MENTAL HEALTH CAPACITY BUILDING
EVALUATION REPORT JUNE 2020

Report: Mental Health Capacity Building (MHCB)
Purpose: Process & Outcome Measure Results
Date: June 2020
Prepared for: Ministry of Health
Prepared by: Research, Saskatchewan Health Authority
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EXECUTIVE SUMMARY: KEY FINDINGS

The Mental Health Capacity Building (MHCB) initiative promotes collaboration between schools and communities to recognize and address barriers to well-being through evidence-based prevention and mental health promotion efforts and activities.

The following outlines key findings from process and outcome measures for the first 17 months of program operations (January 2019 – May 2020).

KEY FINDINGS: BETTER HEALTH

The purpose of this evaluation objective was to demonstrate that MHCB staff had been able to provide evidence-based and innovative programming to enhance mental health and well-being in children, youth and families.

- The data demonstrated a steady momentum in program delivery over time. Despite discernible drops at expected times (e.g. summer vacation, Christmas holidays, and COVID-19 pandemic related school closures) the average number of programs run per month increased by 43% from the interim period (Jan – Jun 2019 = 22 programs/ month) to the Jul 2019-May 2020 period (average 32 programs/ month). The increased reach of the program is also noted in observed changes in the dedicated program audience for programming between January-June 2019 and July 2019-May 2020, with expanded use of social media to reach more than one target audience at a time.
- Outcome measures assessed using the OurSCHOOL survey tool showed that the MHCB schools were largely similar to the National and Provincial norms on measures of social and institutional engagement, and slightly worse than the National and Provincial norms on measures of emotional health and school context measures. Drawing conclusions about changes over time is inadvisable for these measures as they are largely reflective of long-term behaviour changes that would not be captured in the first 17 months of this initiative.

KEY FINDINGS: BETTER CARE

The purpose of this evaluation objective was to demonstrate that MHCB staff had supported early interventions and facilitated access to treatment for children, youth, and families that are experiencing or are at risk of experiencing mental health and addictions related issues.

- The data demonstrates an increased uptake of the MHCB program as a resource for students. The number of incoming referrals showed an increase over time, primarily self-referrals for children in Grades 7-9 from September 2019 onwards. The average number of incoming referrals per month increased from 3/ month in the January-June 2019 period to 73 per month in the July 2019 – May 2020 time period. This large jump was attributable to the marked increase in self-referrals by grades 7-9, primarily at one school.
Mental Health Capacity Building – June 2020

- Facilitating the sharing of the successes of some schools in becoming integral resources for mental health and addictions related issues is likely necessary to see similar increases in referrals at other MHCB schools.

**KEY FINDINGS: BETTER VALUE**

The purpose of this evaluation objective was to demonstrate that MHCB staff had been able to build capacity in school staff to deliver wellness presentations and programming.

- The data demonstrated an increase in school staff engagement with the program over time. Specifically, in the July 2019- May 2020 reporting period, **nearly three-quarters of all school staff indicated that they had attended an MHCB event/activity in their school, this represent a 35% increase in the proportion of staff who had attended an MHCB event from the previous reporting period.**
- An increase was also noted in staff confidence in regards to interacting with students about their mental health as a result of the information or support provided by the MHCB initiative, **with nearly half of all school staff respondents (45%) indicating they felt more confident. This represents a 137% increase in ratings of confidence from the 2019 reporting period.**
- Furthermore, school staff satisfaction with the MHCB program increased over time (from 50% in 2019 to 69% in 2020 very to somewhat satisfied) as did the proportion of school staff who said they would recommend the initiative to their colleagues (62% in 2019 to 75% in 2020).

**KEY FINDINGS: BETTER TEAMS**

The purpose of this evaluation objective was to demonstrate that the MHCB initiative had developed a network of resources that facilitated the promotion of mental well-being, and established the MHCB initiative as a resource within the mental health and addiction continuum of care.

- Partnerships developed between MHCB staff, school staff and community resources contributed to staff perceptions of a decrease in the barriers to positive mental health at their schools. In contrast to the 2019 survey, **78% of school staff felt that there was no longer a low priority given to student mental health at their school, an increase of 124% from the previous year.** Furthermore, 69% of respondents felt that this change was a direct result of MHCB involvement.
- With regards to changes in available resources, improvements were noted in all areas. In particular, there was an approximate 100% increase from 2019 to 2020 in the proportion of respondents who felt that follow-up services (both internal and external to the school) were available for students since the MHCB program was put in place.
- The narrative tool also illustrated that MHCB staff positively contributed to improvement of their service provision through networking and the use of virtual platforms. There were over 25 named community partners engaged by MHCB staff, representing a dramatic expansion of service over time.
INTRODUCTION

The Mental Health Capacity Building (MHCB) initiative promotes collaboration between schools and communities to recognize and address barriers to well-being through evidence-based prevention and mental health promotion efforts and activities. This initiative also utilizes universal programming within the school environment to mobilize positive school and community action. As such, the MHCB initiative works to promote positive mental health in children, youth, families and individuals in schools and within the surrounding communities with a vision to shift school community culture. The schools involved in the pilot include John Paul II Collegiate and North Battleford Comprehensive High School in North Battleford, Dr. Martin LeBoldus in Regina, Greenall High School in Balgonie, and Hector Thiboutot School (K-12) in Sandy Bay. Data is presented for all schools combined.

The purpose of this evaluation is to assess the impact this initiative has on the mental well-being of the children and youth engaged in the program; evaluate the extent to which collaborative networks have been developed within schools that facilitate access to community based services across the mental health continuum; and additionally, evaluate the extent that children, youth and families have been supported to access treatment services in a seamless and timely manner.

The following report reflects data collected from process and outcome measures for the first 17 months of program operations (Jan 2019 – May 2020). It should be remembered that the first two to three months of program operations reflect the establishment of school coordinators (SC) and wellness promoters (WP) in schools and at best should be regarded as ‘soft data’ as they are likely not an accurate reflection of true program operations in this early stage of program development. Furthermore, school closures as a result of the COVID-19 pandemic in the province resulted in an impact on programming between the months of March through May 2020.

METHODOLOGY

DESIGN

The evaluation is structured around the Four Betters: Better Health, Better Care, Better Value and Better Teams. The evaluation objectives falling under this conceptual framework each have specific research questions and metrics associated with them.

The data presented in this report reflect both process measures (i.e., the extent to which MHCB teams have been able to establish programs, events and activities in their respective schools) and outcome measures (i.e., measures of staff satisfaction with program delivery as well as high level data from OurSCHOOL data that reflects self-reported levels of emotional well-being in youth).

DATA COLLECTION TOOLS

Both quantitative data captured using a monthly tracking tool as well as qualitative data from a narrative summary provided by MHCB staff is provided.
The MHCB Monthly tracking tool was created in REDCap™, a secure electronic data capture tool, to allow for the monthly collection of information. The contents of the tool were heavily informed from the spreadsheets used by Alberta Health Services’ (AHS) MHCB program. The tool allows for the capture of information on programming and other activities initiated by the MHCB staff and participation rates, and referrals made to and by the MHCB staff.

The Narrative Tool was also heavily based on a data collection technique employed by the AHS MHCB initiative. This tool allows for MHCB to provide more qualitative information and feedback on program successes, barriers to implementation, as well as tracking how they are creating awareness of the program (i.e., social media use) and documenting emerging trends and issues in their communities. This tool is designed as a survey that is sent to MHCB staff for completion once every six months.

A School Staff Satisfaction survey tool created in collaboration with colleagues at the Ministry of Education captures the perceptions of teaching and non-teaching staff at the MHCB schools in regards to the MHCB initiative. This tool collects mainly quantitative information on whether school staff perceived changes in their knowledge of mental health programming or their confidence in delivering it as a result of the MHCB initiative.

Finally, outcome measure results are available from data provided by the Ministry of Education to the results of the Learning Bar’s OurSCHOOL Survey. These survey instruments are administered in all target schools at least once a year. The data in this report reflects the results of baseline data captured in 2018/19¹ and recent results captured in December 2019.

**DATA NOTES: OurSCHOOL Survey**

All comparisons² are made to the Canadian High School average, Provincial High School average and a ‘replica’ cohort of schools created based on demographics data by the Learning Bar/OurSCHOOL leads.

Changes over time (from 2018/19 survey results to 2019/20 results) are presented but caution is warranted in the drawing of conclusions from this data as it is self-reported in nature, reflects changes in cohorts of pupils, and reflects measures of behaviour change that are long-term in nature, i.e., unlikely to show changes in behaviour in the short-term.

**ANALYSIS**

Data analyses for process measures (tracking tool data) highlights monthly trends in program development over time in program delivery and referral patterns.

OurSCHOOL outcome data is presented as a composite for MHCB schools in comparison to national, provincial and a peer-school average created by experts at the Learning Bar [see Data Notes].

¹ For most schools this data was collected in December 2018.
² Note – statistical comparisons are not available - comparisons to National, Provincial and Replica School averages are based on visual inspection of chart data and whether the cohort is out with the upper or lower confidence limits of the Canadian, Provincial or Replica group data range respectively.
Where possible, comparisons to interim (6 month) School Staff Satisfaction results are made over time. Direction of change and relative percentage change are highlighted.

Data is presented for all schools combined.
EVALUATION OBJECTIVE 1: PROVIDE EVIDENCE-BASED AND INNOVATIVE PROGRAMMING TO ENHANCE MENTAL HEALTH AND WELL-BEING

The purpose of this evaluation objective is to demonstrate to what extent MHCB staff have been able to provide evidence-based and innovative programming to enhance mental health and well-being in children, youth and families by increasing awareness and knowledge; building and strengthening skills, and creating a school culture of connectedness and psychological and physical safety.

Specific evaluation questions falling under this objective include:

1. Are children receiving the knowledge/skills they need for optimal mental well-being? (Process measure)
2. Are children obtaining outcomes associated with positive mental health? (Outcome measure)
3. Does the MHCB program create a culture of connectedness, psychological and physical safety? (Outcome measure)
1 ARE CHILDREN RECEIVING THE KNOWLEDGE/ SKILLS THEY NEED FOR OPTIMAL MENTAL WELL-BEING?

The key objectives were to show that the MHCB program could increase participation in mental health promotion activities in schools. This would be shown if there was a positive change over time in:

a. The number of programs/ events/ activities offered in schools
b. Participation rate of children in mental health promotion activities

RESULTS 1 A – TRACKING TOOL: NUMBER OF PROGRAMS, EVENTS AND ACTIVITIES

In total, 479 unique 3 mental health programs, events or activities were run in the five MHCB schools between January 2019 to May 2020.

The monthly breakdown shows a steady build in program delivery over time, with discernible drops at expected times (summer vacation, Christmas holidays). Furthermore, the impact of school closures due to the Covid-19 pandemic is evident in the data.

Summer vacation has the largest impact on program delivery, with the number of programs per month dropping below the average. This is not observed again until Covid-19 related school closures.

Despite these inevitable slow-downs the average number of programs run per month increased by 45% from the interim period (Jan – Jun 2019 = 22 program/ month; Jul 2019-May 2020 = 32 program/ month).

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3 Unique can refer to different program content or same content but delivered to a different age group of children or staff.
Since programs, events or activities could be repeated within a month, the total number of programs, event or activity occurrences were also recorded. A total of 1,379 programs, events or activities have occurred in all pilot MHCB sites.

The average number of programs, events or activities run per month was 60/ month in the interim report, this increased by 55% to an average of 93 programs, events or activities a month at the end of the evaluation.

This increase occurred despite the inevitable summer slowdown and the impact of the Covid-19 pandemic, which although impacting the number of unique programs offered, had a smaller effect on the number of times those programs occurred.

There were some changes in the dedicated program audience for programming between January -June2019 and July 2019-May 2020. In comparison to the first 6 months of program evaluation, there was more program delivery to school staff, whole school assemblies and ‘other’ audiences. Other audiences largely reflect mixed groups (i.e., students and staff via in-class presentation) and the expanded use of social media to reach more than one target audience at a time.
RESULTS 1B – TRACKING TOOL: PARTICIPATION IN PROGRAMS, EVENTS AND ACTIVITIES

Data was also collected on how many attendees were estimated to be at each event or activity. An increase in the use of social media to promote and facilitate MHCB programming led to the creation of a separate category of ‘virtual attendees’. This category largely represents ‘hits’ on social media sites, estimates of web-event attendees, and estimated audiences for radio interviews. Both types of ‘attendees’ are reflected in the chart below.

Excluding ‘virtual attendees’ there were over 31,500 attendees estimated at all events over the entire course of the evaluation period. The average number of attendees per month increased by 24% from 1,608/ month in the interim reporting period to 1,990 attendees/ month\(^4\) since July 2019.

The diversification of methods for program delivery exemplifies the growth of the MHCB initiative over time and the potential for it to reach larger and larger audiences.

\(^4\) Average attendees/ month excludes the count of ‘virtual’ attendees
NARRATIVE SUMMARY

Using the narrative tool, the school coordinators described their most successful programs during the 2018/2019 period and the 2019/2020 period. Their responses gave a general understanding that there were more successful programs at the end of the evaluation period. Some of them demonstrated reaching a larger audience with their programs during the 2019/2020 period. For example, a school coordinator described how the target audience for their jingle dress presentation extended from students to school staff and community members in the quote below:

“I feel that this was successful because we got to target all the classes in our school. We also got to have a presentation for our community partners, and the adult basic education class run through Northlands College. Finally being we were able to have a presentation for our staff during a staff meeting.” — School coordinator
Another school coordinator described how coffee and conversation sessions effectively reached a large number of students and staff in the quote below:

“We saw a large number of students and staff access this program. The nature of this program allowed for connections and relationship to form and MHCB saw many students and staff utilize it on a regular basis. A number of students who attended also utilized other MHCB programs.” – School coordinator
2 ARE CHILDREN OBTAINING OUTCOMES ASSOCIATED WITH POSITIVE MENTAL HEALTH

The key objectives were to show that the schools participating in the MHCB program could show improvements in Social-Emotional Outcomes.

This was assessed drawing questions from three areas of the OurSCHOOL tool:

a. Social engagement
b. Institutional engagement
c. Emotional Health

Data Note:

All comparisons\(^5\) are made to the Canadian High School average, Provincial High School average and a ‘replica’ cohort of schools created based on demographics data by the Learning Bar/OurSCHOOL leads.

Changes over time (from 2018/19 survey results to 2019/20 results) are presented but caution is warranted in the drawing of conclusions from this data as it is self-reported in nature, reflects changes in cohorts of pupils, and reflects measures of behaviour change that are long-term in nature, i.e., unlikely to show changes in behaviour in the short-term.

RESULTS 2 A – SOCIAL ENGAGEMENT

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<td>% of students with a positive sense of belonging</td>
<td>61%</td>
<td>57%</td>
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<td>% children with positive relationships</td>
<td>74%</td>
<td>73%</td>
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\(^5\) Note – statistical comparisons are not available - comparisons to National, Provincial and Replica School averages (i.e., BELOW/ SIMILAR/ ABOVE) are based on visual inspection of chart data and whether the cohort is out with the upper or lower confidence limits of the Canadian, Provincial or Replica group data range respectively.
# RESULTS 2 B – INSTITUTIONAL ENGAGEMENT

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<td>% students that value schooling outcomes</td>
<td>72%</td>
<td>68%</td>
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<td>BELOW Replica pop</td>
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<td>% students with positive behaviour at school</td>
<td>92%</td>
<td>92%</td>
<td>SIMILAR Can Norm</td>
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# RESULTS 2 C – EMOTIONAL HEALTH

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<td>% students with moderate or high levels of anxiety</td>
<td>31%</td>
<td>33%</td>
<td>ABOVE Can Norm</td>
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<td>% students with moderate or high levels of depression</td>
<td>29%</td>
<td>34%</td>
<td>SIMILAR Can Norm</td>
<td>ABOVE Can Norm</td>
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<td>% students with a positive self-esteem</td>
<td>67%</td>
<td>63%</td>
<td>BELOW Can Norm</td>
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# NARRATIVE SUMMARY

The findings on emotional health outcomes above were also supported by some of the school coordinators who described their observed negative trends in the school as **increasing levels of stress and anxiety**. The quotes below demonstrate the trend:

> “It seems this year there is a slight increase in the number of students having severe anxiety that has led to not attending school.” – School coordinator

> “A negative trend is the amount of stress that staff and students have been experiencing related to work, school and extra-curricular activities.” – School coordinator

> “There are sporadic instances where we have a spike of suicide attempts from many of our kids in our student body.” – School coordinator
3 DOES THE MHCB PROGRAM CREATE A CULTURE OF CONNECTEDNESS, PSYCHOLOGICAL AND PHYSICAL SAFETY?

The key objectives were to show that the schools participating in the MHCB program could show improvements in the drivers of student outcomes.

This was assessed drawing questions from two areas of the OurSCHOOL tool:

a. School Context Measures
b. Educational Context Measures

DATA NOTE:

All comparisons are made to the Canadian High School average, Provincial High School average and a ‘replica’ cohort of schools created based on demographics data by the Learning Bar/OurSCHOOL leads.

Changes over time (from 2018/19 survey results to 2019/20 results) are presented but caution is warranted in the drawing of conclusions from this data as it is self-reported in nature, reflects changes in cohorts of pupils, and reflects measures of behaviour change that are long-term in nature, i.e., unlikely to show changes in behaviour in the short-term.

RESULTS 3 A – SCHOOL CONTEXT MEASURES

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<td>% of students who feel safe at school</td>
<td>55%</td>
<td>51%</td>
<td>BELOW Can Norm</td>
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<td>% students who are victims of bullying</td>
<td>29%</td>
<td>N/A</td>
<td>ABOVE Can Norm</td>
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<td>% bullying and exclusion</td>
<td>18%</td>
<td>24%</td>
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<td>% bullying, exclusion and harassment</td>
<td>22%</td>
<td>22%</td>
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Not included in the Fall 2019 question set
RESULTS 3 B – EDUCATIONAL ASPIRATIONS

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<td>% of students planning to finish high school</td>
<td>77%</td>
<td>73%</td>
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NARRATIVE SUMMARY

Although the OurSCHOOL data showed less favourable outcomes for students’ social, emotional, and institutional engagement, the narrative tool reflections from school coordinators provided some positive impacts of the program in relation to Better Health. The following feedback from students demonstrate how the MHCB initiative is creating a school culture of psychological and physical safety:

“It was a safe environment for me to be able to share my feelings and experience with mental health issues and receive no negative judgement.” – Student

“It makes school feel like a safe space.” – Student

“Our school feels very open an accepting of mental health. As well as, I feel more comfortable as a student seeing all of the resources (lunch and learns, stress kits, etc).” – Student

“It is nice to have somewhere to go when life gets overwhelming, where you are not treated like a problem that needs to be fixed.” – Student

“Yes. It has brought more awareness to mental health in a teen/high school level and showed that it is okay not to be okay.” – Student

The delivery of programs such as lunch and learn sessions with focus on mental health literacy were considered impactful for improving students’ ability to deal with emotional circumstances. Below are some quotes demonstrating the development of coping skills for emotional health:

“The MCHB program was one of the best things at school for me, as a student who struggles lots with anxiety and depression it was a good way to find new tools to help.” – Student

“Having a space like the MHCB space is nice to be able to come to just take a break from the pressure.” – Student

“There is nothing negative to say about the MCHB program. Everything about it made me into a better healthier happier student!” – Student
Parental feedback below also supported the impact of MHCB on students’ mental health as well as the extension of mental health initiatives to family settings:

“The parent of a student who attended a MHCB summer wellness camp shared that their child shared some mindfulness strategies with their family. The parent took part in a PD [professional development] session on Mindfulness so that they could learn more about it and use strategies at home with their family.” – School coordinator

“I have been meaning to email you with regards to the summer wellness program camp that my daughter attended this summer. I just want to thank you and all the organizers of this program. She definitely enjoyed the camp and learned a lot. I do hope that this program will continue on for many years to come. Kid’s mental health is so important. And I would definitely let her join again next year and would highly recommend it to other kids as well.” - Parent

“Parent of student who attended summer camp indicated that attending the camp provided the child with strategies to assist in dealing with anxieties related to a life circumstance.” – School coordinator
# MEASUREMENT CONCEPT - BETTER CARE

## EVALUATION OBJECTIVE 2: SUPPORT EARLY INTERVENTIONS AND FACILITATE ACCESS TO TREATMENT

The purpose of this evaluation objective is to demonstrate to what extent MHCB staff have supported early interventions and facilitated access to treatment for children, youth, and families that are experiencing or are at risk of experiencing mental health and addictions related issues.

Specific evaluation questions falling under this objective include:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>4.</td>
<td>How many children are currently participating in risky behaviours? (Outcome measure)</td>
</tr>
<tr>
<td>5.</td>
<td>Do children receive the necessary interventions and have access to the treatment services they need? (Process measure)</td>
</tr>
</tbody>
</table>
4 HOW MANY CHILDREN ARE CURRENTLY PARTICIPATING IN RISKY BEHAVIOURS?

The key outcome associated with this objective was whether children in MHCB schools were participating in risky behaviours at a rate that was different from their peers.

OurSCHOOL data was available on tobacco use, marijuana use, other drug use and alcohol use. It should be noted not all schools participated in these modules at baseline.

**DATA NOTE:**

All comparisons are made to the Canadian High School average, Provincial High School average and a ‘replica’ cohort of schools created based on demographics data by the Learning Bar/OurSCHOOL leads.

Changes over time (from 2018/19 survey results to 2019/20 results) are presented but caution is warranted in the drawing of conclusions from this data as it is self-reported in nature, reflects changes in cohorts of pupils, and reflects measures of behaviour change that are long-term in nature, i.e., unlikely to show changes in behaviour in the short-term.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>% of students that have ever drunk alcohol</td>
<td>27%</td>
<td>28%</td>
<td>SIMILAR Can Norm</td>
<td>SIMILAR Can Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SIMILAR Prov Norm</td>
<td>SIMILAR Prov Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ABOVE Replica pop</td>
<td>ABOVE Replica pop</td>
</tr>
<tr>
<td>% students that use marijuana</td>
<td>14%</td>
<td>14%</td>
<td>SIMILAR Can Norm</td>
<td>SIMILAR Can Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ABOVE Prov Norm</td>
<td>ABOVE Prov Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ABOVE Replica pop</td>
<td>ABOVE Replica pop</td>
</tr>
<tr>
<td>% students that use tobacco</td>
<td>15%</td>
<td>15%</td>
<td>SIMILAR Can Norm</td>
<td>SIMILAR Can Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SIMILAR Prov Norm</td>
<td>SIMILAR Prov Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ABOVE Replica pop</td>
<td>ABOVE Replica pop</td>
</tr>
<tr>
<td>% students that have sniffed glue or other inhalants</td>
<td>9%</td>
<td>8%</td>
<td>ABOVE Can Norm</td>
<td>ABOVE Can Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ABOVE Prov Norm</td>
<td>ABOVE Prov Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ABOVE Replica pop</td>
<td>ABOVE Replica pop</td>
</tr>
<tr>
<td>% students that have used ecstasy, crystal meth, heroin or cocaine</td>
<td>14%</td>
<td>11%</td>
<td>ABOVE Can Norm</td>
<td>ABOVE Can Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ABOVE Prov Norm</td>
<td>ABOVE Prov Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ABOVE Replica pop</td>
<td>ABOVE Replica pop</td>
</tr>
<tr>
<td>% students that have used steroid pills or shots</td>
<td>7%</td>
<td>6%</td>
<td>ABOVE Can Norm</td>
<td>SIMILAR Can Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ABOVE Prov Norm</td>
<td>ABOVE Prov Norm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ABOVE Replica pop</td>
<td>ABOVE Replica pop</td>
</tr>
</tbody>
</table>

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8 Note – statistical comparisons are not available - comparisons to National, Provincial and Replica School averages (i.e., BELOW/ SIMILAR/ ABOVE) are based on visual inspection of chart data and whether the cohort is out with the upper or lower confidence limits of the Canadian, Provincial or Replica group data range respectively.
DO CHILDREN RECEIVE THE NECESSARY INTERVENTIONS AND HAVE ACCESS TO THE TREATMENT SERVICES THEY NEED?

The key outcome associated with this objective was to show that the MHCB staff were successfully connecting children in need with available services. This would be shown if there were positive changes in the specific areas of:

- **a. the number of outgoing referrals made by MHCB staff to other services or service providers**
- **b. the number of incoming referrals made to MHCB staff either from within the school setting/ or from external to the school setting**

RESULTS 5A: NUMBER OF OUTGOING REFERRALS MADE

There was a marked uptake in the use of outgoing referrals from the interim report period (January - June 2019, average outgoing referrals per month = 2) to the subsequent time period of July 2019 through May 2020 (average outgoing referrals per month = 8).

All schools made outgoing referrals to a support service, however, some schools made more use of a referral process than others. One school accounted for around 40% of all outgoing referrals made during this time period. However, all schools showed increases in use of the referral process.

The monthly trend suggests that higher numbers of outgoing referrals were made in the months immediately following summer and Christmas break.
Just over half of all referrals (52%) were made for children in Grades 7-9 with a further 41% for children in Grades 10-12.

**RESULTS 5B: NUMBER OF INCOMING REFERRALS RECEIVED**

The chart below highlights the increased uptake of the MHCB program as a resource for students. The number of incoming referrals shows a steady increase for children in grades 10-12 and a sharp increase in the number of incoming referrals for children in Grades 7-9 from September 2019 onwards.

The peaks in December 2019 and February 2020 are primarily due to a high number of self-referrals (students approaching MHCB staff directly as opposed to being referred by teachers or other school staff). For example, of the total 167 referrals (all grades combined) in December 2019, 146 referrals were for Grades 7-9, and 66% of those were self-referrals. Similarly, in February 2020 of the 217 total referrals, 169 were for Grades 7-9 and of those 58% were self-referrals.

This increase in the number of incoming referrals is most marked at one school in the program.

The average number of incoming referrals per month increased from 3/month in the January-June 2019 period to 73 per month in the July 2019 – May 2020 time period. This large jump was attributable to the marked increase in self-referrals by grades 7-9, primarily at one school.
NARRATIVE SUMMARY

Within schools, MHCB specific rooms were identified as supportive environments, set up to facilitate addressing incoming referrals of students and staff. Such rooms are environments created to handle incoming referrals without any judgemental notions. Below are some quotes from school coordinators describing incoming referrals:

“The [MHCB] room located... in the school provides students and staff a space to come to if they are experiencing difficulties in emotional regulation... [This] room can be a busy place before school, at lunch and after school, as it provides students with a safe, staff supervised space, to interact with their peers, play music, sing and play psycho-social games with each other.” – School coordinator

“A non-binary student that had previously experienced a lot of difficulty at school began to show up in [the MHCB] room and inquire about programming.” – School coordinator

Virtual platforms continued to be available for students who chose to reach out during the Covid-19 pandemic. The statement below explains the role that MHCB plays in providing support for incoming referrals:

“[A student] has continued to message me into quarantine and has opened up about their identity and has expressed they are relieved to have an adult from their school that understands gender more broadly.” – School coordinator

“...students and staff [continue] asking MHCB [staff] for more information on Mental Health services available in the community. Students [are also] seeking out information on anxiety.” - School coordinator

In terms of outgoing referrals, MCHB staff had to clarify how the initiative supports students and staff within the school settings as opposed to external to school settings. A key factor highlighted for straightforward referrals was the need to develop and maintain relationships:

“MHCB staff have also worked to clearly outline the supports and services that the program is able to offer and are referring students to the appropriate supports as needed while still maintaining relationships and connections.” - School coordinator

“Many positive relationships and connections came from the interactions which allowed for other opportunities for mental health promotion and referrals to outside supports.” - School coordinator

Overall, the narrative tool responses for the 2019/2020 period showed positive reflections supporting that MHCB staff consistently provided services related to either incoming or outgoing referrals.
The purpose of this evaluation objective is to demonstrate to what extent MHCB staff have been able to deliver information, workshops, and professional development in order to build capacity in school staff to deliver wellness presentations and programming.

Specific evaluation questions falling under this objective include:

6. Do the MHCB staff provide appropriate information and resources for staff? (Outcome measure)
7. Do the school staff feel they have the necessary skills to promote positive mental health behaviours? (Process measure)
6 DO THE MHCB STAFF PROVIDE APPROPRIATE INFORMATION AND RESOURCES FOR SCHOOL STAFF?

The first outcome was assessed using the School Staff Satisfaction Survey. Primarily it aimed to show whether MHCB staff could create a positive experience for school staff who are involved with the MHCB initiative. This would be established if there were changes in:

- a. % of school staff utilising the MHCB program and their satisfaction with that programming
- b. % of school staff reporting a change in their confidence in interacting with students about mental health issues

RESULTS 6.A. SCHOOL STAFF UTILISATION AND SATISFACTION WITH MHCB PROGRAM

- There were a total of 162 responses to the School Staff Satisfaction Survey in May 2020. This represents a 60% increase in the number of respondents from the interim report (June 2019).
- The majority of responses (73%) were made by teaching staff, a decrease of 11% from baseline. This is likely due to more non-teaching staff responding to the survey (27%) in May 2020 compared to June 2019 (18%). This could be indicative of greater awareness of the program in schools amongst school staff other than teachers.
- All school staff (100%) were aware of the Mental Health Capacity Building programming that had been implemented in their school, with 74% of all school staff indicating that they had attended a MHCB event/activity in their school.
- Furthermore, 58% of respondents had referred a student to the MHCB team at their school at the time of survey completion. Just over half of school staff (52%) indicated that MHCB staff had provided direct programming in their classroom.

Changes over Time in School Staff Participation (% positive responses)

<table>
<thead>
<tr>
<th>Measure</th>
<th>JUNE 2019</th>
<th>MAY 2020</th>
<th>RELATIVE % CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWARENESS</td>
<td>94%</td>
<td>100%</td>
<td>6%</td>
</tr>
<tr>
<td>ATTENDED</td>
<td>55%</td>
<td>74%</td>
<td>35%</td>
</tr>
<tr>
<td>DIRECT PROGRAMMING</td>
<td>22%</td>
<td>52%</td>
<td>136%</td>
</tr>
<tr>
<td>REFERRED</td>
<td>30%</td>
<td>58%</td>
<td>93%</td>
</tr>
</tbody>
</table>
• Nearly 70% of all respondents were on the whole satisfied or very satisfied with the MHCB initiative at their school. Furthermore, three-quarters of those respondents were either likely or very likely to recommend other schools to participate in an MHCB initiative.

Changes over Time in School Staff Satisfaction (% very/ somewhat)

<table>
<thead>
<tr>
<th>Measure</th>
<th>JUNE 2019</th>
<th>MAY 2020</th>
<th>RELATIVE % CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERALL SATISFACTION</td>
<td>50%</td>
<td>69%</td>
<td>38%</td>
</tr>
<tr>
<td>WOULD RECOMMEND</td>
<td>62%</td>
<td>75%</td>
<td>21%</td>
</tr>
</tbody>
</table>

RESULTS 6.B. SCHOOL STAFF CONFIDENCE IN INTERACTING WITH STUDENTS ABOUT MENTAL HEALTH ISSUES

• For the 2020 School Staff Survey, questions around school staff confidence in interacting with students were collapsed into one. This was in part due to the fact all staff had previously indicated that they had some degree of confidence in all of these areas already pre-MHCB implementation.

• The re-worded question asked specifically about changes in confidence interacting with students about their mental health as a result of the information or support provided by the MHCB initiative.
  o In total 47% of respondents indicated that their confidence had not changed
  o 45% indicated they felt more confident
  o 8% indicated they were still somewhat uncomfortable

Changes over Time in School Staff Confidence (% more confident)

<table>
<thead>
<tr>
<th>Measure</th>
<th>JUNE 2019</th>
<th>MAY 2020</th>
<th>RELATIVE % CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERALL CONFIDENCE</td>
<td>19%(^9)</td>
<td>45%</td>
<td>137%</td>
</tr>
</tbody>
</table>

\(^9\) Averaged over responses to all confidence questions in 2019 survey
DO THE SCHOOL STAFF FEEL THEY HAVE THE NECESSARY SKILLS TO PROMOTE POSITIVE MENTAL HEALTH BEHAVIOURS?

The second evaluation question under this objective was designed to show if MHCB were successful in encouraging school staff to embed positive mental health learning opportunities into their teaching.

Results obtained from the Monthly Tracking Tool would be regarded as positive if there was:

a. a change in the number of mental health programs delivered by non-MHCB staff
b. a change in the number of mental health programs co-facilitated by MHCB staff and school staff

Throughout the entirety of the pilot, MHCB staff directly delivered the majority of programs, events or activities that occurred in school, accounting for on average 72% of all program delivery. However, the proportion of programs directly delivered by MHCB did decrease slightly from the interim reporting period (average direct delivery by MHCB staff per month 76% of all programs) to the July 2019-May 2020 time period (average % direct delivery by MHCB staff / month = 70%).

In contrast, the average proportion of programs co-facilitated per month increased over time from 12% of all programming in Jan-Jun 2019 to 22% since July 2019. This could indicate greater attempts by MHCB staff to build capacity in the teaching staff at their school.

The proportion of programs delivered by external providers remained unchanged (average of 6% of all program delivery in both time periods).
A theme from the narrative tool during the 2019/2020 period was **improved integration of the MHCB initiative into teaching by school staff**. As programming increased across the schools, school staff began reaching out to MHCB staff to embed mental health promotion into the teaching curriculum. A key factor for this integration was described as relationship building and partnerships between school staff and MHCB staff. This had implication for a wide range of curriculum outcomes. Below are some quotes from the school coordinators:

> “This program was a success because it allowed for the MHCB wellness promoter to work alongside the teachers and go through the curriculum for Zones of Regulation.” – *School coordinator*

> “It has also allowed mental health promotion to be integrated into more classrooms and for the program to reach more students.” – *School coordinator*

Below is another interesting quote from a school staff who reached out to the MHCB staff with intention to embed MHCB program into curriculum planning for the year ahead:

> “…are you guys looking at the sort of planning that you might be involved in next year? As we are planning our year and unit plans, I am wondering if we could be looking at ways you would be involved. I am especially looking at the …curriculum with regards to health outcomes.” – *School staff*

Another theme identified from the narrative tool in relation to Better Value was the use of professional development programs for capacity building in school staff. The professional development programs taken by school staff include mental health curriculum training, free educational sessions on mental health literacy, mindfulness courses, among others.

There were some positive outcomes for the school staff as described in the narrative tool. Although these outcomes did not demonstrate improved teachers’ confidence, they were related to improved mental health knowledge, enriched classroom, better understanding of MHCB mandate, and positive relationship with MHCB staff:

> “I am so grateful to be able to have access to your knowledge. Thank you for being such a huge support in our school. The support of the MHCB staff in classroom facilitation has been very valuable and has enriched my classroom.” – *School staff*

> “MHCB has been great for my students. I’ve had them into my class to present and my students really enjoyed the material and now know where they can go if they need support. Staff wellness days are great, and I see the benefits of coordinator and promoter coming into each classroom.” – *School staff*
“Having MHCB at our school was an asset as it contributed by bringing new initiatives, events and ideas to the school. While doing this, the program also supported students who were in need of strategies, resources and techniques to support their mental health and well-being” - School staff

“I really appreciated the Yoga and meditation sessions to assist in learning how to personally decompress when needed.” - School staff

Overall, the narrative reflections were supportive of improved integration of program into teaching in the schools as described by school staff and school coordinators. While school staff demonstrated improved mental health knowledge and partnership with MCHB staff, their confidence in delivering mental health programming was not shown in the narrative tool responses.
EVALUATION OBJECTIVE 4: ESTABLISH THE MHCB INITIATIVE AS A RESOURCE WITHIN THE MENTAL HEALTH AND ADDICTION CONTINUUM OF CARE

The purpose of this evaluation objective is to demonstrate that the MHCB initiative has developed a network of resources that provides an opportunity to learn from others also participating in the MHCB initiative and facilitates the promotion of mental well-being. This network would also serve as a means to identify strengths and gaps in the resources being offered to support schools; and establish the MHCB initiative as a resource within the mental health and addiction continuum of care.

Specific evaluation questions falling under this objective include:

8. Are MHCB staff successful in creating awareness of the MHCB initiative as a resource within the community? (Process/Outcome)
### 8 ARE MHCB STAFF SUCCESSFUL IN CREATING AWARENESS OF THE MHCB INITIATIVE AS A RESOURCE WITHIN THE COMMUNITY

This outcome was assessed using both results from the **Narrative Summary Tool** and the **School Staff Satisfaction Survey**.

Results from the **School Staff Satisfaction Survey** should show that:

| a. School staff indicate a change in perceived barriers to positive mental health and an increase in resources available for mental health emergencies |

Results from the **Narrative Summary** tool should show that:

<table>
<thead>
<tr>
<th>b. MHCB staff show evidence of looking for means to build upon and improve current service provision within their community:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* tracking information sharing - social media hits</td>
</tr>
<tr>
<td>* identify program impacts and strengths</td>
</tr>
<tr>
<td>* identify emerging ongoing trends</td>
</tr>
<tr>
<td>* collect quotes and impact stories</td>
</tr>
<tr>
<td>* identify program challenges</td>
</tr>
</tbody>
</table>
School staff were asked about specific barriers they perceived were in place to establish a culture of positive mental health, as well as the availability of resources to deal with mental health emergencies.

DATA NOTE:
Slight wording changes occurred in the 2020 survey to the perceived barriers question. This was done to make the question more directive and also to prompt respondents who felt improvements had been made to indicate if they felt the positive change was a result of the support provided by the MHCB initiative. The table below compares the proportion of respondents who indicated ‘no longer a barrier’ or ‘never had been a barrier’ in 2019 to those who responded ‘no’ to the statement that the specific barrier was in place in the 2020 survey.

Of the respondents who indicated ‘no’ in 2020 the proportion who felt it was no longer a barrier due to MHCB support is also indicated.

Results from the School Staff Satisfaction Survey showed that:

- Only 22% of respondents (35/161) felt that there was still a low priority given to child and youth mental health issues versus other initiatives in their school. Of the 78% who felt this was no longer a barrier (n = 126), 69% of them felt the support provided by the MHCB initiative had helped overcome this barrier.
- Just under 50% of respondents (79/160) felt that there was no longer a barrier with regards to a lack of adequate staff training. Of those 78 respondents 65% felt this was due to MHCB support.
- Stigma by school staff was felt to no longer be a barrier by 62% of school staff in 2020 (99/159). Of those 99 staff respondents 59% felt this was due to MHCB support.
- The majority of respondents still felt there was stigma by students of mental health problems with only 34% (54/157) indicating that they felt this barrier was no longer in place. Of those who felt it was no longer a barrier 51% attributed it to the support of the MHCB initiative.
- Similarly, the majority of respondents still felt there were language and cultural barriers in place, with only 14% of school staff in 2020 indicating this was not a barrier (22/157). Of those who indicated this was not a barrier 32% felt this was due to MHCB support but 45% were unsure. Interestingly, of those who indicated this was still a barrier (n = 102), 72% felt that the MHCB had the potential to overcome this barrier.
- Finally, just over half of school staff (53%; 82/156) felt that there was no longer a barrier due to perceived lack of contact between schools and families. Of those 82 respondents 49% felt this had been overcome due to MHCB support.
Changes in Perceived Barriers to Positive Mental Health (% No)

<table>
<thead>
<tr>
<th>BARRIER</th>
<th>NO LONGER/NEVER A BARRIER (2019)</th>
<th>NO (2020)</th>
<th>RELATIVE % CHANGE DUE TO MHCB SUPPORT (2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low priority given to student mental health versus other initiatives in the school</td>
<td>35%</td>
<td>78%</td>
<td>123%</td>
</tr>
<tr>
<td>Lack of adequate staff training to learn about student mental health</td>
<td>24%</td>
<td>49%</td>
<td>104%</td>
</tr>
<tr>
<td>Stigma (negative attitudes or unfair treatment) by school staff</td>
<td>25%</td>
<td>62%</td>
<td>148%</td>
</tr>
<tr>
<td>Stigma (negative attitudes or unfair treatment) by students</td>
<td>20%</td>
<td>34%</td>
<td>70%</td>
</tr>
<tr>
<td>Language and cultural barriers arising from an ethnically and racially diverse student population</td>
<td>22%</td>
<td>14%</td>
<td>-36%</td>
</tr>
<tr>
<td>Lack of contact between the school and families</td>
<td>29%</td>
<td>53%</td>
<td>83%</td>
</tr>
</tbody>
</table>

- With regards to changes in resources, improvements were noted in all areas. An increase in the proportion of respondents who felt that these resources had been put in place at their school since the MHCB program started is outlined below.

Changes in Resources Available (% Partially/ Fully in Place)

<table>
<thead>
<tr>
<th></th>
<th>IN PLACE SINCE MHCB (2019)</th>
<th>IN PLACE SINCE MHCB (2020)</th>
<th>RELATIVE % CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The people responsible for specific tasks or duties in a mental health emergency are clearly defined</td>
<td>22%</td>
<td>37%</td>
<td>68%</td>
</tr>
<tr>
<td>School staff have been trained how to respond appropriately to students who experience mental health emergencies</td>
<td>13%</td>
<td>38%</td>
<td>192%</td>
</tr>
<tr>
<td>There are follow-up services (internal to the school) available for students who experience mental health emergencies</td>
<td>19%</td>
<td>39%</td>
<td>105%</td>
</tr>
<tr>
<td>There are follow-up services (external to the school) available for students who experience mental health emergencies</td>
<td>19%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>Information about mental health emergencies is shared with families in the event a mental health emergency occurs</td>
<td>20%</td>
<td>38%</td>
<td>90%</td>
</tr>
<tr>
<td>Procedures are in place to follow-up with families after a mental health emergency occurs</td>
<td>18%</td>
<td>40%</td>
<td>122%</td>
</tr>
</tbody>
</table>
RESULTS 8.B MHCB STAFF SHOW EVIDENCE OF IMPROVING CURRENT SERVICE PROVISION WITHIN THEIR COMMUNITY

The narrative tool showed that MHCB staff positively contributed to improvement of their service provision through networking and the use of virtual platforms.

NETWORKING TO ESTABLISH MHCB AS A RESOURCE

Firstly, MHCB staff partnered with student leaders, school staff, and community members to establish the initiative as a resource within the community. The student leadership partnership had some promising narrative reflections described below:

- ROOTS is a program whereby a club is developed for students to support each other in mental health and this was a student-led program in John Paul II Collegiate, North Battleford.
- The lunch and learn session titled “High School Survival 101” was a collaboration between MHCB and student leadership in Dr. Martin LeBoldus Catholic High School, Regina.

Further, there were over 25 community partners engaged by MHCB from the start of the interim period. Some community partners were brought in as outside presenters, or for professional training. Some partnerships were also created for better awareness and more expert involvement. In general, these partnerships were important in establishing MHCB as a resource in the community. The community partners identified in the narrative reflections include the following:

- Health Centres, Outpatient Centres, Community Resource Centres
- Child & Family Services
- Saskatchewan Health Authority, Canadian Medical Health Association, Sask Power, Food Bank, RCMP
- Superintendents, Principals, Teachers, Student Representative Council, Human Resource Worker, School Counsellors, Indigenous Elders, School Chaplain
- MHCB coordinator in Alberta

In addition, MHCB networking transcended to collaboration with associate schools as well as provincial networking amongst the MHCB team. The following quotes further demonstrate this standpoint:

“The Mindful Schools training was brought up in our meeting that we have with our MHCB team. We got to offer this training to a number of our school staff and also our MHCB team throughout the province.” – School coordinator

“MHCB has also had the opportunity to provide additional support to two associate schools on a more consistent basis.” – School coordinator

USING ONLINE PLATFORMS TO EXPAND MHCB AS A RESOURCE

Online platforms have been leveraged by MHCB staff since the start of the interim period. However, maintaining service provision during Covid-19 has extended the use of virtual platforms for them. Online service provision identified in the narrative reflections was mostly focused on the following:
Professional development and training for capacity building – “Online training has allowed for me personally to grow professionally and also be able to offer online training to our staff, parents, and community partners through mental health capacity building.” – School coordinator

Social media promotion for wider reach in mental health awareness – “MHCB has also utilized social media, technology and email in greater capacity to promote positive mental health messages... Social media and email has allowed MHCB to reach a greater audience including additional school staff, parents, students, and community members.” – School coordinator

Staff online delivery of programs to students – “Covid-19 has also impacted how MHCB is able to deliver their programs and messages, so staff has had to be innovative in how these are delivered.” – School coordinator

TRENDS

The positive trends identified by school coordinators in their narrative reflections are focused on the following themes:

- **Increasing openness to talk about mental health freely within the schools** - This has played an important role in promoting a school culture of psychological and physical safety.
- **Positive student engagement** – This involves students taking initiative to support each other’s mental health, collaborating with MHCB staff, and increasing presence at MHCB program locations.
- **Continued dedication by staff to support students during online learning** – One of the school coordinators described that school staff showed incredible care to continue supporting their students as they transition to online learning due to Covid-19.

The theme for the negative trends identified by the school coordinators were increased number of students with anxiety, and high stress levels for students and staff particularly as year-end approached.

CHALLENGES AND GAPS FOR IMPROVEMENT

From the interim period, challenges were described by school coordinators under the following themes:

1. Difficulty integrating into the school system
2. Difficulty getting positive interests from students and staff
3. Starting time in the school year

However, they described some important steps taken to address these challenges as networking, more support from school leadership, more awareness, and developing program capacity.

It is important to note that some of the approaches outlined above were evident in the narrative reflections from the school coordinators during the 2019/2020 period. This may imply that consistency of positive processes was
ensured by MHCB staff. Meanwhile, the challenges for the 2019/2020 period were described under the following themes:

1. Unclear expectation of what MHCB supports
2. Tough transitioning to remote program delivery

The school coordinators stated that these challenges are ongoing; however, there is need to do the following:

- Evolve with program delivery while still staying consistent with the mandate
- Work with school leaders and student leaders early in the school year
- Continue to establish and maintain positive relationships with students, staff, and community partners

The word cloud below summarizes some of the key themes that emerged under the Better Teams objective:
CONCLUSION

To date, the Mental Health Capacity Building pilot has demonstrated encouraging evidence of a positive impact for students and staff at Saskatchewan MHCB designated schools. Increases were noted over time in program delivery, as well as an expansion of the audiences reached by programs delivered.

The impact on students and staff is reflected in the results of the Staff Satisfaction Survey where greater levels of engagement are noted as well as increases in staff confidence with regards to discussing mental health issues with students, and decreases in the perceived barriers to schools being environments for positive mental health. Qualitative evidence from the narrative tools indicates that students too experienced a greater sense of psychological and physical safety as a result of MHCB initiatives in their schools.

The success of the pilot is based on observations of all schools combined but recognition is required of differences that exist between schools in the pilot. One key element of the pilot that has been bolstered since its inception is the creation of an MHCB internal network so that MHCB staff can serve as a resource for each other. The sharing of key learnings from one MHCB school to another is likely an important element that can continue to drive improvements and change across all schools.

Although the MHCB designated schools have been successful in mental health promotion and awareness types of events, more time is required to continue their work in order to create a shift to school-wide mental health cultures. This shift may occur in time through continued training and coaching of school staff; repetitive program offerings to students; and integration of mental health language and practices throughout the school.

Thanks is due to all schools who participated in this pilot initiative; staff, students, families and community members whose engagement was critical to the implementation, development and sustainability of universal programming models of mental health promotion in a school environment. Finally, this work would not have been possible without the dedication and resolve of all MHCB staff members whose commitment to make a difference is evidenced in the changes observed over the last 17 months of program delivery.
# APPENDIX: SCHOOL DEMOGRAPHICS

<table>
<thead>
<tr>
<th>School</th>
<th>N students</th>
<th>N full-time teaching staff</th>
<th>N part-time teaching staff</th>
<th>N student support staff (e.g., Ed. Assistants, counsellors)</th>
<th>N other school staff (e.g., custodians, admin assistant(s))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenall High School, Balgonie</td>
<td>652</td>
<td>35</td>
<td>2</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Hector Thiboutot School, Sandy Bay</td>
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<td>17</td>
<td>6</td>
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<tr>
<td>John Paul II Collegiate, North Battleford</td>
<td>618</td>
<td>33</td>
<td>5</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>Dr. Martin LeBoldus Regina</td>
<td>790</td>
<td>49</td>
<td>3</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>North Battleford Comprehensive</td>
<td>1015</td>
<td>59</td>
<td>3</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>705</strong></td>
<td><strong>41</strong></td>
<td><strong>3</strong></td>
<td><strong>14</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>How many social workers</th>
<th>How many psychologists</th>
<th>RCMP or City Police School Resource Officer connected to the school</th>
<th>SHA Mental Health and Addictions staff</th>
<th>Other SHA staff (e.g., Public Health)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>0.4</td>
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<td>No</td>
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<tr>
<td>Hector Thiboutot School, Sandy Bay</td>
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<td>No</td>
<td>No</td>
</tr>
<tr>
<td>John Paul II Collegiate, North Battleford</td>
<td>0</td>
<td>1</td>
<td>Yes</td>
<td>Yes (1)</td>
<td>No</td>
</tr>
<tr>
<td>Dr. Martin LeBoldus Regina</td>
<td>1</td>
<td>0</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>North Battleford Comprehensive</td>
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<td>3</td>
<td>Yes</td>
<td>Yes (1)</td>
<td>Yes (Pub Health Nurse)</td>
</tr>
</tbody>
</table>