Youth mental health is of great concern in Canada and around the world. The Canadian Mental Health Association estimates that 10-20% of Canadian youth are affected by a mental disorder; other studies indicate even higher rates of depression, behavioural issues, and bullying in school settings. In addition to problems with attendance associated with these issues, learning is also often negatively impacted. Many researchers and practitioners believe that incorporating mental health programming into curricula is critical to addressing this issue. When the Mental Health Commission of Canada released the nation’s first national mental health strategy in 2012, child and youth mental health was identified as a priority and school-based programs were suggested as an effective tool to promote mental health.

Many programs have been implemented on a district or provincial level in Canada; a recent scan published by the School-based Mental Health and Substance Abuse (SBMHSA) consortium identified over 100 programs currently in use across the country. The challenge in determining which programs are most effective lies in the lack of evidence-based research. While the body of research around school-based mental health programs is growing steadily, it is scattered, often evaluating a single program in a single setting and few programs have more than one or two evaluations. Based on this limited evidence, two programs were strongly recommended in the Social Emotional Learning (SEL) Toolkit developed by the Canadian Prevention Science Cluster (Atlantic). They are Promoting Alternative Thinking Strategies (PATHS) and Second Step. Another program, Zippy’s Friends, achieved positive results in a Quebec study.

Despite the scattered nature of program evaluation, the research that does exist indicates a common understanding on the characteristics of an effective program. School based programs should:

• be part of a comprehensive school health initiative and reach all students rather than targeting those identified as having mental health issues;
• be collaborative – with educators, students, parents, community agencies, and health providers working together;
• focus on promotion of positive mental health rather than reaction to mental illness;
• be adaptable to meet the needs and resources of the setting.

Additionally, attention must be paid to how programs are implemented in schools. Even when adapted to suit the local circumstances, programs must be delivered with fidelity to the original design. The process and outcomes must be closely monitored to ensure the desired results are achieved. Resources need to be available for training and support of program delivery personnel.

The mental well-being of children and youth is a critical issue for parents, educators, health care providers, researchers, and policy-makers. These groups need to work together not only to continue gathering evidence on programming models, but to also begin building effective or promising programs into curricula now.

For online resources as well as the research references that inform this issue, please visit: www.cea-ace.ca/facts-on-education

The Facts on Education Series is produced with a generous sponsorship from the Canadian School Boards Association.

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