the programme and the projected net savings to society. The Child Development Institute depends on its relationships with academia to make sense of the data, but Nicola highlighted that the advantages of a clinical intervention that undergoes a continuous cycle of evaluation and review are that the data allows her team to demonstrate its effectiveness to partners, the potential cost savings to society, up to \$1.2m per person according to the Community Safety and Countering Crime Branch Research Division (2016). It also enables continuous improvements to be made to its delivery and design to maximise effectiveness, for instance, one year the data demonstrated that single-sex groups were more effective than mixed-sex and so this became a feature of the programme delivery in subsequent years. It is this foundation of evidence that has helped SNAP to endure through charitable grants and funding from the provincial government.

Visit 20: Susan Christine Rodger & Claire Crooks, The Fourth R, Western University, London, Ontario

I met with Susan and Claire to find out about The Fourth R, an evidence-based approach that aims to promote healthy teen relationships for 14-year-old students in schools and community settings. A consortium of researchers developed it, educators and psychologists at the University of Western Ontario and the CAMH Centre for Prevention Science in London, Ontario in 2001. The Fourth R has since been expanded and modified to include versions for Catholic Schools, Healthy Living modules

and bespoke guides for small groups to include Aboriginal Perspectives, LGBT2Q+ and enhanced versions aimed at CYP in Alternative Provision or who experience Mental Health difficulties.

The Fourth R is delivered through a series of lesson plans that explore the impact of violence, sexual behaviours and drug use on relationships. A prominent feature of The Fourth R is that it explicitly uses an implementation science informed approach underpinned by research. It is essentially an SEL curriculum that has been adapted and implemented in over 5000 schools and eight provinces and territories. What makes it stand out from other similar SEL curriculum guides is the focus on treating implementation as a process rather than an event. Teachers have the option to continue their studies and become Master Trainers and/or accreditation towards Master's Degree level modules, and they become members of a Community of Practice that encourages collaboration between parents and educators.

As someone who often finds themselves delivering training to school staff on psychological approaches to promote MHWB in schools, I was impressed by the depth to which implementation science has been embedded in the programme. This includes specific advice on what can and cannot be altered, troubleshooting advice for overcoming organisational challenges and lessons learned about how to maximise classroom teacher adoption and implementation, such as:

- Booster training sessions to increase confidence and enhance implementation quality.
- Training is enhanced when teachers can review the resources before training begins.
- A sustainable training plan to address ongoing teacher training is essential; one-time models are not supported by research.
- Development of Master Trainers within the school division is one effective way to reduce the expense associated with external trainers.
- Teacher enthusiasm and commitment can be enhanced by having school-level and senior administrators attend part of the training.
- Training is better received when scheduled during school time with the appropriate supports (e.g., on an inset day or with supply teacher arrangements).
- Expectations regarding teachers' active participation in training should be communicated at the beginning of the training session.
- Ideally, there is not too much time elapsed between the training and implementation of the program.
- Training provides an excellent opportunity to identify enthusiastic teachers that may become champions of the program once they begin implementing.

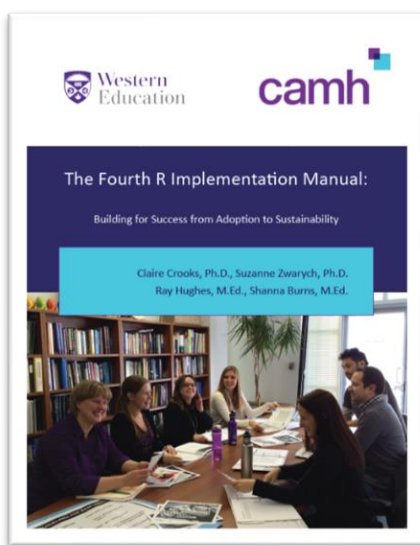
There are a wealth of resources available to freely download to be found at <https://youthrelationships.org/>, including lesson plans, research papers and The Fourth R implementation manual. I would go so far as to recommend that anyone implementing whole-class approaches to have a look at the implementation process itself to maximise the likelihood of success in embedding the programme in schools.



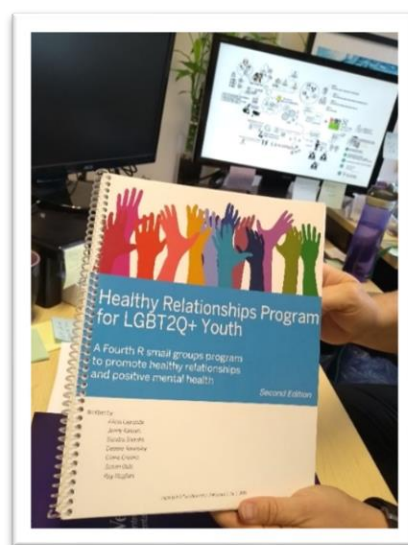
Western University School of Education, London, Ontario



Susan Christine Rodger & Claire Crooks



The Fourth R Implementation Manual



Specialised modules for specific minority groups

Visit 21: Kathy Short, SMH-ASSIST, Ontario

Kathy Short graciously organised for me to accompany her on several visits to schools and districts to meet school Principals and members of the SMH-ASSIST team. Kathy is greatly respected throughout Canada, for her generosity and insight into this vital area of work, and she was highly recommended to me by various people I met on my travels. Kathy is a Clinical Child Psychologist with research and practice interests that focus on school mental health promotion, knowledge mobilisation, and implementation science. She is the Director for SMH-ASSIST, a provincial team of MH Leads who coordinate the development and implementation of the Board Mental Health and Addictions Strategy across each of Ontario's 72 school boards. Every Ontario school board has a MH Leader and Superintendent with a shared responsibility to create and implement their board's mental health strategy and action plan. The SMH-ASSIST programme was rolled out in phases to develop firm foundations for effective school mental health practices:

1. Organisational conditions and leadership.
2. Capacity-building for education professionals.

3. Implementation support for school mental health promotion and prevention programming.

The second phase introduced two new pillars of work:

4. Differentiated programming for specific populations.
5. System of Care Collaboration.

In 2017 the final pillar was introduced:

6. Youth and Family Engagement, Voice, and Leadership.

SMH-ASSIST provides school boards with the following resources to aid them on their journey:

1. Leadership modules to support MH Leads and senior administrators.
2. Ongoing board-specific implementation coaching support.
3. Decision-making tools and templates.
4. Resources that boards can use to support educator mental health awareness and literacy.
5. Resources to support professional learning for school mental health staff.
6. SMH ASSIST presentations and workshops.

More information about SMH-ASSIST can be found at <https://smh-assist.ca/>. Kathy is also Chair of the School Mental Health International Leadership Exchange (<https://smhile.com/> SMHILE), a network of global leaders focused on the core themes for student MHWB promotion.

Visit 22: Kelly Rizzo and Tracy Walsh with Kathy Short at Guy Brown Elementary School, Hamilton-Wentworth District School Board, Ontario

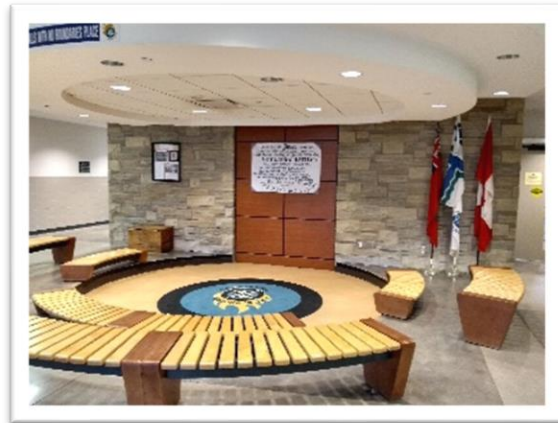
The first visit with Kathy to see schools who promote best practices in mental health and wellbeing was to meet Principal Kelly Rizzo, who had led the school for the previous seven years. Kelly explained that her ethos was to ensure that people know that they matter, and they are noticed. She does this by knowing each student by greeting them as they arrived off the school bus at the entrance, and always to make time to talk. She encouraged this principle with her teachers, who were encouraged to take time out for pastoral work as needed to care for their students.

Kelly's approach to governance is to engage students in Deep Learning, learning that is relevant and meaningful to the learners and leads to action (Fullan & Langworthy, 2013). She has thought about how learning would look if the seven principles were put into practice and wed these to the principles of Self Determination Theory (SDT), a model of human motivation developed by Deci & Ryan (1991). SDT posits that intrinsic human motivation originates from the biological need for a sense of *autonomy*, *competence* and *relatedness*. Deci (1971) found that by offering extrinsic motivators for behaviours that are usually intrinsically motivated undermined people's sense of *autonomy* and therefore reduced their motivation to persist. Similarly, providing people with unexpected positive feedback on a task were more motivated to continue because they felt more *competent*, while critical feedback had the opposite effect (Vallerand & Reid, 1984). Sense of relatedness or belonging is similarly thought to influence motivation (Frodi, Bridges, & Grolnick, 1985). She also promoted a Growth Mindset in her school, the idea that students who believe that they can acquire any given ability provided they invest effort or study, as opposed to the fixed mindset belief that abilities are mostly innate (Dweck, 2006).

Students and teachers are also invited to propose their ideas about what they would like to happen in school. Because Kelly encourages student participation, by having an open-door policy, making daily patrols of the school grounds, and consulting them on provision and decoration, students and staff feel that they have a voice in the school. She explained that she would challenge teachers with their ideas by encouraging them to consider how it builds on the school's values, e.g. how can introducing a school cricket team promote a sense of autonomy, competence and relatedness? Is there an opportunity to embed the principles of Deep Learning? I was impressed by the depth of psychology applied to Kelly's school leadership, and it was a pleasure to see how science and education could be married so effectively.



Full school orchestra promoting the principles of autonomy, competence and relatedness.



A room with no boundaries to promote an inclusive space for learning.

Visit 23: Glen Cook, John Farrell, Roger Logan, Aaron Cowan, Kim Collier, Scott Barr, David Hoy and Kathy Short at Sir Allan MacNab Secondary School, Hamilton-Wentworth District School Board, Ontario

Sir Allan MacNab Secondary School Mental Health Team welcomed me to a meeting between chaired by the district MH Leader, David Hoy, and the school Mental Health Group. The school was in the tragic position of having students who had attempted and completed suicide within the past three years. They have quickly mustered a model response at how schools can promote mental health and wellbeing.

The Mental Health Group fostered a basic understanding of mental health for all school staff so that everyone knew the scale of the problem before them. In the group's initial year, they gathered information and developed teachers' capacity. To do this, the mental health group attended a conference preview by Dr Michael Unger, whom I met at the Symposium for Collaborative Action on day 1 of my Churchill Fellowship. Michael Unger helped the team to think about what needed to be done to promote student resilience. The school provided training for *all* educators in Talk About Mental Illness (TAMI, see <https://cbpp-pcpe.phac-aspc.gc.ca/pppractice/talking-about-mental-illness-tami/>) and invited *some* to attend further study in Mental Health First Aid (MHFA, see <https://www.mhfa.ca/>) others were offered Applied Suicide Intervention Skills Training (ASIST <https://www.suicideinfo.ca/workshop/asist/>). This provided the school team with a solid foundation of understanding for all, and a tier of staff skills for students who need further, acute, support. The mental health group aimed to match interested staff members with professional learning that is right

for their existing skills and interests and to provide supervision delivered by the school's mental health group members. The school board referred the school leadership to Ontario's provincial strategy document on Leading Mentally Healthy Schools (accessible at <https://smh-assist.ca/wp-content/uploads/LMHS-Flipchart-EN-Web.pdf>). This light-touch approach was welcome as this allowed the school leadership to be in control of its destiny and to respond to arising needs while also providing valuable materials to draw upon.

Sir Allan MacNab Secondary School track student resilience using the Middle Years Development Instrument (MDI see <http://earlylearning.ubc.ca/mdi/>) as a way of measuring and monitoring the effectiveness of the group's efforts to improve student wellbeing. The group also sought student views about the schools 'resilience anchors', defined as the places and groups that students use when they are facing adversity and need support. Identifying what already works and exists enables staff to protect and further develop these precious resilience anchors.

John Farrell eloquently describe his learning from the schools journey, that the process of systemic change takes years, mainly because so much of the work in a school is focused on academic attainment, but also to take pride in how far the school has come in just a few short years and, acknowledging that whilst there was still a lot for the team to learn, that this kind of work could consume whole careers to embed fully.

Visit 24: Joseph Zaroda and Andrea Bozza with Kathy Short at Niagara Catholic District School Board, Ontario

I met with the Blessed Trinity Catholic Secondary School Principal, Joseph Zaroda, the School Board Mental Health Lead, Andrea Bozza for a presentation on the approach that Blessed Trinity took when implementing the School Board MH and Addiction Strategy which prioritises mental health awareness, prevention, and promotion. The star feature of BT's approach is to mobilise its student population by creating a 'Link Crew', a peer to peer mentoring program that runs throughout the school year. The school design their own MH plan, and this has allowed the school to introduce creativity and contextual relevance for the school members. Andrea praised how the whole staff body is involved in MHWB promotion, and there is an acceptance from school leadership that the staff wellbeing is central to being able to fulfil this role and so it is included on their annual plan.

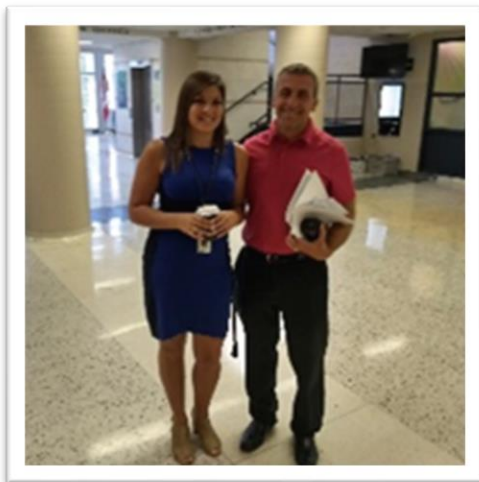
The schools' journey began with raising awareness of mental health as a goal within the school. Their first year kickstarted with a visit to other model MH schools followed by two whole staff training sessions from health care professionals. A roll-out of awareness-raising information for the student body followed by delivering MH themed assemblies and hearing testimonials from those with lived experience. Next, the school created a mental health themed Community Forum and sent newsletters out to parents and invited them to attend a free workshop where they were trained and encouraged to safeguard their children's mental health.

In Year 2, the school focused on transition to high school, creating a network and a structured mentoring programme for all Grade 9s. Only Grade 10 and 11 students could apply via a video interview on the subject "Why do you want to be a link crew leader?" In total, 50-60 students were selected. The group met in May to get to know each other and to understand their role, then again in August to deliver two full days of training to let the Link Crew leaders practise activities that they will

be doing with the Grade 9 students on orientation day. In October, there was a follow-up lunch, mid-term follow-up, and support for students to cope with exam stress in January in addition to continued informal interactions daily. Volunteers from the staff and student body received Applied Suicide Interventions Skills Training (ASIST), so they could recognise the risks and know how to intervene to prevent the immediate risk of suicide. A large proportion of the staff and student body also received training on safeTALK to enable them to identify suicidal thoughts and connect them to suicide first-aid resources.

Year 3 focused on building resilience. The programmes from year 2 continued, but the school hosted a Mental Health Arts Night where students presented art, drama, music and film all created from the student population. Academic experts came into school for the Grade 11 students to talk about Mental Wellness, and there were a series of Dialectical Behaviour Therapy training workshops delivered to the student body. Much of the funding for these initiatives had come from the Ontario Centre of Excellence for Child and Youth Mental Health (\$5000), the Ministry of Education's Speak Up Grants (\$3000) and Teacher Learning and Leadership Projects (\$40000).

The vision for Year 4 is to establish a re-commitment from all staff to promote MHWB and to develop services for their LGBT2Q+ population. All Link Crew leaders were trained to deliver MHWB messages to the Grade 9 students, and their positive mental health 'Music Mondays' and staff 'Throwback Thursdays' were an excellent way for song requests through #BTPositive and positive messages to be broadcast throughout the school public-address system. Links with the voluntary sector allowed students to give back to their community and feeling good about doing so, and all achievements were crowned by a Global Student Leadership Summit conference presentation in 2018.



School Board Mental Health Assist Lead, Andrea Bozza (Left), Mr J. Cino (Right).



School Awards (1 student per grade per year) for outstanding contribution to school and community or academic excellence.



School theatre – drama is a significant part of the curriculum.



Noticeboard poster informing students who is trained in ASIST and safeTALK.

Visit 25: Michelle Bates and Kathy Short, Halton District School Board, Ontario

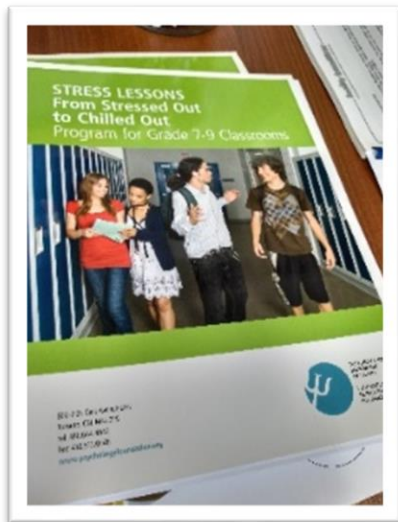
Michelle Bates is the Halton DSB MH Lead. She told me that MHWB in Ontario was beginning to be recognised as being something that should be delivered in an inclusive mainstream classroom rather than by a specialist teacher. Every teacher is recognised as a 'Special Education Teacher', and this includes the MHWB of their students. Michelle described her approach as being about quality teaching first, inclusion, evidence-based practices, community support services and pathways to support for specialist services. Halton DSB educate school staff in trauma-informed approaches by paying for school staff to be released for professional development to ensure that every school has staff trained to engage with other trauma-informed professionals for a joined-up approach. The teachers meet for group supervision, and this helps them to manage the challenging behaviours they see in the classroom.

Halton DSB have also implemented a series of whole-class social-emotional learning programs for schools including:

- Healthy Transitions – 'A Guide for Promoting Resilience in Young Adolescents'. This is a programme that doesn't just prepare children for school to school transition, and it prepares them for life transitions as a MHWB skill at a universal level.
- Stress Lessons – 'From Stressed-out to Chilled-out'.
- 'The MindUp Curriculum' – 15 lessons delivered in 4 units on SEL in the classroom. There are three levels of complexity, aimed at Grades PreK-2, Grades 3-5 and Grades 6-8.

- Kids have stress too! – a research-based program aimed at Grades 1-3 that uses experiential learning approaches to help educators to introduce stress management strategies and build emotional resiliency.

Michelle argued that manualised programmes do have a place in schools in that they provide teachers with resources, but she thought that whole-school approaches and communication between staff in schools who examine data, including students' voice, are much more effective because they can identify systemic and school culture issues. She advocated a *Planful, Thoughtful, Data-driven, Informed* approach to promoting MHWB in schools at a universal level, in addition to more bespoke transitions for small groups and individuals.



From Stressed-out to Chilled-out



The MindUp Curriculum

Visit 26: Heather Carter, Sue Ball and Patricia Marra-Stapleton at York Region District School Board, Ontario

This was a monthly professional meeting for the York Region DSB Social Workers and Psychologists co-delivered by Heather Carter (Chief Social Worker), Sue Ball (Chief Psychologist) and Patricia Marra-Stapleton (Board MH Lead). The Board's Psychology and Social Work teams come together to promote cross-discipline cooperation between teams and alignment with the Director's annual plan. Future monthly meetings were scheduled as capacity-building professional development meetings. The half-day conference was an excellent example of how the district builds coherence in School MHWB practices from the provincial, to districtwide, to the whole school, to the classroom. The topics covered included:

- 'Upstream Thinking' for MHWB in schools and Ontario's provincial strategy, i.e. to foster a strong sense of belonging at a school, and for each person within the system to develop a positive sense of self.
- The ambition of breaking down silos between services and replace them with bridges.
- An overview of the 'Supporting Minds K-12 Resource Guide' for common MH difficulties.
- Reinforcing the idea that the SMH-ASSIST document 'Leading Mentally Healthy Schools' is the fundamental resource for school administrators (see <https://smh-assist.ca/wp-content/uploads/LMHS-Flipchart-EN-Web.pdf>).

- Stressing the importance for school support staff to get themselves on the School Improvement Plan (SIP): “If it is not on the SIP, then it doesn’t happen because the SIP is what is talked about in SMT meetings.” Social Workers and Psychologists need to be mentioned on the SIP, “If you are not on the menu, you’re not going to be on the plate.”
- The importance of feeling a sense of *belonging, mattering, inclusion, voice* and *being seen* was stressed, and we paused to consider how these diminish as children progress through education.
- York Region DSB identified the value of using Solution Focused Brief Therapy in schools and rolling out ASIST (Applied Suicide Intervention Skills Training) every three years to ensure the skills remained current.



Heather Carter (Chief Social Worker), Sue Ball (Chief Psychologist) and Patricia Marra-Stapleton (Board MH Lead) (far left).

Visit 27: Professor of Psychiatry: Dr Stanley Kutcher. Halifax, Nova Scotia with University of British Columbia, Vancouver Campus

‘The Guide’ is an honourable mention in my Churchill Fellowship report. I first heard about it from my research on Mental Health programmes and SEL before travelling to Canada and since I have returned a licence to pilot The Guide has been purchased by Swansea University. Many of my Canadian hosts also recommended Stanley Kutcher's work while I was away. SEL forms the foundation for mental health promotion, prevention and care in Canada. When successfully implemented, The Guide has led to scientifically demonstrable improvements in mental health-related outcomes for both students and their teachers.

The Guide is designed to be delivered by classroom teachers to students in Key Stage 4. It was developed in collaboration between psychologists and psychiatrists in Nova Scotia, Canada, and reviewed in Japan, Portugal, Malawi, USA and Finland. Its authors claim that it is the world’s first evidence-informed teen mental health curriculum aimed at 13 – 15-year-olds. It includes six web-based lessons plans and teaching resources which cover four aims. To promote:

1. Understanding how to optimise and maintain good mental health.
2. Understanding mental disorders and their treatments.
3. Decreasing Stigma.
4. Enhance help-seeking efficacy (knowing when and where to get help and having the skills necessary to promote self-care and how to obtain proper care).

Readers may gain free access to these resource by visiting <http://teenmentalhealth.org/curriculum/> and entering the password **t33nh3alth**.

Training on how to deliver the materials contained within 'The Guide' is available online from UBC. Educators are taught how to apply it as a classroom-ready, web-based, modular mental health curriculum resource, as well as an upgrade for their mental health literacy. It is a self-paced course that consists of 6 modules, each lasting 45 minutes per module. Modules are completed sequentially, and each consist of:

1. Classroom activities.
2. Self-guided study.
3. Module test.

The Guide authors also recommend two high-quality resource books for teachers called "When Something's Wrong: Strategies for Teachers" which can be found at <http://healthymindscanada.ca/> and the classroom resource "Stop Wondering, Start Knowing" which can be found at <http://keltymentalhealth.ca>.

Professor of Psychiatry: Dr Stanley Kutcher



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