MENTAL HEALTH CAPACITY BUILDING
EVALUATION REPORT – QUALITATIVE STUDY
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Report: Mental Health Capacity Building (MHCB)
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Prepared for: Ministry of Health
Prepared by: Research Department, Saskatchewan Health Authority
Contact: Olu Hassan | Oluwasegun.Hassan@saskhealthauthority.ca
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EXECUTIVE SUMMARY: KEY FINDINGS

The Mental Health Capacity Building (MHCB) is an initiative that utilizes universal programming within the school environment to mobilize positive school and community action. The following outlines key findings from the thematic analysis of interviews conducted with MHCB coordinators, school teachers, student-leaders and parents to assess the impact of the initiative.

KEY FINDINGS: BETTER HEALTH

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

- Most participants, students inclusive, described that mental health promotional activities played a key role in developing mental health literacy in the schools. Besides the MHCB coordinators, teachers and students also contributed to the creation of awareness and promotional activities.
- There were reflections that demonstrated a positive interest, positive engagement, and positive relationships from students as a result of the MHCB programming and resources. For example, one of the students said, “I think it has influenced me in a way that I was able to get through my anxiety and have relationship with people at school, who I’ve never thought of having relationship with before, and develop friendships.”
- The findings showed that just as teachers and MCHB staff are teaching mental health coping skills, the students derived some positive outcomes through the learning and utilization of the coping skills. One of the students who used the taught coping skills stated, “Sometimes I get mad and I do this real hard (clamps hand together). I squeeze my knuckles and I breathe in and out. Sometimes when I feel angry, I go in my room and I calm down.”
- Further, there were reflections showing that students engaged in the program developed a positive self-esteem and a sense of physical and psychological safety. Generally, the MHCB space served as a safe place for students to get heard, for disclosure, for positivity, for supporting at-risk kids, and for educational purposes.

KEY FINDINGS: BETTER CARE

The purpose of this evaluation objective was to demonstrate how 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 addiction related issues.

- The reflections from participants supported the already established outcome of increased self-referrals. In addition, the findings included reflections showing that the increased referrals were due to increasing awareness of MHCB.
• In terms of early therapeutic intervention, the data showed evidence of MHCB staff supporting at risk students by referring them to the appropriate services. In addition, the manner in which the MHCB staff dealt with student disclosure of self-harm was described generally as the use of clear, sincere, and supportive language.

• Some emerged indicators under this objective include MHCB staff bridging the gap of care through the development of supportive relationships and setting boundaries to balance between supporting and counselling. For example, one of the school coordinators stated, “But I think I adapted quite quickly to cross that line. I think it’s a learning experience too. And having that experience of knowing when it’s therapy and when it’s not.”

**KEY FINDINGS: BETTER VALUE**

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

• The data showed positive reflection of capacity building through MHCB-organized classroom presentations, online professional development programs, and program awareness at PD days. The data also provided supportive evidence of teacher integrating MHCB programs into their teaching. The reflections from participants showed that teacher integration of MHCB programming occurred mainly for curriculum impact, mental health literacy, and teaching coping skills.

• The findings showed that the teachers who were engaged with MHCB demonstrated some improved confidence to deliver programming either independently or collaboratively. They stated that their confidence developed from witnessed MHCB presentations, access to resources, and personal experience of getting involved with the MHCB initiative over an extended period of time.

**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.

• Expectedly, partnerships between MHCB staff, school staff, student-leaders, and community agencies contributed to establishing the MHCB initiative as a resource. However, partnerships with school administration, school associations and teacher to teacher partnerships also emerged from the analysis as part of the networking processes.

• With regards to the strengths of MHCB, the themes from participants’ responses were physical presence of MHCB staff as a resource person within the school, uniqueness of MHCB initiative and its mandate, and the awareness for opening up mental health conversations. In terms of challenges, the themes from school coordinators’ responses include breaking into the school system and difficulties with teacher engagement; while the theme from the other participants was the stigma preventing people from accessing the MHCB program and its resources.

• Finally, the need for time, more collaborative effort, strategic communication, and expansion to younger grades were recommended by the interviewees as ways to advance the initiative and promote a mental health culture within the schools and communities.
INTRODUCTION

The Mental Health Capacity Building (MHCB) is an initiative that utilizes universal programming within the school environment to mobilize positive school and community action. MHCB initiative promotes collaboration between schools and communities to recognize and address barriers to well-being through evidence-based mental health promotional activities. In other words, MHCB seeks to shift mental health culture by promoting positive mental health among children, youth, and families in schools and the surrounding communities.

The schools involved in the MHCB project 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. The initial operation of MHCB from January 2019 to May 2020 was evaluated using process and outcome measures to determine the impact and value of the initiative in the schools.

The feedback from the pilot study inspired the need to follow up with more qualitative experiences of participants involved in the program implementation and utilization. Therefore, the purpose of this evaluation was to capture in-depth reflections from different stakeholders involved in the project and provide experiential evidence on the impact of MHCB initiative on wellness of students and other individuals in the schools and communities. This evaluation also sought to provide themes on the successes and challenges existing with MHCB and to get a deeper understanding of the processes surrounding the established and emergent project indicators.

This report focused on the experiential reflections of MHCB school coordinators, teachers, student-leaders and their parents, who were directly engaged in the initiative either through the development, delivery, or use of the program and its resources. It should be noted that the data from this study include some reflections on the impact of Covid-19 pandemic particularly in relation to school closures and future plans.

METHODOLOGY

DESIGN

This evaluation was designed to build upon the indicators from the evaluation framework. These indicators are structured around the Four Betters: Better Health, Better Care, Better Value and Better Teams. Each Better has an evaluation objective associated with them. The established project indicators are those indicators that were identified from the pilot study, while the emergent project indicators are new themes that arose from the analysis of the textual data.

DATA COLLECTION TOOLS

To address the purpose of this evaluation, qualitative data was mainly captured. Virtual semi-structured interviews were conducted to capture the experiences of the participants, and the narrative summary provided by the MHCB staff in 2020 was also included in the data. A total of 15 in-depth interviews were conducted, which comprised of four MHCB coordinators, seven teaching staff, and two student-leaders with their parents. Participants were recruited from all the designated MHCB schools. For recruitment, the school superintendents provided a letter of approval to conduct interviews and then connected the researcher to the MHCB coordinators. Further, the school
coordinators facilitated connection to other participants within their schools. The interview process occurred from August to October, 2020 and the average duration of each interview was 45 minutes. All adult participants completed a consent form and the students also completed an adolescent consent form before interviewing them. This evaluation study received ethics approval from the SHA Research Ethics Board.

**ANALYSIS**

Thematic content analysis was used in this evaluation to structure the data around the evaluation objectives and indicators. All the data collected were transcribed verbatim and sent back to the participants for member checking. The data was further transferred to NVivo qualitative analysis software where the coding and categorization of data were done. The data was coded for line by line meaning before moving the codes into categories. These categories were then further integrated into the relevant project indicators along with the associated codes and data.

Both the data from the interviews as well as the narrative summary completed by the MHCB coordinators in 2020 were integrated into the analysis. Descriptive quotes are used throughout the report to reflect originality from participants’ point of view and describe patterns developed from the data. Please note that all the names stated in the quotes are pseudonyms (not the original names).
MEASUREMENT CONCEPT - BETTER HEALTH

EVALUATION OBJECTIVE 1: PROVIDE EVIDENCE-BASED AND INNOVATIVE PROGRAMMING TO ENHANCE MENTAL HEALTH AND WELL-BEING

The purpose of this evaluation objective was to demonstrate how 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 indicators falling under this objective include:

Evidence of created awareness
Reflections of positive interests, positive behaviour, and positive relationship
Reflections of impacted student’s self-esteem
Social engagement from students
Using coping skills and stress management techniques
Impact on students’ feeling of safety
Indicator 1 - Evidence of Created Awareness

The findings revealed that awareness was created by school coordinators through several promotional activities which include classroom presentations, staff meetings, email communications, physical and online advertisements, and via the word of mouth. Most participants, students inclusive, described that the mental health promotional activities played a key role in the development of mental health literacy in the schools. Besides the MHCB coordinators, teachers and students also engaged in the creation of awareness in diverse ways. The quotes below demonstrates how awareness were created by different group of stakeholders to promote mental health in the schools.

“Okay, like for example, there are some resources in my classroom. Like I posted a big poster on the classroom wall on stress coping skills for everyday life. They took a picture of it and they are sharing it.” - Teacher

“And we have a little presentation or whatever. And we can show what happens or how things all evolve. Showing it to the teachers that, lots of it is like actually…sometimes we actually can’t do stuff. And it’s helping the teachers understand that they can’t get mad at something because they can’t control it, you know.” – Student-leader

The last quote above was from a student-leader who stated that awareness had a positive impact on teacher’s understanding of their student’s mental health. During the interviews, MHCB staff were asked on reasons for increasing self-referrals in their schools and the findings showed that increasing awareness among teachers contributed to increased mental health conversations and self-referrals within the schools. This association between awareness and self-referrals is further discussed under the Better Care evaluation objective. Meanwhile, the quotes below from school coordinators support the impact of awareness on self-referrals.

“I think our self-referrals increased because we advertised on Facebook; we hung posters around the community at the different organization. We also got them to announce on radio because you know...with bingo, a lot of people are tuning in to the radio.” – School Coordinator

“Because we were there and the knowledge and presence that we have in the school. So not only being in that classroom but being at the school population areas which involves being at the assemblies, classrooms, and even taking part in welcome weeks with a table of activities.” – School Coordinator
Indicator 2 - Reflections on Positive Interests, Positive behavior and Positive Relationships

Students showed positive interests toward the MHCB program through utilizing the MHCB room for any desired purpose. They also showed interests through follow-up on specific programs and resources. School coordinators reflected on how students followed up by coming to them after class presentations to ask questions and request information and resources. For example, after learning mindfulness strategies facilitated by a wellness promoter, some students followed up with the MHCB staff to discuss how they have applied the strategies to personal situations. In other cases where guest experts were invited in for presentations, students saw the presenters as role models and freely connected after the presentations. Teachers further reflected that students requested mental health activities in class especially by reminding the teacher of a scheduled activity.

“...during my Wellness 10 class, I did have students request, ‘Hey Miss Katrine, can we do like a mindfulness moment today?’ and I say yeah, for sure. So I think that shows a huge engagement for students.” - Teacher

Students who accessed specific programs also seemed to access other programs and got a closer connection to the MHCB staff. As a result, students developed positive relationships within the school and at home. Below is a student describing how MHCB helped her deal with anxiety and have relationships at school.

“I think it has influenced me in a way that I was able to get through my anxiety and have relationship with people at school, who I’ve never thought of having relationship with before, and develop friendships.” – Student-leader

A parent also explained how MHCB impacted her daughter’s relationship with siblings, thereby showing the extension of MHCB resources to home environment.

“And all of that is kind of spilled over at home as well. She has learnt so many valuable skills and she shares them with her sisters. She knows when she needs to reach out or step back and things like that.” - Parent

All the different categories of participants described how the MHCB program influenced students’ behavior. In particular, they described that the MHCB room served as a space for student to get away from unhealthy behaviors. One of the school coordinators said:

“And he had shared that there was another student who wanted to fight him, and instead of engaging in that type of behavior, they chose to come into our [MHCB] space, to not participate in that fighting, even though, they wanted to.” – School Coordinator

A student-leader also said:

“Sometimes I feel mad because people are teasing. But then I get over it. And when teacher asks me, ‘Who was that one boy you were mad at in the last grade?’ Then I say, ‘Forget about that. That was a long time ago.’ Then he’s like, ‘Good for you that you got over it.’ Then he gives a good thumbs up.”

It is noteworthy to reflect that the student in the quote above described that MHCB program helped him overcome a negative coping response of fighting his bullies by actually walking away and letting go. Another student below described being able to self-regulate when stressed due to strategies learnt from the MHCB program.

“But sometimes I just step back a little bit and I’m able to come back. Once I’ve given myself enough time to recharge a little bit, I’m able to go and deal with it without getting overwhelmed and yelling when it’s not needed.” – Student-leader
Although the student-leaders interviewed in this study were impacted by the Covid-19 lock down measures, they showed positivity by stating that they are looking forward to renewing their direct engagement and relationship with the MHCB staff in the new school year. In similar vein, school staff also mentioned their plans to renew their relationships. Overall, the findings showed that MHCB inspired some positive relationships and behaviours for students who were engaged in the program.

Indicator 3 - Social Engagement from Students

Generally, the data showed that the MHCB program and its associated features created opportunities for social engagement among students. These could be through their group engagements, presentations, and student associations, among others. For example, the MHCB rooms served as a place for students to meet with their peers. In addition, students engaged freely with MHCB staff particularly with the wellness promoters during and after presentations. The student-leaders, through their positive engagement in the program, inspired various mental health activities within their respective student associations. Further, teachers also described that students were receptive to the wellness promoters and tend to engage comfortably with them during class presentations and activities. The quote below helps demonstrate an example of social engagement from students.

“I’ve observed [the MHCB team] again coming into the room and just how receptive the kids are. And they are actually listening to what she is teaching. They are listening to the concepts of zones of regulation.” - Teacher
Indicator 4 - Using Coping Skills and Stress-Management Skills

Just as teachers and MCHB staff are teaching mental health coping skills, the students also derived some positive outcomes through their learning and utilization of the coping skills. First, the quotes below demonstrates how MHCB staff teach coping skills by encouraging mental health conversations.

“...to play to stir conversations around coping skills and just to have that important everyday vocabulary for them.” – School Coordinator

“And we offer such a variety of activity where we do something fun such as giant jenga or cookie decorating or an art session as well as talking about mental health issue and keep the repetitive coping skills going.” – School Coordinator

The teachers also taught coping skills through classroom activities such as practicing mindfulness, relaxation techniques, and provision of resources acquired from the MHCB staff. The quotes below from teachers support this pattern in the findings.

“And you know I try and bring that into the classroom too. Slow things down, maybe turn one bank of lights off so it’s not always so bright. And just take the opportunity to be a little more relaxed.” – Teacher

“I always tell them, ‘You don’t have to shoulder it because there are people around you who will help.’” - Teacher

There were some positive outcomes for the student-leaders. First, they used the coping skills they were taught to manage personal situations, as described by the student-leaders and their parents in the quotes below:

“Bryan [the School Coordinator] here help me a lot about mental health and he taught me a lot. He taught me about my anger issues and that’s good...He is helping other kids like me...Yea, I like coming here [MHCB room] because it helps me control my anger issues...Sometimes I get mad and I do this real hard (clamps hand together). I squeeze my knuckles and I breathe in and out. Sometimes when I feel angry, I go in my room and I calm down.” – Student-leader

From the quote above, the student-leader acknowledged the need to deal with anger and the role that MHCB played in helping manage the behavior. He also reflected on some of the coping skills he had learnt in dealing with the situation. In another interview, his parent also supported how he used the coping skills by describing that:

“It has helped a lot because before when John [my son] would get angry, he would want to fight. He would want to lash out and talk back. Sometimes, swear. Whereas now, he will just tighten up, or he’ll crumple up paper in his hands, and not like react right away by swearing or getting angry at people. He’s learning to like control his anger.” - Parent

Another student-leader who dealt with anxiety explained how she coped by using some of the technique acquired from MHCB. More specifically, she explained that journaling was something she had developed over time and used effectively. The student-leader said:

“In the [MHCB] room, Sandra [the Wellness Promoter] has told me things about writing skills because I told her about my journal, so she gave me some ideas. So I created a book journal whereby every day I write down different things to help you cope with what’s going on through that day or just a to-do list so that you know what’s going on through that day. So it doesn’t seem so stressful once it’s all written down...And that helped me at home because when I was super-stressed about something, I could write it down, and I wouldn’t be taking it out on my sisters or my parents.” – Student-leader

Besides the students’ reflections, a number of the teaching staff that were interviewed also described some positive outcomes for students. These include becoming more relaxed and building academic competence. For
example, while describing some of the positive outcomes of utilizing the coping strategies acquired from MHCB, a teacher stated that:

“I think as a result of the program, and me getting involved and becoming a little bit more passionate about it, and practicing it at home and in school, I think both personally, my family and my students are just a little more chilled.” – Teacher

While describing some positive outcomes for students in terms of using coping skills, one of the MHCB staff also discussed the use of MHCB resources to manage episodic stressors such as exam seasons. She said:

“I think just some of the positive stuff with using the tools that we put out. So we put stress kits out around the school, so seeing the students using that materials during the exam or at times when they are stressed is positive. And again, inviting their friends to come and check it out.” – School Coordinator
Indicator 5 - Reflections on Impacted Self-Esteem

The data showed that teachers, students, and parents had some positive reflections on the role of MHCB in influencing children’s self-esteem. Most of the teachers interviewed believed that as mental health literacy increases, the more students’ confidence will increase. This was reflected in the quotes from teachers, which are highlighted below:

“If students know that it’s okay to be stressed, or it’s okay to be anxious, or it’s okay to be nervous, they learn skills to help them walk through that and cope through that. I think they just feel like they are okay. And anytime you can just feel good about yourself. I don’t know, I think that just builds positive self-esteem.” – Teacher

“So it develops their confidence, their self-esteem. And sometimes, they are even like dancing because they were able to cope up the stress.” – Teacher

Meanwhile, parents and their children provided experiential data that directly demonstrated that the MHCB program has influenced their children’s self-esteem positively. For example, one of the parents discussed her expectations at the start of the MHCB program and further reflected on the impact for his son.

So when this mental health program came in, I was like, ‘Oh thank God!’ [shows a sigh of relief]. It was like a gift from heaven. Not only me but my other friends and sisters said, ‘You know what, if [my son] can enter the system, and go to these evening things, it will help him and you’ll see a difference in his self-esteem.’ And I see a difference in my son’s self-esteem. You know, I do. - Parent

This parent further reflected on the impact by describing some of the changes she observed in her son’s perceived body image. She said:

“Sometimes, he is trying to plait his hair to the side to look cool all the time and the way he presents himself. But now, he’ll say, ‘I’m just going to be myself. I’m not going to worry how anybody thinks I am today’... He is just a whole different person just using those things [MHCB resources]. And even if it’s just that little chart on the fridge.” - Parent

Another parent of a student-leader, whose daughter was dealing with anxiety emphasized the impact of MHCB on her self-confidence by stating that:

“I believe the MHCB has influenced her behavior in a lot of positive ways. At school, she has achieved a level of self-confidence that she had yet to find at that point.” - Parent

In general, the findings from this evaluation showed that many of the interviewees provided experiential evidence supporting a positive impact of MHCB on the student’s self-esteem. This may have resulted from continued awareness, educational sessions on coping strategies, and provision of stress management resources.
Indicator 6 - Reflections on Feeling of Physical and Psychological Safety

The feeling of safety as a result of MHCB is an indicator that was collectively reflected by all participants. They explained that having an MHCB space within the school provided a dependable safe place for students and even teachers occasionally. From the analysis, the manner in which students utilized the safe space was thematically broken down into several categories, which will be further described below.

First, it was identified as a safe space for disclosure. It was a space for students to reveal any mental health concerns discreetly in order to receive the needed support or treatment. One of the student-leaders shared that her capacity to support other students through their mental health sprang out from having a safe space to disclose their concerns.

“And anything that was said in there stayed in there. They just have a way of helping you be yourself and know that it doesn’t really matter what anyone else thinks... Like people not scared to talk about their mental health. I know many kids who denied lots of those stuff like having anxiety or whatever, and then they became part of the MHCB room or the mental health program. And they weren’t scared to talk about it and they were beginning to help other kids who might be going through the same thing.” – Student leader

Moreover, school coordinators demonstrated that students sometimes feel uncomfortable disclosing their concerns to mental health counsellors, because of fear of being stigmatized as someone seeing a counsellor or fear of disappointment for those students that had developed personal relationships with their counsellors. In this scenario, students feel safer disclosing to MHCB staff in the MHCB space as opposed to talking with counsellors. One of the school coordinators described by stating:

“But we have had a situation in two different cases where students had a close relationship with one of the counsellors and didn’t want to disclose their information to them. So they came to my office and let us know that they were feeling at risk for suicide.” – School Coordinator

Second, the MHCB space was identified as a safe space for students to get heard. Given that children appreciate being given a voice, the data provided evidence supporting the use of the space by students to communicate with someone whenever necessary. Consequently, the students were able to overcome societal stigma associated with mental health issues and develop a sense of belonging. Here is what one of the students stated:

“Well in the [MHCB] room, we talk to the two educators there, and we told them our feelings, and they gave us ways to deal with it...And there was the same faces in there every day as well as new faces. And everybody could go in there and talk about whatever you want to talk about.” – Student-leader

“I love that we are getting more acceptance and we are able to talk more about our problems in the school without being ridiculed by many of the students or teachers. I really think that has been done so far and continues to be getting done, and it is helping.” – Student-leader

“I feel like having a place directly in the school where students can go and are free to be themselves or free to talk about their problems without any judgment placed upon them. And they can just really open up freely and get that out; I think that’s extremely important.” - Parent

Another category identified was having a safe space for positivity. In a few of the MHCB designated schools, the name—Place of Positivity (POP) was given to the MHCB room, implying the type of positive energy students derive from the environment. One of the student-leaders also described that the name (POP) was created based on consultation with students. The quote below helps demonstrate a safe space for positivity.

“I know they had come up with the name POP room because they wanted a place for safety. But we already have SASS which is Student Alliance for Safety and Support. So we made a room where everybody
could pop in. So they took that, which is place of positivity, which then became the name.” — Student-leader

“Brenda [the MHCB staff] has a really nice vibe in there, and there was always a collective group of students in there. It wasn’t just one type or the other, so that I think is really indicative of the program itself that it appeals to all students and students feel safe in that room...So that’s positive.” — Student-leader

Furthermore, it was identified as a safe space for supporting at-risk kids. This was commonly reflected by the school coordinators, they continued to experience an increase in the number of self-referrals to the program, some of which were students dealing with the feeling of exclusion within the school settings. For example, the term slipped through the crack was used by one of the coordinators to describe marginalization, with an emphasis on the MHCB space serving the needs for these groups of students.

“Our space, we really look at making it a safe space and we found we had a lot of kids who slipped through the crack, right. Those kids who don’t necessarily fit here or there or they don’t access the support that they might need.” — School Coordinator

“I have nowhere else to go, I am so thankful for this program because I have somewhere I can come. We have had kids actually say that, I come to school just because you guys are here.” — School Coordinator

Lastly, it was a safe space for students to learn. The space served as a welcoming environment for students who seek a place to work during their spare time. MHCB coordinators described that students dropped in regularly to request whether they could use the space for academic purposes. Moreover, the coordinators consistently organized different educational activities within their MHCB room for students. The lunch and learn sessions does not only create educational opportunities, students were also encouraged to invite and support each other through the sessions. Interestingly, it emerged from the findings that the MHCB space also served teachers, in terms of receiving health support as well as having a place to decompress.
MEASUREMENT CONCEPT - BETTER CARE

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

The purpose of this evaluation objective was to demonstrate how 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 indicators falling under this objective include:

- Incoming referrals
- Outgoing referrals
- Bridging the gap of care (emerged indicator)
- Setting boundaries to balance between supporting and counselling (emerged indicator)
**Indicator 1 - Reflections on Incoming Referrals**

It was clearly established from the pilot study that student self-referrals increased; participants were asked during these interviews to describe their perceived reason for this trend. The theme from their responses points to the increasing awareness of MHCB within the schools and the communities; the more that teachers understand what MHCB is all about, the more inclined they are to access the resources. In addition, it was commonly reflected that teacher referrals played a crucial role in this trend, especially by referring students in need of regulation whenever they are having an unusual day.

“They weren’t having a great day. And connecting with them and just feeling, like after our conversation, feeling like they could use a different place to work or just to speak to someone other than me.” – *Teacher*

“There were some referrals to the POP room for kids to sort of have time to regulate themselves. So yeah, for sure. So that was positive.” - *Teacher*

In other words, majority of the incoming referrals were not described as therapeutic intervention but rather to support students’ self-regulation of their emotions, based on the teachers’ appraisal of their students. Therefore, referrals from teachers were mostly directed to the MHCB before the full school referral team or counselling team. The type of relationship between the teachers and MHCB staff enabled them to meet spontaneously or send emails to discuss options for students who may need to use a different environment for work as opposed to the regular classroom, and they reflected that this approach was deemed positive.

**Indicator 2 - Reflections on Outgoing Referrals**

In terms of early therapeutic intervention, the data showed evidence of MHCB staff supporting at risk students by referring them to the appropriate services. In many cases, the school coordinators described that at-risk students dealing with anxiety, depression, addiction, or suicidal thoughts are typically referred to the school social worker or counsellor, and then to outside mental health agencies appropriately.

An important aspect of this indicator was how the MHCB staff dealt with disclosures. Most of the MHCB staff reflected on experiences of dealing with disclosure when a student opened up about self-harm or suicidal thoughts. Dealing with these types of disclosure was described as a tough experience due to the sensitivity of the circumstances. For example, one of the school coordinators described that the manner of disclosures can be unexpected and unpredictable. She said:

“I mean there are some students that come asking for a glass of water and then it ends up being a totally different conversation of disclosure that they are wanting to self-harm.” – *School Coordinator*

Meanwhile, using a clear and sincere language as well as supportive words was described by the MHCB staff as the common approach taken to deal with these types of situations.

“It really does hit hard man, and you got to know what words to use so that they know you are going to support them through the whole process.” – *School Coordinator*
Indicator 3 - Bridging the Gap of Care

This is an indicator that newly emerged from this qualitative analysis. There was a wealth of data showing evidence that MHCB served as a platform that bridges the gap of care in the mental health and addiction continuum of care. Many of the students were already seeing a counsellor, so they felt reluctant discussing some issues with their counsellors, and as such, the MHCB serves as a platform where they felt safe to reach out voluntarily.

A key aspect of this indicator is the development of supportive relationships for early interventions. The importance of supportive relationships for bridging the gap of care ranges from its influence in incoming referrals to outgoing referrals. In terms of incoming referrals, the school coordinators explained that many of their conversations with students didn’t end up as a referral to mental health services. They emphasized that students who were having an unusual day relied on the relationship they have developed with MHCB staff for self-regulation, which was described as part of the early intervention process.

However, the influence of supportive relationship in outgoing referrals was strongly emphasized by the school coordinators. Going back to the experiences of dealing with disclosures, one of the school coordinators explained that the initial stage in providing support is gaining trust through the building of rapport.

“I guess there’s a lot of rapport building before that, right. Just kind of figuring out what’s going on in their situation.” – School Coordinator

After the initial building of trust, they described that supportive relationship was still very important at the student transfer stage to ensure a successful referral to appropriate services. A student with a recurring visit to the MHCB room who eventually needs a referral may find the referral process smoother if there was an established relationship, as described by the coordinators. For example, during the transfer process to a school counsellor, some coordinators explained that they typically offer to walk together with the student to the counsellor’s office.

“So it’s not like go to student services. But like let’s walk together, let’s talk together...” – School Coordinator

Upon further investigation, they reflected that staying connected with the students during the transfer helped prevent students from failing to continue the process. In some cases, students refuse to follow up with counsellors perhaps due to the stigmatization attached. Therefore, having that supportive relationship to the hand over and to more therapeutic intervention is important.

Finally, supportive relationship as part of bridging the gap of care was effective during the follow-up stage. Due to the established relationship between MHCB staff and the students or teachers, following up with students throughout the school year proved undemanding and smooth for them.

Indicator 4 - Setting Boundaries to Balance between Supporting and Counselling

This indicator was commonly demonstrated by the school coordinators as part of Better Care. In staying true to MHCB mandate, the school coordinators find themselves having to create some boundaries to prevent shifting to therapeutic relationship with students. Therefore, they understood that their conversation with any at-risk student needed to be conducted professionally while still maintaining the needed relationship. This process was favorably managed by the MHCB staff through the use of clear promotional language as well as their adaptation over time. Here are some school coordinators describing how they managed this stage of care:

“But then as I started to understand my role more, and adapted more, you just kind of know your lines, and say...okay, this has kind of reached that point...Not that you can’t use the program, but for that in-depth discussion, we really need to refer you to the appropriate people.” School Coordinator
“But I think I adapted quite quickly to cross that line. I think it’s a learning experience too. And having that experience of knowing when it’s therapy and when it’s not.” – School Coordinator
EVALUATION OBJECTIVE 3: BUILD CAPACITY IN SCHOOL STAFF TO DELIVER WELLNESS PROGRAMMING

The purpose of this evaluation objective was to demonstrate how 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 indicators falling under this objective include:

- Reflections on capacity building
- Positive teacher engagement
- Integration of programs into teaching
- Confidence to deliver programming
Indicator 1 - Reflection on Capacity Building

First, the data showed some evidence of capacity building through classroom presentations conducted by MHCB staff. The presentations tend to pave way for teachers to start embedding mental health knowledge into their regular classroom activities. Second, the data also showed some evidence of capacity building through online professional programs offered by MHCB staff. In particular, the Mindful Schools educational program was commonly described by many of the teachers interviewed, as a training that they embraced. Lastly, program awareness for staff particularly at PD days was commonly reflected as a driving force for more school staff engagement. During the interviews, one of the teachers stated that:

“When they do things as a part of a PD day where the whole staff are involved, I think it kind of forces the staff to try and participate, which is good because some of them might not know what they are missing until they maybe try it.” - Teacher

Indicator 2 - Positive Teacher Engagement and Integration

This indicator emerged as a theme that was reflected by all the MHCB staff and teachers interviewed in this study. The data showed that there was a positive experience for the teachers interviewed in terms of integrating MHCB programming and resources into their teaching. This does not denote that all the teachers in the schools have a favorable experience but rather showing the meaning that was captured from all the study participants. The purpose of integrating programs into teaching are broken down into three categories which will be further described below.

First, the data showed teacher integration of programs for curriculum impact. A number of the teachers described that they have embedded MHCB resources in their curriculum in order to educate the students and provide them with tools needed for good mental health. In this case, MHCB was not considered as an add-on but a significant part of the curriculum. Interestingly but perhaps unexpectedly, the teachers reflected on the degree of curriculum integration, and it would seem that an average of 4 to 5 hours of content per subject was a typical length of time. Here are some reflections from the teachers:

“For my Wellness 10 class, I suspect they will be in for, I would say probably 4 to 5 hours. For Phys Ed 9, it will be closer to 2 hours.” - Teacher

“Um, one lasted about...again, it will scale up, so the culminating project at the end will be a lesson followed with some work. We wanted the kids to do some assignments. So the final one would have taken about 4 classrooms, 4 hours, whereas the earlier ones will take 1-2 hours, like presentation and assignment probably an hour.” - Teacher

From the last quote above, the teacher included plans for students to have assignments that were related to each lesson plan, implying that this type of integration is beyond an add-on. This teacher also took a collaborative approach with the MHCB staff to jointly facilitate the programming. It is clear that some class concepts may have the tendency for a smoother integration than the others. However, some of the teachers showed that mental health programming may fit into unique classes as the teacher see fit. For example, one of the teachers integrated the resources into an English as an Additional Language class (EAL) while another found ways to embed mindfulness sessions into a Math class.

With the above context, the second category of teacher integration is for student development of coping skills. Many of the teachers who did not fully make MHCB a major part of the curriculum content, used the resources to empower students with various coping strategies for optimal mental health. One of such strategies was the zones of regulation which was described by teachers and MHCB staff as an important tool that empowers students to deal with acute mood swings and emotional outbursts. Some of the interviewees described that the zones of regulation were hung on classroom walls, after being introduced by the MHCB staff.
“She [The wellness promoter] did a lot of really good work around the zones of regulation. How to recognize if you are feeling sluggish, if you are feeling excited, if you are feeling just right, or if you are getting to that angry state. And starting to develop some of those tools for self-regulation… Sometimes they [students] would refer to the resources in the classroom. Like we kept the zones of regulation up on the wall” - Teacher

“Yeah, we do things like a bunch of zones of regulations with the grades 4, 5, & 6 that we focus on. There are few classrooms that actually have it hung up just like we have there (points to the wall).” – School Coordinator

Going back to the integration of MHCB into unique classes such as EAL and Math, the EAL teacher described that mental health resources were integrated to empower newcomer students in dealing with stress associated with resettlement, while the Math teacher explained that embedding some mindfulness sessions before the class was aimed at reducing students’ nervousness about the lesson by creating a conducive environment to focus and possibly improve their confidence in Math skills. This emphasizes the data showing that teachers also integrated mental health resources into their teaching for students to develop effective coping skills.

**The third category are teachers who integrated program and resources into teaching for literacy.** The data showed that some of the teachers focused on educating the students and empowering them with mental health knowledge. This included scheduling MHCB presentations in the classrooms, using promotional resources, and teacher’s personal emphasis within the class lessons.

“...and when they understand that teacher has bullied, teacher has been bullied, and it hurts teacher’s feelings, they start to see the humanity in each other... and guess what, teacher sometimes is in the red zone. Now we have to all try and work together again to help teacher get to the green zone.” - Teacher

Part of teaching literacy is to educate the students on psychological normality. Both the MHCB staff and the teachers described that they constantly educate students that some feelings are quite normal from a societal perspective. Some of the teachers shared their personal experiences with the students to establish the sense of mental health normalcy. The quotes below helps demonstrate this point of view.

“...and when they understand that teacher has bullied, teacher has been bullied, and it hurts teacher’s feelings, they start to see the humanity in each other... and guess what, teacher sometimes is in the red zone. Now we have to all try and work together again to help teacher get to the green zone.” - Teacher

“I just expressed and let them know that it is normal to have this. Um, everyone has a type of anxiety whether it’s a diagnosed anxiety or just your everyday anxiety.” - Teacher

Interestingly, the teachers reflected that there were some positive outcomes from sharing their personal experiences with students. Although the students were astonished, they benefitted from the teachers’ authenticity, developed a sense of connection with the teacher’s experience, and were able to absorb the intended mental health knowledge around normality. Going back to the teacher who reflected on his bullying experience, he further stated some outcomes for the students, as described below:

“Once they discovered that their teacher has feelings and he is not always in the best mood himself, it was a great teaching lesson for them to understand that everybody has emotions, everybody hurts, everybody feels bad. And if we work together, we can get better.” – Teacher

Finally, the teachers stated that the Covid-19 lockdown negatively impacted their engagement with the MHCB staff; however, they were willing to continue the relationship and integration of resources moving into the new school year.
Indicator 3 - Reflections on Confidence to Deliver Programming

The findings showed that the teachers who were engaged with MHCB demonstrated some improved confidence to deliver programming either independently or collaboratively. Their confidence seemed to be developing from witnessed MHCB presentations, as described below.

“I do think that...um, because I have seen one of Brenda’s presentation maybe two or three times now, that I do have the ability and the knowledge in order to do the presentation.”

The teachers also reflected on gaining confidence through access to resources. In some cases, they described the MHCB staff as the resource themselves, implying that the presence of MHCB within the school setting has a significant role to play in their level of confidence.

“But by having the MHCB in the school and opening that discussion, made it possible for me to carry on that discussion even without MHCB staff.” - Teacher

“I’m confident enough because you know what, I have the resources and more knowledge about MHCB. The resources are very good, simple but these are the foundation.” - Teacher

One of the teachers also reflected that his mental health awareness has increased since engaging with MHCB and further reflected that his confidence has improved particularly because of his extension to local and community resources, which was needed to educate the students about the role of ethnocultural beliefs in mental wellness. He said:

“I have also gotten really involved with some of the local cultural stuff, lot of indigenous ceremony. So I bring a lot of that when I talk about mental health. So I’m not just talking about it from the white colonial aspect of mental health, but I’m also bringing in what the ancestors in this community have said. So that has given me a lot of confidence in having a regular conversations with local medicine people, local rulers, and looking at it from a Cree perspective.” - Teacher

Finally, the teachers were gaining confidence through their personal experience of getting involved with MHCB over an extended period of time as well as being a person who had dealt with mental health situations in life and committed to investing in it.

“Um...Right now I’m fairly confident. Much more confident than I would have been last year. The big difference for me is that this is my second year in this school in this setting.” - Teacher

“And with all the things I walked through with her, I gained confidence because I saw that it works. And that this is not only what my daughter need, this is what everybody needs.” - Teacher
MEASUREMENT CONCEPT - BETTER TEAMS

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 was to demonstrate how 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 indicators falling under this objective include:

Networking
Strengths
Challenges
Progress recommendations
Indicator 1 - Networking

Under this indicator, certain partnerships identified from the pilot study were described while some other categories of partnerships also emerged from the analysis. Similar to the pilot study, the findings showed that MHCB staff relied on student-leader partnership, teacher partnership, and community partnership to establish the initiative as a resource. As earlier described under previous indicators, student-leader and teacher partnership were frequently leveraged by MHCB staff within the schools. Clearly, the relationship with school teachers was described as the most important partnership for the success of the program. However, the MHCB staff also relied on community agencies for mental health promotion. Some of the agencies described include RCMP, sexual health clinic, Peter Ballantyre Cree Nation, among others. MHCB staff also partnered with local community leaders during their presentations to inspire school students through the concept of modelling. They explained that identifying champions within the communities was important to expand their network of mental health supports and services. Interestingly, a few of the teachers also reflected on considerations for community partnerships to integrate mental health into their teaching, as described below:

“Certainly I would look at partnerships and bridging the gap within the community.” - Teacher

There were some reflections on the importance of the MHCB provincial networking hub as one of the collaborative platforms that has been used to effectively improve the quality of programming within the respective jurisdictions. One of the coordinators stated:

“And then the provincial team and connecting with the Alberta counterparts has been huge in networking as well as our other provincial MHCB schools... I think without those networks, we wouldn’t see any success, because they know what works...what might be working in their school [that] may not work in our school but maybe there’s a way we can alter it. So that’s been huge in our success.” – School Coordinator

Furthermore, some other categories of partnerships emerged from the analysis. These include partnership with school administration, partnership with school associations, and teacher to teacher partnerships. In terms of school administrative support, both school coordinators and teachers described the positive support of school principal/division as an effective piece for a successful establishment of the program. Some of the school coordinators described how administrative support helped foster their relationships with the teachers by stating that:

“Then just having admin on board as well to say, this is really important; here are some ways we can get MHCB into the classrooms and get MHCB known, that type of thing.” – School Coordinator

“Also, we just have the support of our leadership at the division level. Our directors, deputy directors, and superintendents are very supportive of the program as well.” – School Coordinator

The teachers also reflected on the impact of administrative support, as one of them said:

“The strength of the program will always exist with the great support of the school admin, that always promote this to staff as applicable to their classes...Sometimes it depends on like say the head of the school (principal) who would really promote the program. And we staff, we know that we are safe. We know that if we do not understand sometimes, we have a very good support system. Because school is just like your family.” - Teacher

In terms of partnership with school associations, few of the school coordinators described their connection to specific associations such as Student Representative Council, Student Alliance for Safety and Support, multicultural team, and religious leaders in the case of Catholic schools.
Another category that emerged from the findings was the teacher to teacher partnership. This type of partnership mostly existed between teachers who share the common interest of integrating mental health programming into their classrooms. On one hand, the teacher to teacher partnership was directed toward promotional activities, student support, and collaborative classroom activities such as walking together or listening to a mental health talk. On the other hand, teachers used this type of partnership to support themselves. For example, one of the teachers described that those of them who are parents or have had some prior experience of dealing with mental health tend to support teachers without experience who show interest in MHCB.

“When I think of partnerships, I think partnerships that I have made with the other staff members who have kind of embraced the whole program that these ladies [MHCB staff] are offering to us...I think those are my partnerships. Those are the people you kind of go to in the school to help support the students or help support yourself.” — Teacher
Indicator 2 - Strengths

Building upon the other factors previously identified in this evaluation, the strengths can be broadly viewed from three categories. The theme identified by the teachers, the coordinators, and then the student-leaders and their parents. First, the findings showed that from the teachers’ perspectives, the strength of the program was described as the physical presence of an MHCB staff within the school as a resource person. When the teachers were asked to discuss the strengths during the interview, they mostly reflected that having someone within the schools is a key factor, and in some cases, they felt that the number of MHCB staff within the schools may not suffice for the needs of teachers and students. The quotes below are from the teachers responding to the question around strength:

“First of all, I think them being in the school is a huge strength. Being able to be here and devote all of their working day to promoting whatever activities they are planning...So the fact that we have them all to ourselves in our school, I think...yeah...is huge.” – Teacher

“So I think the availability of the resources and the presence of the MHCB staff as the resource person providing direct information. We must really have an MHCB staff at school. For me that’s really the strength of the program.” - Teacher

“I think having Brittany as the facilitator, the passion that she has for the program is a huge strength...And you have someone who is dedicated to the mental health of our students.” - Teacher

From the school coordinator’s perspective, the common theme from their responses on strength was the uniqueness of MHCB program and its mandate. They described that the strength of the program lies in the concept of building capacity as well as shifting from a reactive to a proactive approach to mental health promotion. They described that it is a program with potential to reach broader audience which encompasses school students, school staff, families, and community members. They also shared that the program uniqueness draws from the flexibility it affords the coordinators, in terms of them being neither counsellors nor psychiatrists nor social workers; nevertheless, they are fully committed to breaking down stigmas and barriers facing students’ mental health.

Finally, from the perspectives of students and parents, they described that the strength of the program lies in the awareness it provides for opening up discussion around mental health and positively influencing children’s behaviour. They specifically related the awareness to the fact that students now have a platform where they can be heard whenever they need to discuss their feelings or emotions without fear of being stigmatized. Here are some quotes from student-leaders and their parents to further explain this point of view:

“I feel like having a place directly in the school where students can go and are free to be themselves or free to talk about their problems without any judgment placed upon them. And they can just really open up freely and get that out; I think that’s extremely important.” - Parent

“Now, he has learned to control his anger...and understands that there are people who cares for him, and want to help him and love him.” - Parent
Indicator 3 - Challenges

All the interviewees were asked to describe some of the observed challenges that still existed with the program and their responses are thematically explained below from the perspectives of school coordinators, teachers, and students.

**From the perspectives of the school coordinators, there were two major themes which are further explained.**

First, the coordinators stated that breaking into the high school system was a major challenge. Some of the coordinators described this challenge by making comparisons to elementary schools. They also stated that this challenge may have resulted from specific factors such as misplaced understanding of the role of MHCB in the schools and alignment of program to specific curricula. Here are some of the responses of the school coordinators to the questions around challenges:

“It think another is just being in a high school, right? Not that it’s bad to have these programs in high school, but there are different expectations with hours of curriculum, and delivery, and all that. So it is kind of trickier sometimes to get into a classroom in high school compared to an elementary school, right?” – School Coordinator

“Finding time to fit it into the high school curriculum. Fitting these things, you know, mindfulness and exercises into elementary school curriculum is just a simpler fit than a high school curriculum because the high school curriculum are so full already.” – School Coordinator

“It’s a hard system to break into and even in the calendar that was provided to students, we were described as an outside agency last year (laughs softly). Because that was the understanding.” – School Coordinator

The second theme that emerged from the analysis of responses from the coordinators was teacher engagement challenge. Although there are some positive engagement from some teachers, the school coordinators described that getting as many teachers on board with the program can be challenging. Additionally, they explained that getting teachers to the point of self-facilitation is also a challenge. Despite being a challenge, they further described that they are consistently working on improving capacity building in this regard by using the “I do, we do, and you do model”. Some of the coordinators interviewed responded by stating:

“Well, you know we are still in our infancy so that teacher engagement would always be the first and foremost thing. I never thought that I would say this but student engagement is the easy part.” – School Coordinator

“So there are some who really buy into our program and the importance of mental health into the classroom. And there are others who feels it is important but they don’t see how it fits.” – School Coordinator

One of the teachers also acknowledged the teacher engagement challenge when she stated:

“I think the challenges with the program is not the program itself, it’s the teachers [within the school] who don’t see the value in the program.” – Teacher

**From the perspectives of the other participants, it would appear that the theme of their perceived challenges was the stigma around mental health which inhibits engagement.** This was the common factor from the responses of teachers, students and parents. It should not go unmentioned that a few teachers stated lack of awareness of MHCB resources as well as inadequate number of MHCB staff for teachers requirements, as some of their challenges. However, the common reflection from most participants was related to the stigmatization and the manner in which many teachers and students are still reluctant to engage in the program due to their lack of mental health literacy. Upon further investigation during the interviews, some of the participants suggested
continued awareness as the way to overcome the challenge of stigma. Some of the interviewees in response to the questions around challenges stated:

“Some of the challenges I observed with the program is that sometimes it’s really hard to get people interested or to get them to understand mental health or even care enough about it to want to participate in it because there is so much stigma around it still.” – Student-leader

“...my students, their mentality is whenever we mention mental health, they thought something is wrong...But once you try to integrate something to your lesson and then you share sometimes your experience. So it’s the mentality; that’s the challenge.” – Teacher

“I think the struggle not only with the program but just with mental health generally is just fighting the stigma.” – Teacher

One of the school coordinators also described that getting parents on board with the program might be hindered by the perceived stigma around mental health. He stated:

“And that stigma attached to mental health is going to be big one for us when it comes to parents.” – School Coordinator

**Finally, there were some reflections on challenges related to Covid-19.** Generally, the interviewees described that Covid-19 impacted programming and will possibly still have an impact going forward. In particular, a number of the teachers explained that they were starting to develop confidence to independently facilitate programs in their classrooms before the Covid-19 disruption started around March/April 2020.

“And so we are working on that I do, we do, you do model. So we were kind of in the we do phase before Covid hit.” - Teacher

“... especially with our long covid break. Because that was kind of when we were starting to really pick up steam with the program, is when the school shut down.” - Teacher
Indicator 4 – Suggested Recommendations

The interviewees were asked to reflect on what type of support may be needed to advance the MHCB initiative and promote a mental health culture within the schools, and their responses are further explained.

All the groups of participants believed that there is need for more collaboration among stakeholders to advance the initiative. They described that there is need to invite more experts or guest presenters to events or presentations. They also described the importance of involving positive role models who have a personal connection with mental health. Additionally, some of the teachers recommended more partnership with student-leaders within the schools.

“It’s going to have to be a collective effort and getting people on our side is going to be important moving forward.” – School Coordinator

“To get some student leaders involved will be some great next steps.” - Teacher

“And I think with continued support such as this, more collaboration between the staff who run the initiative and teachers and the students, more involvement will continue in the right direction in helping our kids. I think we just need to expand on this.” – Parent

“I don’t know what will be happening with the school but I would like to see maybe more presenters come in.” – Teacher

Another recommendation that was reflected by all the groups of participants was the need for time and long-term planning. They described that overcoming stigma requires developing trust, building relationship, and consistent awareness, all of which depends on time and planning. They also reflected that the program has laid a satisfactory foundation; however, it will take more time to shift mental health culture within the schools and communities. In light of this recommendation, interviewees highlighted the need for consistency with programming and educational opportunities

“I hope that it will be maintained. That we will continue to have an MHCB staff in school...Someone that will be our resource.” – Teacher

“It’s difficult to get this whole message out and it definitely going to take time. It will be something that we see more and more success from it. It’s just a matter of time and development.” – Parent

“For one, because it takes a lot of time to build trust; it takes a lot of time to build relationship.” – School Coordinator

Further on recommendation and mostly from teachers, is more strategic communication. The interviewed teachers believed that there may be a need for more clarification of mandate and roles, in terms of responsibilities and expectations from teachers and other stakeholders involved in the program. They emphasized the need to clarify the use of language by educating people to use correct terminologies around mental health literacy. In like manner, a few of the school coordinators also described that they would need to strategically communicate with teachers to establish MHCB as a complementing factor, and not as an additional workload.

“We are a big school, so it’s tough but I think, communication... Being a little more clearer with goals and then disseminating that through the system.” - Teacher

“Again the honest answer I can give you is communication.” – Teacher

“Communication, communication, communication! Transparency.” – School Coordinator

There were also recommendations related to the expansion of capacity to younger grades. From a lifelong perspective, the school coordinators reflected that it will be helpful to build the foundation of mental health
literacy from square one to ensure common language is established and maintain a smooth transition into the middle or high school stage.

“I think expansion will be a really great thing. Having more wellness promoters...because for our particular situation, we do have the feeder schools and that type of thing.” – School Coordinator

“Also I think it needs to start at the younger grades. Starting the initiative and introducing it into other lower grades definitely will enhance mental health outcomes in our students.” – School Coordinator

“So what we are hoping to do is to be able to touch base on the younger kids’ stuff, which can still benefit the older kids.” - Teacher

Finally, aside from more awareness which was commonly reflected throughout the analysis, other outlying recommendations that were highlighted include more professional development opportunities, more support from school administration, and creating a balance between the school system and the wellness system.
CONCLUSION

The purpose of this evaluation was to capture in-depth reflections on the impact of MHCB initiative within the schools and the communities by analyzing the perspectives of coordinators, teachers, and student-leaders with their parents.

From the analysis, the MHCB project has so far demonstrated encouraging evidence of a positive impact for students and staff at Saskatchewan MHCB designated schools. There were also some evidence showing that the initiative may be transcending the schools to families and community members.

From the Better Health perspective, there were reflections of positive outcomes with student interest, engagement, and behavior change. The data also provided enough evidence to support that MHCB provided a platform that is successfully promoting a sense of physical and psychological safety for the students.

The analysis provided some insights into some of the factors responsible for increasing referrals which were described under Better Care. The Better Value objective showed that outcomes related to capacity building are promising for the teachers. All the teachers interviewed in this study demonstrated some degree of program integration into their classrooms.

There were reflections on the extent of partnerships developed to establish the MHCB initiative as a resource, as well as the common challenges, strengths, and recommendations to advance the MHCB initiative and create a shifting mental health culture.

Despite some positive outcomes highlighted, it should not go unmentioned that a few teachers stated lack of awareness of MHCB resources as well as inadequate number of MHCB staff for teachers’ requirements, as some of their challenges. In addition, participants, especially teachers stated that Covid-19 lock down affected their momentum and confidence with integrating the programming into their classrooms.

Although the MHCB designated schools have been successful in mental health promotion and awareness types of events, participants highlighted that 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 awareness and education on mental health literacy, constant collaborations between stakeholders and community agencies, integration of intercultural approach and practices, and more professional development opportunities for MHCB staff and school staff.

My acknowledgement is due to all the MHCB designated schools and their administrative leaders. Many thanks also to the teachers, student-leaders, and parents that contributed their time and input to this project. Finally, this work would not have been possible without the dedication of all the MHCB staff members who not only gave their time for an interview, but are also committed to the advancement of health and wellness of students and staff within the schools over the years of program implementation.
APPENDIX: INTERVIEW QUESTIONS

BETTER HEALTH

1. Please tell me about yourself.
   **Probe**
   a. In your own way, how would you describe yourself and the role you play in the MHCB program

2. From your observation, describe how you think the MHCB program has influenced students' social engagement.
   **Probe**
   a. What are some of the ways by which students show positive interest in the MHCB program?
   b. How do you think MHCB has influenced student behaviour in school?

3. What are some positive mental health behaviours you observed among students during the MHCB programming?
   **Probe**
   a. How has the program influenced children’s feeling of safety within the school?
   b. How has the program influenced children’s ability to cope with circumstances?

BETTER CARE

1. As a school staff, describe when you have had to refer someone to MHCB for support.
   a. How did you determine the process for the referral?

2. Describe the actions that you took personally to promote an environment supportive of mental health in your school
   a. What are some of the ways you personally attempted to promote inclusivity in your school?

BETTER VALUE

1. If any, describe when and how you have had to transfer MHCB program resources to teaching or other practices.
   **Probe**
   a. Discuss how confident you feel in delivering this/these programs.
   b. Discuss how competent you feel to acquire necessary mental health resources.

2. Which of the MHCB programs delivered in your school do you consider the most successful?
   **Probe**
   a. Why do you consider the programs successful?

BETTER TEAMS
1. What types of network/partnership were the most important for you during the delivery of the MHCB program?
   **Probe**
   a. Why was this/these partnership created and considered important?
2. Describe some of the major challenges that still exist with the MHCB program?
3. What are the major strengths you observed from the MHCB program?
   a. Why do you consider them major strengths?
4. What type of support do you think is needed within your school to advance a school-wide mental health culture?