



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

School-Based Mental Health and Substance Abuse Consortium
Knowledge Translation and Review Team

**School-Based Mental Health and Substance Abuse:
A Scan of Canadian Practices**

An overview of findings in context

This overview summarizes highlights from the national scan of nominated best practices conducted by the School-Based Mental Health and Substance Abuse Consortium. In addition, the overview outlines key conclusions and provides initial recommendations in the form of actionable messages.

April 2012



SBMHSA Consortium

Scan Findings - Knowledge Translation and Exchange Team Overview

The SBMHSA Consortium Scan was designed to gather information about school mental health and substance use programs, models and initiatives currently implemented in Canada. Over 200 programs were nominated from the field. Of these, 145 were represented by key informants in audio taped, one-hour semi-structured interviews conducted between September 2010 and January 2012. Broad findings are outlined below.

Scan Demographics

Geographical Distribution	Most programs nominated were from Ontario (42%), British Columbia (19%) and Alberta (16%). Relative to the population, Nova Scotia was over-represented (15%), and Quebec was under-represented (5.5%). All provinces and territories participated.
Program Site	The sample contains 86 school-based and 59 school-linked programs.
Program Language	Most programs are provided in English only. French language programs comprise 6.2% of the sample.
Program Focus	51% of programs target primarily mental health issues, 17 % focus on substance use, and 32% include both areas of focus.
Aboriginal Focus	7% of programs were designed specifically for First Nations, Inuit and Métis students. Another 7.5% of programs were adapted to include this population but were also implemented more broadly.
Program Duration	Most programs have been operating for at least 3-6 years (70%), and 21% of these have been in place for 12 years or more.

Program Background and Development

Program Inspiration	75% of programs were introduced in response to an identified need in the community. Personal interest, funding opportunities and/or provincial initiatives were named as other reasons for introducing the program, but much less frequently.
Evidence-Based Programs	47% of programs are original interventions, created internally, to meet a need in the school community. 30% are adaptations of existing programs, but it is not clear if these were adapted from evidence-based programs in all cases, or how much the original program has been adapted. 17% indicated that they selected an existing program, most of which appear to be evidence-based. There was little data on fidelity monitoring.
Family /Youth Involvement	74% of programs involved youth, and 47% of programs involved parents/families, in the development or evaluation of the program.

Program Descriptions

Target Audience	48% of programs explicitly target or include secondary school students. Within the elementary panel, most programs target or include middle school and progressively fewer programs target students in the earlier grades.
Program Goals	The program goals most often identified were: risk behavior prevention, prosocial skill development, and mental health literacy.
Target Problems	The majority of programs were designed to address general mental health problems , substance use, behavior problems, mood disorders, and anxiety problems.
Facilitation	The responsibility for program facilitation rests primarily with school mental health professionals (54%), school administrators (47%), and teachers (26%).
Partnerships	Respondents frequently noted the development of partnerships across school boards and communities in relation to their nominated program. Collaborations with governmental organizations and research teams were also highlighted in about 25% of cases.
Program Reach	Responses suggest that 47% of programs served 500 or more students last year (37% served over 1,000 students last year). 59% of programs reportedly have been used or adapted in other provinces or settings.

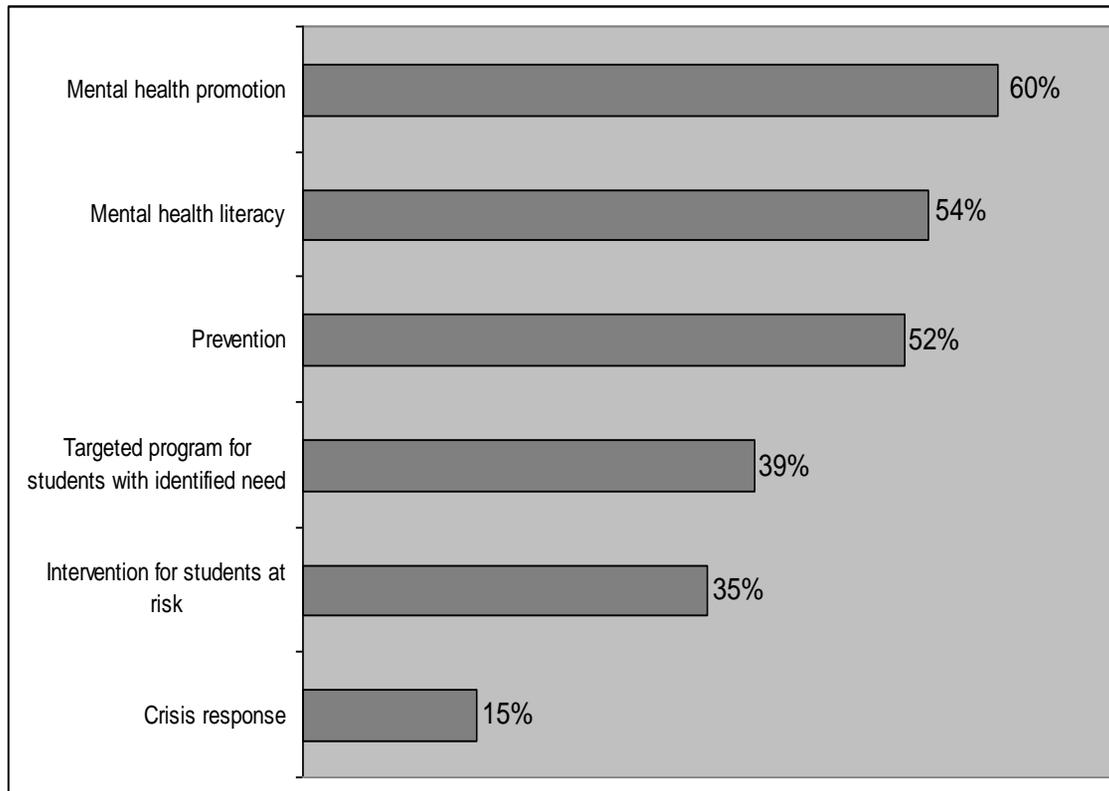
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Program Implementation

Barriers	Insufficient funding, lack of school/staff commitment, the pressure of time and competing demands, insufficient capacity (resources, staffing, training), and for those external to school boards, difficulty negotiating access to student populations for implementation.
Enablers	School/staff commitment, partnerships, solid staff teamwork and creativity, funding, and continued student need in the program area.
Costs	In a third of cases, programs cost more than \$100,000 to run annually. Programs were most often funded by health, community, or school board sources.
Evaluation	47% of programs were categorized as evaluated and 36% were not. The remaining 17% were either in pilot phases or there was insufficient data provided in the interview to determine if the program was evaluated or not. Respondents indicated that obstacles to evaluation include insufficient funding, limited knowledge of research methods and difficult access to sound measurement tools.

Program Approach



As noted in **Program Development**, most of the interventions nominated were created internally in response to an identified need. The fact that most of the programs nominated touch on mental health promotion, mental health literacy, and prevention suggest that this is an area that educators have identified as a need in school boards in Canada. This is consistent with a tiered continuum of service delivery, consistent with the Evergreen Framework, which emphasizes the important role of schools in universal and preventive mental health programming.

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Bottom Line

- The national scan revealed that there are many exciting, relevant, and important mental health and substance use programs and practices in being implemented in Canadian schools.
- Programs were nominated from every province, and cover a range of target problems. Most programs focus on older children and youth.
- Programs have been created in response to an identified need in boards, which has resulted in a patchwork of programs across the country.
- Mental health promotion and prevention programming was most likely to be nominated for the Scan, which suggests that these are the areas that boards have found to be most critical for intervention at school. This is consistent with tiered intervention frameworks.
- Respondents identified as barriers to program implementation:
 - Insufficient funding, lack of school/staff commitment, the pressure of time and competing demands, insufficient capacity (resources, staffing, training), and for those external to school boards, difficulty negotiating access to student populations for implementation
- Respondents identified as enablers to program implementation:
 - School/staff commitment, partnerships, solid staff teamwork and creativity, funding, and student need in the program area
- Many of the programs nominated were not drawn from the evidence-base and have not been evaluated locally. Respondents cited a lack of funding, research knowledge, and access to measures as reasons for neglecting local evaluation.

Actionable Messages

- The current patchwork of programs needs to be organized. The SBMHSA Consortium will create a searchable database of nominated programs, which can be sustained over time. It is recommended that this database be updated and continually accessible so that school boards can draw from existing programs rather than creating new and similar offerings.
- Because the database will include a combination of evidence-based and untested programs, users need decision support to help in program selection. Caution needs to be applied, particularly with programs that have not been subjected to evaluation.
- Programs listed in the Scan database have been aligned with the Review findings, to illustrate programs that appear to contain research-based components and therefore hold promise for effective student support.
- Along with the Mental Health Commission of Canada, the SBMHSA Consortium can make recommendations about a limited number of promising SBMHSA programs that warrant further study related to outcomes, implementation, and scale up. With funding, it would be possible to develop a program of study that could lead to a set of recommended evidence-based SBMHSA programs in areas of identified need.