



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

Survey on School-Based Mental Health and Addictions Services in Canada

An overview of findings in context

This Integrative KTE Report summarizes highlights from the survey of Canadian schools and districts conducted by Directions Evidence and Policy Research Group on behalf of the School-Based Mental Health and Substance Abuse Consortium.

In addition, the KTE Report outlines key conclusions and provides initial recommendations in the form of actionable messages.

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Survey Findings - KTE Team Integrative Report

The national SBMHSA Survey was designed to identify and describe school mental health and substance use services across Canada. In June 2011, all school districts across the country were invited to participate (n=383). Two versions of the survey were created, one district level and one school level. The survey was re-opened in the fall and the survey remained open until December 2011. A total of 117 school districts (approximately 30% of Canadian school boards), and 643 individual school-level respondents, completed a survey.

Survey Demographics

Board-Level Survey	School Level Survey
Most completed the survey in English (8.5% in French)	Most completed the survey in English (3.4% in French)
Most from Ontario (33%), Alberta (16%), Manitoba (16%), BC (14%)	Most from Ontario (58%), Alberta (11%), BC (11%), Manitoba (10%),
Wide range of communities (small to large, rural to urban)	Wide range of communities (small to large, rural to urban)
50% of respondents had more than 10 years experience in SBMHSA	40% of respondents had more than 10 years experience in SBMHSA
	Most respondents were from the elementary panel (70%)

Areas of SBMHSA Concern

Board-Level Survey	School Level Survey
85% of respondents indicated they were concerned or very concerned about student mental health and/or substance use	65% of respondents indicated they were concerned or very concerned about student mental health and/or substance use
Most Common Problems: <ul style="list-style-type: none"> ▪ Problems with attention and learning ▪ Problems with substance use ▪ Problems with anxiety ▪ Problems with bullying, social relationships ▪ Problems with oppositional behaviour and aggression 	Most Common Problems: <ul style="list-style-type: none"> ▪ Problems with attention and learning ▪ Problems with anxiety ▪ Problems with bullying, social relationships ▪ Problems with depressed mood ▪ Problems with oppositional behaviour and aggression
Over 80% of respondents indicated that there are unmet student mental health and/or substance use needs in their board	Over 80% of respondents indicated that there are unmet student mental health and/or substance use needs in their school

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Organizational Conditions for SBMHSA Service Delivery

Board-Level Survey	School Level Survey
Most boards have a team approach to SBMHSA service delivery (98%)	Most schools have a team approach to SBMHSA service delivery (92%)
Teams include mental health professionals (board and community) and educators (guidance counselor, principal, special ed, superintendent)	Teams include mental health professionals (board and community) and educators (guidance counselor, principal, special ed, superintendent)
40% do not have a policy related to mental health service delivery	
The following conditions were listed as important or very important: <ul style="list-style-type: none"> ▪ integration with community partners ▪ school staff awareness of SBMHSA problems ▪ access to evidence-based programming ▪ leadership at the school level ▪ dedicated funding for services / programs 	The following conditions were listed as important or very important: <ul style="list-style-type: none"> ▪ school staff awareness of SBMHSA problems ▪ integration with community partners ▪ dedicated funding for services / programs ▪ leadership at the school level ▪ implementation support for SBMHSA professionals
Most boards (41%) indicated that they were at <i>Partial Implementation</i> with respect to integration and pathways to community support. Some boards (22%) reported being at <i>Full Implementation</i> or <i>Sustainability</i> in this area.	Most schools (34%) indicated that they were at <i>Partial Implementation</i> with respect to integration and pathways to community support. Some schools (14%) reported being at <i>Full Implementation</i> or <i>Sustainability</i> in this area.
Most boards offer PD workshops to staff on SBMHSA (82%), and many provide additional support from mental health professionals, online resources, documents and guides, etc. Most boards provide PD in areas like learning (85%), bullying (81%), attention (79%), anxiety (69%) and aggression (61%). Less than 20% of respondents indicated that knowledge needs were met in the areas of anxiety, depression and delinquent behaviour. Training in the area of prevention, working with harder-to-reach families, and promoting social emotional well-being were listed as areas of prime importance for training.	Most schools offer PD workshops to staff on SBMHSA (61%), and many provide additional support from mental health professionals, online resources, documents and guides, etc. Most schools provide PD in areas like learning (69%), bullying (69%), and attention (53%). Some information is also provided to parents (62% of schools). More than half of respondents reported that training was lacking or inadequate for their knowledge needs. Training in the area of recognizing symptoms, promoting social emotional well-being, and prevention were listed as areas of prime importance for training.
Very few boards provide coordinated, evidence-based services across the continuum of care – mental health promotion, prevention, and intervention. Most provide a few mental health promotion and prevention strategies, and several intervention and crisis response strategies. Few reported providing a range of strategies across the continuum (weakest in the area of mental health promotion).	Very few schools provide coordinated, evidence-based services across the continuum of care – mental health promotion, prevention, and intervention. Most provide a few mental health promotion and prevention strategies, and several intervention, crisis response, and referral strategies. Few reported providing a range of strategies across the continuum (weakest in the area of mental health promotion).

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Survey Findings - KTE Team Integrative Report

Service Delivery - Mental Health Promotion

Board-Level Survey	School Level Survey
<p>Most Common Programming:</p> <ul style="list-style-type: none"> ▪ Social skills education, including anger management, conflict resolution, social-emotional learning, learning skills ▪ Anti-bullying programs ▪ Transitions support ▪ Character education, moral development ▪ Substance use education 	<p>Most Common Programming:</p> <ul style="list-style-type: none"> ▪ Social skills education, including anger management, conflict resolution, social-emotional learning, learning skills ▪ Anti-bullying programs ▪ Character education, moral development ▪ Transitions support ▪ Substance use education
<p>Most boards (47%) indicated that they were at <i>Partial Implementation</i> with respect to Mental Health Promotion programming. No boards reported being at <i>Full Implementation</i> or <i>Sustainability</i> in this area.</p>	<p>Most schools (35%) indicated that they were at <i>Partial Implementation</i> with respect to Mental Health Promotion programming. A few schools (6%) reported being at <i>Full Implementation</i> or <i>Sustainability</i>.</p>

Service Delivery - Prevention

Board-Level Survey	School Level Survey
<p>Most Common Programming:</p> <ul style="list-style-type: none"> ▪ Programs to prevent problems with bullying ▪ Programs to prevent problems with learning ▪ Programs to prevent problems with social relationships ▪ Programs to prevent problems with attention ▪ Programs to prevent problems with aggression 	<p>Most Common Programming:</p> <ul style="list-style-type: none"> • Programs to prevent problems with bullying ▪ Programs to prevent problems with learning ▪ Programs to prevent problems with social relationships ▪ Programs to prevent problems with attention ▪ Programs to prevent problems with aggression
<p>Most boards (36%) indicated that they were at <i>Partial Implementation</i> with respect to Prevention programming. A few boards (10%) reported being at <i>Full Implementation</i> or <i>Sustainability</i> in this area.</p>	<p>Most schools (34%) indicated that they were at <i>Partial Implementation</i> with respect to Prevention programming. A few schools (10%) reported being at <i>Full Implementation</i> or <i>Sustainability</i> in this area.</p>

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Survey Findings - KTE Team Integrative Report

Service Delivery - Intervention and Ongoing Care

Board-Level Survey	School Level Survey
<p>Most Common Programming:</p> <ul style="list-style-type: none"> ▪ Special programs (e.g., alternative education) ▪ Individual or group counseling by an educator ▪ Individual evidence-based therapy by a trained MH professional ▪ Individual or group counseling by a paraprofessional ▪ Special classes (e.g., behaviour class) ▪ Group evidence-based therapy by a trained MH professional 	<p>Most Common Programming:</p> <ul style="list-style-type: none"> ▪ Individual or group counseling by an educator ▪ Individual or group counseling by a paraprofessional ▪ Individual evidence-based therapy by a trained MH professional ▪ Special programs ▪ Special classes ▪ Group evidence-based therapy by a trained MH professional
<p>Most boards (42%) indicated that they were at <i>Partial Implementation</i> with respect to Mental Health Intervention. Some boards (22%) reported being at <i>Full Implementation</i> or <i>Sustainability</i> in this area.</p>	<p>Most schools (38%) indicated that they were at <i>Partial Implementation</i> with respect to Mental Health Intervention. A few schools (7%) reported being at <i>Full Implementation</i> or <i>Sustainability</i> in this area.</p>

Issues of Implementation

Board-Level Survey	School Level Survey
<p>Most commonly identified challenges to implementation:</p> <ul style="list-style-type: none"> ▪ Insufficient funding, services, staff to meet the demand ▪ Need for parent engagement, awareness, collaboration ▪ Need for more prevention / promotion programming ▪ Need for more professional development amongst educators ▪ Stigma 	<p>Most commonly identified challenges to implementation:</p> <ul style="list-style-type: none"> ▪ Insufficient funding, services, staff to meet the demand ▪ Need for parent engagement, awareness, collaboration ▪ Need for more professional development amongst educators ▪ Need for more prevention / promotion programming ▪ Stigma

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Bottom Line

- There are few differences in perspective across survey versions. The responses of district-level participants are similar to those of school level participants, though needs around training, collaboration, and implementation support are particularly highlighted at the school level.
- The consensus is that school boards in Canada do not yet have the organizational conditions in place to deliver coordinated, evidence-based strategies across the continuum of care. While district and school teams are growing, and boards are beginning to develop policies, needed infrastructure for effective school mental health (e.g., protocols for decision-making, systematic training, role clarity, implementation, collaboration and system communication) is lacking.
- Respondents indicated that the emphasis in boards continues to be on intervention services for high needs students, rather than on mental health promotion and prevention. The full continuum of care is not being addressed in a proactive, even manner.
- The field is calling for more professional development for educators, particularly in relation to mental health promotion and prevention, recognizing signs and symptoms of mental health problems, and engaging families.
- Mental health services for students in need are often delivered by educators and paraprofessionals, rather than trained mental health professionals using evidence-based strategies.
- Trained mental health professionals appear to favour individual treatment over group therapy methods.

Actionable Message

- School boards in Canada would benefit from research-based information about key conditions for effective school mental health at the district and school level. In addition, school board leaders would value resources and implementation support to introduce these conditions in a sequenced and sustainable manner.
- In order to serve more students in a proactive fashion, and to encourage student well-being, more training and support needs to be provided for universal delivery of mental health promotion strategies by educators (e.g., social emotional learning). Educators also are requesting help with identifying signs and symptoms, engaging parents, and collaboration with community.
- School boards in Canada would benefit from access to a repository of evidence-based strategies / common elements across the continuum of care.
- Mental health services for students with identified mental health needs, and those at risk, should be supervised/delivered by a trained mental health professional using evidence-based techniques. Where possible, and clinically appropriate, group prevention and intervention approaches should be offered to assist with cost-effectiveness of service delivery.