

August 20, 2019

## Concurrent Sessions

### *Updating the Evidence - Presentations and Conversation*

*Five concurrent sessions will be offered in thematic areas. Each session will feature three presenters who will have 15 minutes to share evidence that complements and adds to our understanding of supportive environments for child and youth mental health. Presentations will be followed by general discussion on the following questions:*

- *How does this work fit into and advance the ASI Call to Action?*
- *What are the implications for upstream investment and a whole society approach to mental health promotion?*

*Results of these discussions will be included in the final plenary session on August 21st.*

## Session 3: School Settings and Strategies

### a) Mental Health Literacy

Presenter: Maribeth Rogers Neale, Department of Education & Lifelong Learning

Intermediate Mental Health Literacy Pilot School settings are the ideal place to address mental health literacy as most youth attend school and the average teen spends over thirty hours per week in the classroom. The “School-Based Pathway Through Care” was developed to help schools better address youth mental health in an effective, inexpensive, system strengthening, and pedagogically familiar way. The Mental Health & High School Curriculum Guide is the first and only evidence-based Canadian mental health literacy curriculum resource designed by Dr. Stan Kutcher for use in schools. Building on existing strengths, it is delivered by classroom teachers in a sustainable and cost-effective manner of schools, students and teachers, being measured on their mental health literacy pre and post pilot.

Objectives of the pilot include: to promote mental health and reduce stigma by enhancing mental health literacy of students, educators and parents; to promote appropriate and timely access to mental health care through early identification, triage and referral, or site-based mental health interventions.

The Guide resource includes six interactive web-based classroom-ready modules, a teacher self-study module, lesson plans, print and video resources, PowerPoint presentations, evaluation options, and supplementary materials. The curriculum provides a complete set of educational tools research demonstrated to increase mental health literacy of both students and teachers. In eight Island school we piloted the resource through the 2018-2019 school year. Phase 1 involved Vernon River Consolidated, Summerside Intermediate, Queen Charlotte Intermediate and East Wiltshire Intermediate School. Phase 2 included Gulf Shore Consolidated, Birchwood Intermediate, Stonepark Intermediate and Hernewood Intermediate. This resource was piloted in health classes with both sets to enhance linkages between schools and health care providers; provide a framework in which students receiving mental health care can be seamlessly supported in their educational needs within usual school settings; o involve parents and the wider community in addressing the mental health needs of youth. Throughout the pilot students and teachers were extremely engaged and anecdotally very receptive to the resource. At the end of the school year when phase two of pilot is complete, in June/July, the Department of Education and Lifelong Learning will be releasing a report on the evaluation of the pilot.

## **How does your presentation make a connection with the theme Supportive Environments for Child and Youth Mental Health – Our Shared Responsibility!?**

School settings are the ideal place to address mental health literacy as most youth attend school and the average teen spends over thirty hours per week in the classroom. The “School-Based Pathway Through Care” was developed to help schools better address youth mental health in an effective, inexpensive, system strengthening, and pedagogically familiar way.

## **What will others learn from your presentation?**

By engaging in the presentation you will have an understanding of the interrelated states of mental health, an overview of the resource and an understanding of the evidence behind this school based mental health resource that improves mental health literacy for students and teachers. Also an understanding of how we can support our students on their pathway through to care for mental health and promote positive mental health.

## **How does your presentation demonstrate implications for policy and practice in fostering supportive environments?**

The Mental Health Literacy resource will be implemented in grade 8 classes across the Island as part of the curriculum.

## **Presenter**

Maribeth Rogers Neale  
Health and Physical Education Curriculum Leader, Department of Education & Lifelong Learning  
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I currently hold the position of health and physical education curriculum leader with the Department of Education Early Learning and Culture. I have 14 years experience teaching physical education, health and science and have been fortunate to teach in 4 countries across grades K-12 in the public sector. I am currently responsible for researching, writing, piloting and implementing curriculum as well as planning and delivering professional learning for Prince Edward Island physical education and health educators. I am the past president of the PEI Physical Education Association and have served on the PHE National Council of Provinces & Territories. I am the incoming PEI rep on the National Physical & Health Education Board of Canada. Currently I am an executive member for the PEI School Athletic Association, a member of the School Milk Board, serve on the Steering Committee for the PEI Student Well Being Teams, and the PEI Child Sexual Abuse Committee. I am passionate about health behaviors and physical education as a parent, coach, educator, volunteer, researcher and policy maker. I am a lover of outdoors and healthy relationships and happily living in Stratford, PEI with my husband and two daughters Isabella and Helena.

## **b) If every school supports Comprehensive School Health, what does that look like?**

Presenter: Katherine Kelly, Pan-Canadian Joint Consortium for School Health

The Pan-Canadian Joint Consortium for School Health (JCSH) seeks to present a workshop on its most essential resource: the Comprehensive School Health Framework. Comprehensive School Health (CSH) is an internationally recognized approach that supports the evidence that healthy students are better learners and better educated individuals tend to have healthier lives. Positive mental health is an integral aspect of health, wellbeing, and achievement. Comprehensive school health has been accepted by every province and territory in

the country, so that school communities have a holistic approach to positive mental health in four interdependent components: Teaching and Learning, Social and Physical Environment, Policy, and Partnerships and Services. Schools throughout Canada understand the essential connection of health and learning and so Comprehensive School Health is found in every province and territory. But, what does that holistic approach look like in a school? And how does this support the learning and wellbeing of each child?

**How does your presentation make a connection with the theme Supportive Environments for Child and Youth Mental Health – Our Shared Responsibility!?**

Schools have long been recognized as a setting in which children and youth not only learn English and Math and Science and other subjects, but also develop skills in relationship with others, and self-regulation, and self-worth, and competences. This setting is one of the most significant in the lives of children and youth, and all who are connected with schools have roles and responsibility in supporting the positive mental health of all students.

**What will others learn from your presentation?**

We intend this workshop to be space for conversations on what comprehensive school really looks like in a setting or an environment such as a school. By the end of the session, participants will be able discuss comprehensive school health from the four components and how they all link essentially together to provide a whole of environment way of thinking about and planning for improvements to the positive mental health of all children and youth.

**How does your presentation demonstrate implications for policy and practice in fostering supportive environments?**

JCSH has long had a commitment to being a bridge of research, policy, and practice leading to improved student health, well-being, and learning. The Comprehensive School Health framework exemplifies that collaboration in action: it was developed out of the World Health Organization's work on healthy schools; it is found in policies and practice throughout the world. It is the basis of ongoing relationship on the role of Comprehensive School Health in student achievement and success.

**Presenter**

Katherine Kelly  
Executive Director, Pan-Canadian Joint Consortium for School Health  
[kakelly@gov.pe.ca](mailto:kakelly@gov.pe.ca)

Katherine Kelly was appointed Executive Director of the Pan-Canadian Joint Consortium for School Health (JCSH) in 2010. Katherine holds a MEd in Leadership and Learning from the UPEI, as well as a BEd from the University of Regina and a BA from the University of Saskatchewan. She has held variety of senior level positions in the health and education systems including Director of Federal/Provincial/Territorial Relations, Chief Executive Officer of a regional health authority, and Director of Child and Family, Mental Health and Addictions. She has also been a lecturer in the UPEI Faculty of Education and a classroom teacher.

## **c) School Violence, Mental Health, and Education Performance in Uganda**

Presenter: Susan Nambejja, Malcolm Childrens' Foundation

**BACKGROUND:** Violence against children from school staff is anecdotally common in low- and middle-income countries, but data on prevalence and associations with mental health and educational outcomes are lacking.

**METHODS:** We report data from a cross-sectional survey conducted in June and July 2017 in Luwero District, Uganda. 42 primary schools representing 80% of students in the district were randomly selected; 100% agreed to participate. The International Society for the Prevention of Child Abuse and Neglect Child Abuse Screening Tool—Child Institutional; Strengths and Difficulties Questionnaire; reading, spelling, were administered.

**RESULTS:** We surveyed 3706 students and 577 school staff members; 93.3% (SE 1.0%) of boys, 94.2% (1.6%) of girls attending primary school reported lifetime experience of physical violence from a school staff member, 50% reported experience in the past week. Physical violence was associated with increased odds of poor mental health; for girls, double odds of poor educational performance.

**CONCLUSIONS:** Despite a ban on corporal punishment in Ugandan schools since 1997, the use of violence against students is widespread and associated with poor mental health and educational performance. School violence may be an important but overlooked contributor to disease burden and poor educational performance in low- and middle-income settings.

### **How does your presentation make a connection with the ASI theme Supportive Environments for Child and Youth Mental Health – Our Shared Responsibility!?**

We aim to strengthen the ability of children in schools, teachers, and school communities to cope with stressful situations. We are focusing on incorporating good practice guidelines in children and youth through mental health promotion initiatives. You are a good example to us developing countries. In Ontario, children and youth are similarly prioritized in open minds and healthy minds, with mental health and wellbeing recognized as important. Our themes are connected with yours.

### **What will others learn from your presentation?**

Violence from school staff against children is widespread and associated with poor mental health and educational performance. Interventions to reduce violence against children and prevent adverse consequences need to address violence from school staff.

Malcolm Childrens' Foundation, being a healthy charity, non-governmental organisation, is staying stronger to help children with poor mental health.

### **What is a challenge you would like some help with?**

We need to acquire more knowledge to promote child youth mental health in poor developed countries like Uganda. We need more exposure and to learn more from you, through attending the ASI forum. Now that we have discovered all this, there is an opportunity to develop and implement evidence based intervention. Children and youth have to be respected as human beings with clearly defined rights even in our countries. Help us to join you.

## Presenter

Susan Nambejja  
Managing Director and Program Coordinator, Malcolm Childrens' Foundation  
Kampala, Uganda

Susan has worked in various non-governmental organizations including Humanist Association for Leadership Equity and Accountability (HALEA) for more than 8 years. Susan has worked in different fields, including psychosocial therapy for teenagers who get pregnant and get out of schools, empowering them with the aim of going back to school.

In 2016, she founded Malcolm Childrens' Foundation with other directors, with the aim of helping children with life threatening congenital anomalies to get access to medical treatment they need. Families with such children, especially those whose children die, end up affected by mental health problems. Susan started the foundation after losing her child with whom she struggled to save his life. His short life inspired her to help vulnerable children and families who go through same experiences.

Susan has a certificate in Mental Health, studied human rights ceremonies, and has a Bachelor's degree in information technology. Susan is a fine artist and creates art to generate income for mental health projects done by the organisation.

Getting a chance to present at ASI is a great opportunity that will be educative and memorable. Thanks to ASI organisers for the opportunity given.

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