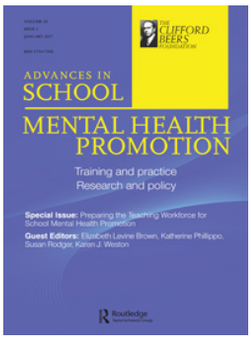

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Educator mental health literacy to scale: from theory to practice

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ABSTRACT

Schools are an excellent setting through which to promote mental health and well-being, and teachers are well positioned to provide related instruction and support in the classroom. However, teachers often report that they lack the knowledge, skills and confidence to deliver social emotional learning instruction and to support students who struggle with mental health challenges. Professional learning initiatives that build teacher capacity in this area are increasing in quantity, but not all of the offerings are evidence based, relevant, scalable, and sustainable. This paper explores the approach being implemented in school districts within Ontario, Canada to enhance mental health literacy for educators. A description of the mental health literacy strategy within the Thames Valley District School Board is provided to illustrate how school districts can align with broad directions while at the same time contextualizing efforts to address local priorities and perspectives. The paper offers a synthesis of lessons learned from this early adopter case study, and from the implementation of the broader provincial approach.

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Mental health; capacity building; teachers; implementation; case study

Promoting positive mental health at school: an opportunity

There is growing recognition that school environments are central not only to the academic development of children and youth, but also to their social and emotional growth (Anthony & McLean, 2015; Clarke & Barry, 2015; Fazel, Hoagwood, Stephan, & Ford, 2014). School settings that are welcoming and inclusive are associated with enhanced student well-being (Willms, 2003) and yield better outcomes for vulnerable students than settings that cultivate isolation or conflict (Pepler, Craig, & Haner, 2012). Further, it has been shown that social and emotional growth can be nurtured explicitly through direct instruction in the regular classroom setting (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Payton et al., 2008) and via the inclusion of mental health promoting activities at a whole school level (Weare, 2000). In addition, educators are very well positioned to notice when a student is struggling with a mental health problem, and can serve an important role in providing support and

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helping the student to, from and through the pathway to care (Gibson, Brandt, Stephan, & Lever, 2013; Kirby & Keon, 2006).

School mental health: a few challenges

While there is considerable enthusiasm for seizing the opportunity to promote child and youth mental health and well-being at school, there have also been significant challenges (Headley & Campbell, 2013; Kessler, Foster, Saunders, & Stang, 1995; Kirby & Keon, 2006). A national survey of school districts and schools conducted for the Mental Health Commission of Canada revealed three main barriers to optimizing the promise of school mental health. First, survey respondents indicated that Canadian school districts and schools generally do not have the foundational commitment, infrastructure and processes in place to deliver school mental health promotion programming in a sustainable manner. Organizational readiness research suggests that explicit attention to these systemic barriers is required if schools and school districts are to be successful in their efforts to adopt and sustain effective school mental health practices (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Weist, Goldstein, Morris, & Bryant, 2003). Secondly, respondents identified a number of practical implementation challenges that interfere with uptake of evidence-based school mental health programming. Lack of access to evidence-based information and programming, insufficient funding to support uptake to scale, and difficulties with engagement of key stakeholders were highlighted in particular. Thirdly, the national survey revealed significant shortfalls in school and school district capacity. These knowledge challenges have also been described in recent provincial (Short, Ferguson, & Santor, 2009), national (Froese-Germain & Riel, 2012; Gibson et al., 2013) and international surveys (International Association of Child and Adolescent Mental Health and Schools & International Confederation of Principals, 2008; Pollock, Wang, & Hauseman, 2014). Across these data sources, the findings consistently point to a lack of knowledge and comfort in supporting student mental health and well-being amongst education professionals, and a desire for more capacity building in role-specific skills.

Bridging the gap: considerations to support capacity building

Understanding roles within the school system is an important part of addressing these knowledge challenges in a systematic and sustainable manner. Capacity-building efforts need to be differentiated across professional groups, taking into account role expectations, learning needs and delivery preferences (Short, 2015a, 2015b). While all school district staff can benefit from generic mental health awareness offerings, this level of training is insufficient to equip the senior administrator, school leader or teacher for their complex role in promoting mental health and well-being each day at school. For example, in addition to basic awareness, school leaders require ongoing professional learning to support competencies related to school mental health leadership. In their role, they are responsible for creating and sustaining a mentally healthy school environment, ensuring alignment and coherence across initiatives and programs, and supporting staff capacity and well-being. Professional learning that reflects these role priorities is favoured by principals and vice-principals (Intercamhs & IPC, 2008; Pollock et al., 2014). Teachers also need more than basic mental health awareness because, in their role, they have a unique opportunity to deliver school mental health

initiatives in the classroom directly (Askell-Williams, Lawson, & Slee, 2009; Han & Weiss, 2005; Reinke, Stormont, Herman, Puri, & Goel, 2011), and to identify students social, emotional, and behavioural challenges (Headley & Campbell, 2013; Kessler et al., 1995; Kirby & Keon, 2006). It follows that teachers will rely on school leaders to ensure that foundational conditions are in place, but will need to ensure proficiency in strategies for promoting mental health at a class-wide level, providing explicit instruction in social emotional learning, identifying student signs of distress, and providing support, accommodations, and transitions to, from, and through professional services for students requiring more care.

Because this is a complex area of work, and not part of traditional pre-service training (Koller, Osterlind, Paris, & Weston, 2004; Rodger et al., 2014), professional learning for practising teachers should be approached thoughtfully to ensure educator engagement and knowledge uptake. To this end, there is a strong literature on continuous professional learning and development that can be considered vis-à-vis teacher mental health literacy. For example, systematic reviews have shown that teachers prefer to learn iteratively over time, from a content expert, with opportunity for small group dialogue and ways to practise and review skills with a mentor/coach (Cordingley, Bell, Evans, & Firth, 2005; Sharma, Forlin, Loreman, & Earle, 2006; Timperley, Wilson, Barrar, & Fung, 2007). Using strong continuous professional learning practices has also been associated with gains in student achievement (Cordingley, Bell, Rundell, & Evans, 2003). The degree to which these learning preferences extend to teacher mental health literacy, and the impact on student well-being, has not been studied empirically to date. However, recent consumer preference modelling data related to teacher preferences for student mental health programming does echo these findings (Cunningham et al., 2013). Study participants identified the following attributes to be most important in their decisions to engage in a mental health-related activity: the information is delivered by an engaging expert, the initiative is supported by their colleagues, supervisors and union, and any practice change required is aligned with current methods. It is reasonable to include these attributes in teacher mental health literacy efforts in order to 'stack the deck' towards engagement and uptake of high-quality information amongst classroom professionals. Also, although the literature related to mental health knowledge building with general audiences is still relatively young, this type of programming has yielded positive outcomes in knowledge, skills and confidence, particularly when programming is grounded in solid theoretical base and is differentiated in content and media, by audience segment (Jorm, 2011; Kelly, Jorm, & Wright, 2007; Pinto-Foltz, Logsdon, & Myers, 2011).

In summary, several researchers have highlighted the importance of preparing educators for their work in supporting student mental health and well-being, as they often find themselves lacking in knowledge and confidence to recognize and respond to student challenges in this area (Headley & Campbell, 2013; Reinke et al., 2011; Santor, Short, & Ferguson, 2009). While the literature is limited in terms of methods for best achieving goals of enhanced teacher knowledge, skills, attitudes and confidence, directions can be informed by related literature in continuous professional learning and development and by implementation science more generally.

Supporting school districts: school mental health ASSIST

School Mental Health ASSIST (SMH ASSIST), a provincial implementation support team working alongside the Ontario Ministry of Education, has used these findings in developing a provincial approach for enhancing mental health literacy amongst educators. Because this

team has a mandate to support the province's 72 school districts in their efforts to promote student mental health and well-being broadly, and to work alongside other sectors to help to build the system of care for children, youth and families as part of Ontario's multi-Ministry Comprehensive Mental Health and Addictions Strategy, *Open Minds, Healthy Minds* (Ontario Ministry of Health and Long-Term Care, 2011 & 2014), educator capacity building is only a part of the wider SMH ASSIST approach. Briefly, this wider strategy consists of five main prongs of activity: (1) establishing organizational conditions for effective school mental health and well-being practices in school districts and schools (in response to systemic challenges) (2) engaging in systematic capacity building for education professionals (in response to knowledge challenges) (3) supporting the uptake, scale-up and sustainability of evidence-based mental health promotion and prevention programming in schools (4) providing differentiated supports for students from specific communities (e.g. indigenous mental health, early years mental health) and (5) working towards system coordination alongside partners from other Ministries (in response to implementation and sustainability challenges). Within this broad frame, it is suggested that capacity building for education professionals is introduced after broad organizational conditions have been established. Having these foundational elements in place facilitates communication about the district and school's approach to mental health and well-being, and leads naturally into professional knowledge building for stakeholder groups within the school system. It is hypothesized that this explicit and systematic approach will yield a coherent system of school mental health support that rests on firm foundations and structures, and will circumvent the fragmented and fleeting efforts that can characterize this area of work (Short, 2016).

Theory of action

The capacity-building approach used by SMH ASSIST is grounded in a theory of action whereby educator mental health literacy is seen as an essential ingredient in ensuring the delivery of high-quality evidence-based mental health promotion and prevention programming, and for identifying and supporting students who may be experiencing a mental health problem. Specifically, it is hypothesized that if we enhance general mental health literacy using implementation-sensitive methods and help teachers to deliver instruction to students related to mental health knowledge and skills in meaningful ways, then we will enhance educator knowledge, understanding, skill and confidence. SMH ASSIST has been influenced by principles of implementation science (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005) and has attended explicitly to matters of sequence and differentiation, content, facilitation, delivery and leadership support in developing and implementing this capacity-building approach.

Sequence and differentiation

In keeping with the literature on continuous professional learning and development, and on general mental health literacy, SMH ASSIST has created an approach to capacity building that is sequenced and differentiated by audience. This approach ensures that all district staff have access to evidence-based mental health information at an awareness level, to ensure that a baseline knowledge of mental health is accessible to everyone; those who work more closely with students receive a deeper level of mental health literacy, so the intended audience will have the knowledge, understanding, skills and confidence related to mental health, and finally those few mental health professionals who serve the most vulnerable students

acquire knowledge about mental health at an expertise level. While mental health awareness learning can occur at any time taking advantage of learning opportunities that are presented, in general it is recommended that capacity building at the literacy level be sequenced so that senior and school leaders are knowledgeable about their role in supporting mental health and well-being prior to introducing professional learning for school staff. This sequence ensures local support for teachers and other classroom staff as they engage in learning about this complex and difficult topic (Short, 2015a, 2015b).

Content

In the SMH ASSIST approach, mental health literacy is defined as the development of knowledge, understanding, skill and confidence related to mental health and well-being with two main areas of skill development (Wandersman, Chien, & Katz, 2012): (1) *General knowledge and skills for student mental health and well-being at school* (e.g. creating welcoming and inclusive classroom environments, promoting stigma reduction, developing strong student–teacher relationships, noticing when a student is struggling with social-emotional or addictions problems, helping students along the pathway to, from and through care as needed), and (2) *Specific knowledge and skills to assist teachers in their delivery of mental health related instruction to students* (e.g. instruction related to mental health aspects of the Health and Physical Education curriculum, delivery of social emotional learning instruction). Content is aligned with the role of the teacher in Ontario schools, and is strength based. While signs of mental health problems are discussed, the focus is more on the role of the teacher in promoting positive mental health and well-being, rather than building knowledge about mental illness. The *Aligned and Integrated Model for School Mental Health and Well-Being* (AIM) (Figure 1), created by SMH ASSIST, borrows from the literature on multi-tiered systems of support, but is unique in the way that the language used reflects the various ongoing Ontario education initiatives (e.g. *Foundations for a Healthy School* language is woven into tier one) and with a focus on the role of the teacher at each tier.

In other words, the AIM model breaks down what a teacher can do, and what it will take to achieve any given element within the triangle. For example, at Tier 1, a teacher can support

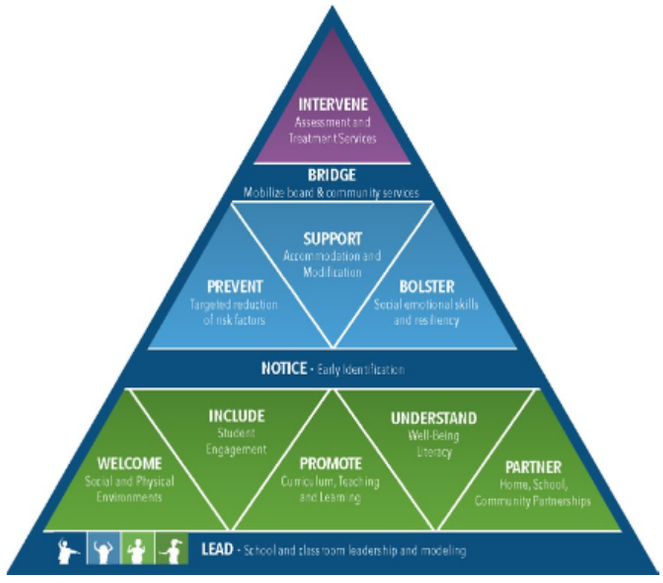

Figure 1. Aligned and integrated model for school mental health; AIM©; SMH ASSIST, 2016.

the promotion of positive mental health by: creating a '*Welcoming*' environment for their students; '*Including*' their students through intentional engagement; '*Understanding*' the basic elements related to mental health and well-being and by knowing their students; '*Promoting*' mental health and well-being through opportunities provided by existing structures, such as curriculum, and with daily activities; and finally, by '*Partnering*' with families and communities to work alongside each other and to build a rapport to proactively build foundations if ever the need for additional supports becomes necessary. With these elements in place, a teacher will be well positioned to '*Notice*' if their student has a change in their behaviour or their emotions. If such is the case, a teacher would then proceed to Tier 2 and would work to: '*Prevent*' their students struggles through targeted reduction of risk factors in the classroom and by accessing the school district's internal process to access support; '*Support*' them by providing accommodations and modifications and then to '*Bolster*' the students' skills by augmenting their social-emotional learning and resiliency teachings. Finally, there might still be a few students who will require more intensive supports specific to Tier 3. These students will still benefit from Tier 1 and Tier 2 classroom interventions (Bradshaw, Waasdorp, & Leaf, 2014). However, the teacher must now '*Bridge*' the student towards these services that may be offered within the school district or through community agencies, where students will receive '*Interventions*' by specialized professionals. By breaking down what the role of a teacher is and by having 'the end in mind', the AIM model guides the development of the foundational content for professional learning for educators in Ontario.

Facilitation

In Ontario, the Ministry of Education has provided dedicated funding to every school district to support a Mental Health Leader (MHL) position. This individual is a senior mental health professional, typically a psychologist or social worker, with considerable school system experience. This position was supported to also respond to the various above-mentioned challenges, but where the sphere of influence is situated at a school district level. Specifically, key components of the role of a MHL, is to develop, implement and monitor the district mental health and addictions strategy. Capacity building is an essential element of this work, and the MHL is well positioned to coordinate and/or deliver educator professional learning. In general, one-off presentations and workshops from external experts are discouraged, particularly if they are costly, do not add to school district capacity, neglect the expertise of school mental health professionals, and/or attempt to build knowledge and skills that are difficult to apply and sustain. Iterative, job-embedded learning that is facilitated through district Mental Health Leaders and other school mental health professionals is preferred.

Delivery

As noted in the continuous professional development and learning literature, delivery matters. Teachers prefer to learn in a small group, in job-embedded ways, from an expert in the field, and with an opportunity for ongoing coaching. Whenever possible, SMH ASSIST recommends that school districts create spaces for learning that reflect these principles. Professional learning resources have been co-created with MHL's and other key stakeholders that can be used in individual boards in facilitated learning sessions. Having a set of common slides, videos, dialogue starters, case examples and infographics allows for a degree of consistency in districts throughout Ontario. Given the geography of Ontario, and related costs

considerations, however, this ideal learning environment is sometimes difficult to execute. A range of additional tactics have been developed to extend capacity-building reach. For example, SMH ASSIST has developed a series of brief on-line tutorials, e-publications, and info-sheets to complement face-to-face professional learning in school districts. Using a range of delivery vehicles is important for high-quality knowledge translation and exchange on complex topics like child and youth mental health (Barwick et al., 2005).

Facilitation support

SMH ASSIST provides implementation coaching and leadership support to school districts through the MHL and superintendent with responsibility for mental health. The team also facilitates a community of practice, hosting provincial, regional and on-line dialogue to build provincial coherence and to optimize knowledge and resource sharing across districts. SMH ASSIST coaches serve as a critical friend, an accountability partner and as a sounding board to school districts, through the MHL's and superintendents. Because they are external to the school district, yet have extensive knowledge and experience within this system, SMH ASSIST coaches are well positioned to notice trends, highlight successes, that may otherwise be overlooked when working in the day-to-day practice, and to support the key requirements of the implementation of each district's strategy. In turn, MHL's and superintendents provide this sort of coaching to school-level staff locally. This coaching cascade ensures that everyone moving ahead in this complex work, has a sense that they are part of something bigger, and that they are not alone in their efforts. As the approach has matured, peer leaders have emerged and cross-district networking and mentoring has become commonplace.

Provincial data: self-reported Implementation progress

Data gathered on the *Mental Health and Addictions Scan* administered through SMH ASSIST at regular intervals, since 2012, indicates that districts that have been engaged with the provincial initiative longer, rate their implementation progress as being further along than those that started in later cohorts (Palijan, Satkunundrun, & Short, 2015). In terms of capacity-building, the most recent data collected suggests that districts have focused on professional learning with senior and school leaders, and school mental health professionals, and are now poised to begin work with classroom staff (Short, 2015c), which suggests that districts are following the recommended sequence for systematic professional learning. At the same time, there are several districts that have moved ahead more quickly, and are already engaged in teacher capacity-building using SMH ASSIST facilitated learning modules that mirror the Ministry of Education's *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being.* (Ontario Ministry of Education, 2013).

The Thames Valley District School Board (TVDSB) is one of many early adopter school districts to have invested in building their conditions and capacity early, and have taken advantage of local and provincial resources to create a focus on educator professional learning. This included, using school district and community-created protocols and materials, as all Ontario school districts are encouraged to do to ensure local relevance and engagement. In addition, this district has been collecting data about educator capacity over the past five years. As such, it provides an example to illustrate how Ontario school districts have enacted and measured educator mental health literacy initiatives, and serves to also highlight the

ways in which the practice-based evidence gathered at a district level can contribute to directions provincially.

It is hoped that lessons learned in co-creating and applying this approach in Ontario will be relevant and generalizable to other jurisdictions.

Case study: Thames Valley District School Board

TVDSB is one of the largest public school districts in Ontario, covering an area that stretches across more than 7000 square kilometres and comprised of 159 schools (132 elementary and 27 secondary), and serving approximately 74,000 students. Mental health and well-being has long been a commitment of the school district. Prior to the formal provincial initiative, TVDSB had already developed a collaborative community-school board Mental Health Advisory Team and funded the position of its own Mental Health Leader. A five-year Mental Health Strategic Plan was developed and later integrated within the School Mental Health ASSIST framework to align with broader provincial directions.

In order to shape and inform the development of the TVDSB Mental Health Strategic Plan, the *Mental Health Literacy and Capacity survey for Educators* was created in order to provide a foundational base by which mental health initiatives were prioritized and implemented. This measure provided a preliminary perspective of teachers' knowledge, comfort, and awareness of mental health issues as they related to supporting students in the classroom. Initial analysis of the survey helped shape the development of the following three goals:

(1) Building staff capacity in regards to understanding mental health and well-being
(2) Fostering stigma-free learning environments at classroom and school levels
(3) Promoting mental health and wellness for all students

Educator capacity building efforts within TVDSB

It was determined that mental health initiatives needed to be embedded within the current culture of the school district and address both system level and classroom-based needs. Also, it became clear that long-term capacity development is not found within one specific programme, but rather through an intentional scaffolding of professional learning opportunities. As such, a number of simultaneous activities were implemented as well as distribution of specific resources in order to create opportunities to increase knowledge, awareness and comfort for teachers. Activities for professional learning included the use of established mental health literacy programmes like *Mental Health & High School Curriculum Guide: Understanding Mental Health and Mental Illness* (Canadian Mental Health Association [CMHA], 2010), *Resilient Classrooms: Creating Healthy Environments for Learning* (Doll, Brehm, & Zucker, 2004), and *Applied Suicide Intervention Training [ASIST]* (LivingWorks, 1983). Locally developed professional learning initiatives were also introduced, including a Mental Health Speaker Series (developed internally), and a community resiliency project, *Bounce Back* (2013), *Bounce Back Again* (2014), and *Bounce Back Supplementary Pages* (2015). TVDSB also made use of resources designed to complement capacity-building efforts for teachers, like *Making a Difference: An Educator's Guide to Child and Youth Mental Health Problems* (CYMHIN-MAD, 2011), and *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being* (Ontario Ministry of Education, 2013).

These resources were used with teachers within TVDSB, to enhance knowledge and skills related to mental health. This included an emphasis on the awareness of tangible universal strategies and resources to utilize within the classroom environment, as well as expanding the awareness of more specific resources for students in need of more intensive supports, both within the school district and the broader community. More specifically, the above-mentioned resources were used as follows:

The Bounce Back series including *Bounce Back, Bounce Back Again*, and *Bounce Back Supplementary Pages* are resources developed collaboratively under the Student Support Leadership Initiative (SSLI, 2014) in partnership with local school districts and community agencies. This toolkit provided a coordinated approach for mental health and well-being initiatives for universal implementation within both elementary and secondary classrooms. Materials provided in each of the resources included sample daily morning announcements, classroom-based activities, guidelines for guest speakers, worksheets and lesson plans, and community resource information. The materials were provided to classroom teachers across the school district to provide guidance and support in facilitating the classroom-based activities and lessons focused on mental health and the development of resiliency in the students. *Bounce Back* was provided the first year of implementation, followed in subsequent years by *Bounce Back Again*, and *Bounce Back Supplementary Pages*. Implementation support included in person professional learning on the use of the documents to Learning Support Teachers (LST) within the district in addition to supplementary resources available online at the SSLI developed website mentalhealth4kids.com. LST's provided implementation support back at their schools for classroom teachers and other school-based professionals.

The Mental Health Curriculum Guide: Understanding Mental Health and Mental Illness (CMHA, 2010), developed in partnership with CMHA, focuses on training teachers to be comfortable with their own knowledge of mental health and well-being. Provided in the guide are interactive sessions offered in collaboration with additional curriculum materials available to teachers online.

Making a Difference: An Educator's Guide to Child and Youth Mental Health Problems (CYMHIN-MAD, 2011) and *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being* (Ontario Ministry of Education, 2013) were provided to teachers with the aim of sharing necessary information in the identification of students struggling with mental health issues and increasing awareness of accessing professional supports for students in need. Furthermore, the resources provide concrete information regarding the development of healthy learning environments and effective evidence-informed strategies for supporting students in the classroom environment. In addition to providing copies of the resources to schools, teachers were invited to participate in a number of workshops to familiarize themselves with the contents of the document, gather further information and clarification of issues, and share strategies in implementation.

The range of professional learning opportunities was linked with both existing teacher training programmes, as well as independent workshops. Topics related to specific mental health conditions, awareness of signs and symptoms, coping strategies, and how to access professional supports, were covered with the above-mentioned resources acting as a reference guide for teachers. These workshops were offered on an ongoing and regular basis over the course of the five years. Regular feedback was gathered through feedback forms at each session to guide future planning and ensure workshops were consistent with the identified needs of the educators as their learning requirements changed.

Capacity building: core elements for all

All of these learning opportunities had a set of common foundational elements aimed at developing a common language and a common understanding of mental health and well-being within the school district, all the while, being mindful of how the learning fit within a multi-tiered system of support, such as the AIM model (Figure 1). These common elements included a content focus on understanding the distinction between mental health and mental illness, ensuring inclusion of universal supports that are relevant to all students while recognizing their individual needs (tier 1 level of support), clarifying the scope of practice for teachers in conjunction with partnerships with both school-based and community mental health supports, and enhancing knowledge and understanding of the internal pathways for accessing tier 2 and tier 3 support services, including social work and psychological services.

The diverse needs of particular audiences within the school district were also considered with respect to the key messages that needed to be employed and the level of comfort, knowledge and awareness that would have already existed. Therefore, sequenced and differentiated professional learning was provided based on the particular professional role and responsibilities and in consideration of the need for various levels of mental health expertise. For example, classroom teachers professional learning focused on universal strategies geared towards the development of a healthy learning environment, general awareness of identification of mental health needs of students, and pathways to professional support. Individuals requiring a greater level of knowledge, such as Learning Support Teachers (elementary and secondary), Guidance Counsellors (secondary) and Student Success Teachers (secondary) were additionally provided with the option for more intensive and topic-specific learning opportunities including certification in ASIST (LivingWorks, 1983). Finally, the purpose of any one resource or event was explicitly linked with the overarching goals and priorities within the school district's strategic plan.

Parallel to building mental health literacy capacity for practising educators, TVDSB also established the organizational conditions proposed by SMH ASSIST to support the successful implementation of its school-based mental health initiatives. These included: having a dedicated staff member in the school to help drive the mental health strategy locally (Mental Health Champions), ensuring leadership on various projects related to mental health through the support of teachers on special assignment, sharing the responsibility of the local mental health strategy and its various activities by having champions represented at existing school teams and creating a safety net within each school by establishing school-based suicide response teams.

Several mechanisms, in addition to the *Mental Health Literacy and Capacity Survey for Educators*, were developed to obtain both informal and formal feedback to monitor the usefulness, relevance and uptake of each resource and event. Impact and process outcomes were formally evaluated through pre-post surveys developed and implemented by local University graduate students (specifically for the Mental Health Speakers Series) or through year-end surveys sent to each school. Results were gathered annually and integrated in a more comprehensive evaluation report at the end of the five-year plan.

Assessing needs, priorities and trends

The *Mental Health Literacy and Capacity Survey for Educators* was developed to address two main objectives. The first was to assess what were the areas of need of educators related to

these topics. This data were in turn used to inform which areas were to be prioritized in the school district's mental health strategic plan. The second purpose was to determine if any gains were made within TVDSB in relation to the items surveyed.

Methodology

The development of the survey tool was a collaborative process between Psychological Services and Research and Assessment Services of the TVDSB, and drew upon the work done within the Hamilton-Wentworth District School Board (HWDSB). The target areas within the survey that are of particular relevance to this paper were: awareness, knowledge and comfort (Table 1). In both the 2010 and 2015 surveys, teachers were asked to rate themselves in these areas using the same questions, which ranked responses on a 5-point Likert scales.

Data collection process

A hard copy of the survey was delivered to all elementary and secondary schools in TVDSB in both survey years (2010 and 2015). Elementary and secondary teachers completed the survey during a Professional Activity (PA) day in April 2010 and 2015. The survey was anonymous and confidentiality of responses was maintained throughout the data collection process. Completed surveys were collected by individual schools and forwarded to Research & Assessments Services for scanning into an electronic database.

Description of sample

A total of 3913 teachers completed the survey in 2010 and in 2015 a slightly higher number, 3965 teachers, completed the survey. The distribution of respondent has remained relatively the same across the two surveys, with the largest proportion of respondents coming from the primary and senior divisions (Table 2).

Table 1. Survey items related to the areas of awareness, knowledge and comfort.

Target area	Items surveyed	5-point Likert scale
Awareness	1. The range of mental health issues that children and youth experience during the school years. 2. The risk factors and causes of student mental health issues. 3. The types of treatments available to help students with mental health issues (e.g. counselling). 4. The local community services for treating students with mental health issues (e.g. do you know who to call?). 5. The steps necessary to access local community services for mental health issues.	'How would you rate your awareness of each of the following' ranging from not at all aware to very aware.
Knowledge	1. About the signs and symptoms of student mental health issues. 2. About appropriate actions to take to support student mental health at school. 3. About legislation related to mental health issues (confidentiality, consent to treatment, etc.). 4.About school system services and resources for helping students with mental health issues	Participants were asked: 'How would you rate your knowledge of each of the following' ranging from not knowledgeable to very knowledgeable.
Comfort	1. Talking with students about mental health. 2. Talking with parents about their child's mental health. 3. Providing support to students with mental health issues. 4. Accessing school and system services for students with mental health issues.	Participants were asked: 'How would you rate your knowledge of each of the following' ranging from not comfortable to very comfortable.

Table 2. Proportion of teachers by division.

	2010 (%)	2015 (%)
Primary	34.8	32.7
Junior	26.4	29.1
Intermediate	20.0	20.3
Senior (Secondary)	33.0	31.9

Table 3. Proportion of teachers by the number of years working in schools.

	2010 (%)	2015 (%)
1–5 years	19.9	21.2
6–10 years	24.2	21.3
11–15 years	16.2	21.8
16–20 years	14.5	14.5
>20 years	25.2	21.2

Teachers were asked how long they had been working in schools. In 2015, the proportions of the different subgroups were very similar except for those who had been teaching for 16–20 years, which was the smallest percentage at 14.5% (Table 3).

Analytical process

The analytical process included looking at overall trends for the teachers who participated in the survey to highlight differences in percentages and means. *T*-tests were performed to test for statistical significance of the mean scores across survey years for the different items. Statistically significant findings ($p < .01$) were noted and effect sizes (Cohen *d*) were calculated to determine the magnitude of the change between both years (Cohen, 1988). Although, Cohen (1988) recommended score cutoffs of .2, .5, and .8 for small, medium, and large effects and this tends to be the way most studies report and interpret effect sizes, some authors have cautioned that these cutoff points may not reflect practical importance (Fritz, Morris, & Richler, 2012; Olejnik & Algina, 2000). Therefore, probabilities of superiority scores (PS) were also considered, providing an opportunity to contextualize effect size scores as it gives the percentage of instances when a randomly sampled member of the group with the higher mean will have a higher score than a randomly sampled member of the other group (Fritz et al., 2012). For example, a PS of 58 implies that there is a 58% probability that a randomly selected teacher in 2015 would score higher on this item than a randomly selected teacher from 2010.

Results

As previously mentioned, this survey tool is in part used to guide the selection of certain priority areas, that may later be included in the school district's mental health strategy and the capacity building efforts. The following Tables (4–6) present the 2010 and 2015 survey results of each of the survey items per target area, as well as their statistical testing. Thus, items that had the least increase over the five-year period were flagged as being elements

Table 4. Results of *t*-tests and means for awareness items.

	2010	2015				
Awareness items	Mean	Mean	*t*	*p*	*d*	*PS*
The range of mental health issues that children and youth experience during the school years.	3.60	3.81	10.63	.000	.2	56
The risk factors and causes of student mental health issues.	3.45	3.67	11.05	.000	.3	58
The types of treatments available to help students with mental health issues (e.g. counselling).	3.14	3.32	8.72	.000	.2	56
The local community services for treating students with mental health issues (e.g. do you know who to call?).	2.90	2.99	4.24	.000	.1	53
The steps necessary to access local community services for mental health issues.	2.77	2.84	2.98	.003	.1	53

Table 5. Results of *t*-tests and means for knowledge items.

	2010	2015				
Knowledge items	Mean	Mean	*t*	*p*	*d*	*PS*
About the signs and symptoms of student mental health issues.	3.26	3.50	11.30	.000	.3	58
About appropriate actions to take to support student mental health at school.	3.16	3.36	10.19	.000	.2	56
About legislation related to mental health issues (confidentiality, consent to treatment, etc.).	2.75	2.95	8.43	.000	.2	56
About school system services and resources for helping students with mental health issues.	3.02	3.17	7.09	.000	.2	56

Table 6. Results of *t*-tests and means for comfort items.

	2010	2015				
Comfort items	Mean	Mean	*t*	*p*	*d*	*PS*
Talking with students about mental health	3.36	3.62	10.38	.000	.2	56
Talking with parents about their child's mental health.	3.05	3.19	5.42	.000	.1	53
Providing support to students with mental health issues.	3.38	3.53	6.22	.000	.1	53
Accessing school and system services for students with mental health issues.	3.36	3.48	5.22	.000	.1	53

with the potential to increase in capacity building efforts related to the topic (this will be further discussed in the *'Summary of lessons learnt'* section).

Target area: awareness

Table 4 illustrates the means of the awareness items moderately increased between 2010 and 2015 across all five items with statistically significant differences ($p < .01$). The effect size with the smallest mean score was: 'the steps necessary to access local community services for mental health issues'.

Target area: knowledge

Table 5 outlines that the means of the knowledge area also moderately increased across all four items with statistically significant differences ($p < .01$). In this area of interest, the effect size with the smallest mean score was: 'About school system services and resources for helping students with mental health issues.'

Target area: comfort

Comfort items, as shown in Table 6, demonstrate an increase in the mean score between the 2010 and the 2015 survey. Even if the effect sizes are relatively small, the mean score for all items showed statistically significant differences ($p < .01$) across years. The comfort item with the smallest mean score was: 'talking with parents about their child's mental health'.

Discussion

Limitations

This experience provided insight into how difficult it can be to measure change over time. The implementation of the survey and the subsequent analysis of the results highlight certain limitations in the survey construction and methodology. Not only does this need to be considered when reviewing the overall results of the survey, but it also highlights areas for improvement in the assessment and evaluation of capacity building initiatives.

It is worth acknowledging that the survey tool was designed to collect self-reported data from teachers. While recognizing the limits of self-reported surveys (Paulhus & Vazire, 2007), further analysis of the data from the two survey years can be compared to check for internal consistency which would increase the overall reliability of the results.

It is also important to mention that no psychometric tests were carried out on the questionnaire prior to data collection. Although, face validity was conducted through an internal collaborative review of the tool, additional tests of the survey items for reliability and validity would increase the overall confidence in the degree to which it measures what it claims to measure.

Furthermore, one of the purposes of the survey was to identify areas of focus for the strategic plan and determine a baseline for the school district in terms of literacy and capacity related to mental health, rather than to conduct a longitudinal research study. Therefore, no identifiers were collected at the individual level and the survey did not capture whether the same individuals who responded in 2010 also responded in 2015. In retrospect, matching responses to individuals would have increased confidence in determining if real change had occurred over time.

Finally, it is important to note that the findings cannot necessarily be used to support the efficacy or impact of specific initiatives given that the survey did not make direct links between awareness, knowledge and comfort to the capacity building initiatives carried out at the school district. Identifying specific initiatives and training events and linking them to awareness, knowledge and comfort items would provide greater rigour and certainty regarding their overall impact and efficacy.

Assessing needs, priorities and trends: in sum

The culmination of the various activities undertaken by TVDSB, was to enhance the culture of awareness of mental health and well-being within the school district. The findings within the *Mental Health Literacy and Capacity Survey for Educators* are encouraging based on the positive, although moderate, trends seen over time and will provide support to the overall direction of mental health efforts and activities undertaken at TVDSB. It is also worth acknowledging that more work needs to be done in future iterations of the survey and methodology

to ensure that reliability and validity are strengthened to measure real change occurring in the target population.

Summary of lessons learnt from the TVDSB case study

The following lessons can be taken from the TVDSB case study: From an implementation perspective, the accessibility of professional development opportunities for staff across a large and geographically diverse school district was a challenge. In addition, because funds for staff release time are scarce, the option of an in-person professional development opportunity, which, as previously mentioned, is the preference of educators, is limited. In consideration of these challenges, TVDSB undertook the creation of common presentations to ensure consistency in delivery of professional development aimed at increasing understanding and developing common language amongst educators. These common slides ensured that regardless of the facilitator, time available, or location, information sharing was consistent.

Furthermore, although initial professional learning opportunities were facilitated primarily by clinical staff, over the course of the five-year implementation at TVDSB, the school district became aware of the value of a shared leadership approach utilizing the expertise of both a mental health professional and educator staff, in the planning and implementation of mental health capacity building. By combining the clinical expertise of a mental health professional, with a teacher's ability to translate the information to 'edu-speak', concepts are more contextualized for a classroom environment resulting in a more integrated model of support. Yet, during the course of the initial implementation of the strategy and the capacity building efforts, it became apparent that providing parallel capacity building with school and system leaders ensured that leadership would be supportive of the school district and the school mental health strategies, as well as educator led initiatives. These strategies and their implementation are aligned with the organizational conditions and the theory of action identified by SMH ASSIST.

Also, it was observed that by ensuring that these conditions were established at a system and at a school level, teachers were supported in their implementation of classroom strategies, which appeared to result in better outcomes. It is also important to offer information and support with respect to student mental health that is easily integrated and embedded in the current practice of teaching rather than as an 'add-on' to their current set of responsibilities. For this reason, building from a grounded understanding of the teaching role, as it pertains to classroom demands and curriculum expectations, is critical.

Another area to consider is the importance of having targeted strategies for the items that were flagged in the data collected through the *Mental Health Literacy and Capacity Survey for Educators*. Namely, enhancing staff comfort in speaking with parents about issues related to the mental health and well-being of their child (Table 6). Teachers continue to express limited comfort in engaging in these conversations with family members. In addition, parallel capacity building with the caregiver community may create conditions necessary in building a foundation of common language and understanding that will provide a shared framework for such conversations to occur.

Lastly, improving teachers' awareness of internal and community-based pathways to available and timely supports to, from, and through care for students and families, is still an area of need according to the data collected through the *Mental Health Literacy and Capacity*

Survey for Educators – 'The steps necessary to access local community services for mental health issues' (Table 4). In fact, according to *Ontario's Comprehensive Mental Health and Addictions Strategy – Open Minds, Healthy Minds* (Ontario Ministry of Health and Long-Term Care, 2011 & 2014) system navigation is an integral part of the development of a seamless mental health care system within a school district and within the province of Ontario.

From a systemic standpoint, an additional consideration that emerged was the importance of ensuring that an educator's professional boundaries and coherence to scope of practice are considered, while still increasing their knowledge and awareness of mental health (Reinke et al., 2011). Expressing clear expectations of the roles and responsibilities of teachers is essential in ensuring that they remained focused on observable behaviours and do not stray into making diagnosis or providing support that is not within their scope of practice, but rather, that is provided by trained mental health professionals.

Finally, from an evaluation/methodological point of view, we have learnt that the development of the survey could benefit from psychometric assessment of the questions. Further, assessment tools could be developed around specific research questions and staggered through the five-year period rather than lengthy surveys, which aim to cover all aspects of the mental health initiative. This could also help in the assessment of the direct link between the specific initiatives and professional learning opportunities to enhance levels of knowledge and comfort.

Future directions

In light of the lessons learnt from TVDSB, an early adopter school district, it is encouraging to notice that the elements that were found to be of importance aligns with the literature, as highlighted in the *School mental health: A few challenges* section**.** In this case, it is suggested that there is a need to ensure that systemic barriers**,** such as having school administrators who are supportive of their teachers; Practical implementation challenges that include promoting existing and/or easily integrated and embedded practices in the daily fabric of teaching and bringing these to scale; and finally, knowledge challenges on how to proceed efficiently to enhance educators knowledge, understanding, skill and confidence related to the topic of mental health and well-being, are recognized and addressed.

This is encouraging because it can be hypothesized that not only are the above-mentioned challenges and solutions common to Canada (SBMHSA Consortium, 2013), but they may also be of relevance to other jurisdictions.

Given the findings of this paper, it could be of interest to further research the three following areas: (1) Implementation: scaling up and sustainability. Reviewing different types of sequencing related to educator capacity building efforts to then determine if there is an optimal way to achieve common outcomes related to educator mental health literacy. (2) Educator uptake: evaluating if other methods of capacity building efforts (other than in a small group, in-person setting) are efficacious in enhancing knowledge, understanding, skill and confidence, thus changing educators current method of teaching through the application of these new learning's, (3) Reaching your audience: is there a best-practice to engage with educators to allow for maximum uptake and application of the content related to mental health and well-being.

Conclusion

Educators play an essential role in the day-to-day support of the mental health and well-being of their students (Askell-Williams et al., 2009; Durlak et al., 2011; Han & Weiss, 2005; Payton et al., 2008; Reinke et al., 2011), and would benefit from targeted, ongoing professional learning related to this complex topic (Koller et al., 2004; Rodger et al., 2014). Drawing on the supports and investments associated with the provincial mental health and additions strategy, the province of Ontario has adopted a systematic approach to teacher capacity building that is designed to bring consistency and coherence to these efforts. Explicit attention to implementation science elements, such as sequence and differentiation, content, facilitation, delivery, and leadership support in developing and executing this capacity-building approach, represent the foundational work that has been established across school districts. As is the case with TVDSB, many early adopter school districts are moving forward, through close collaboration between educator and school mental health professional colleagues to shape and co-lead capacity-building initiatives. Though the precise nature and flow of the mental health literacy interventions vary, the work happening across Ontario school districts is informing provincial directions in an iterative fashion by means of the data collected through the annual 'board scan' survey through individual district school board coaching, and through regional and provincial communities of practice.

As school districts cascade capacity-building efforts through stakeholder groups, reaching the level of the classroom, it will be essential to deepen the involvement of teacher Federations and front-line educators in detailing, evolving and monitoring the resources that are currently being piloted in early adopter districts. Co-creation of supports, and co-inquiring to build practice-based evidence using consistent measures of educator mental health literacy, is essential for ensuring the uptake and spread of high-quality research-based information and resources amongst teachers. While the approach being collaboratively developed and brought to scale in Ontario is unique and new, early data suggests that attention to implementation science may enhance the scalability and sustainability of teacher capacity-building efforts.

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