



Building a Better  
School Environment for Youth  
with Mental Health and  
Addiction Issues

**THE NEW MENTALITY**  
DISABLE THE LABEL



Children's Mental Health Ontario  
Santé mentale pour enfants Ontario

## Table of Contents

Acknowledgements.....	3
Executive Summary.....	4
Building a Better School Environment for Youth with Mental Health and Addictions Issues.....	6
Introduction .....	6
Background .....	6
Methodology.....	7
Findings and Discussion .....	8
Finding 1: Effective communication and respect including confidentiality between youth and those in leadership roles help youth feel more empowered .....	8
Finding 2: Feelings of isolation serve to further alienate youth with mental illness.....	10
Finding 3: A lack of access to resources prevents students from receiving support.....	11
Finding 4: Insufficient mental health and addictions education in the school curriculum leaves students in the dark .....	12
Finding 5: More mental health related professional development courses would benefit both teachers and their students .....	12
Recommendations .....	13
Recommendation 1: Improve communication and respect between youth and those in leadership roles in order for youth to effectively step into their own and be empowered .....	13
Recommendation 2: Provide youth with increased support and compassion from peers to reduce feelings of isolation .....	13
Recommendation 3: Increase access to resources to ensure more young people seek help .....	14
Recommendation 4: Incorporate a greater level of mental health and addictions education into the school curriculum.....	14
Recommendation 5: Provide increased professional development and training for teachers and staff members on how to support the mental health and well-being of young people .....	14
Appendix A:.....	15
Appendix B: .....	22

## ACKNOWLEDGEMENTS

Children's Mental Health Ontario represents and supports the providers of child and youth mental health treatment services throughout Ontario. Our core membership consists of more than 80 community-based children's mental health centres that serve some 150,000 children and their families annually. As a passionate supporter of youth engagement, in 2007, CMHO launched The New Mentality, a province-wide network of youth engagement groups. In 2010, CMHO created the Youth Action Committee (YAC), a Committee of the Board of Directors. CMHO, The New Mentality, and YAC work closely together.

This report is the result of tremendous efforts from many great minds. It has been spearheaded and led by Youth Action Committee Co-chairs Caitlin Robb and Mary-Anne Leahy who worked with a brilliant team of young people to develop the plan, survey, website, video contest, and consultations that led to this paper. Without their vision, fortitude, and dedication this report would never have been completed. Members of the 2012-2013 Youth Action Committee include:

- Arielle Bush, London
- Emily Campbell, Stratford
- Olivia Heffernan, Guelph
- Sabrina Gollan, Bruce County
- Emma McCann, Sarnia
- Bri Parks, Stratford

Funding for this special project was provided by a generous grant from the Laidlaw Foundation. The Youth Action Committee received support from CMHO staff, Margo Warren, Christine Pelletier, Joanne Johnston, Frances Ruffolo and from Catherine Dyer, the Program Manager of The New Mentality. CMHO's Board of Directors also supported the development of this paper through the Public Policy Committee and through Natricia Drummond, the board liaison to the YAC.

Special thanks go to the Kingston New Mentality group at Pathways for Children and Youth for organizing their focus group and to all those who participated in the Disable The Label focus group. To the 64 youth who provided input during a focus group, the 93 youth who submitted videos, and the 134 youth who completed a survey- THANK YOU! Your voice matters. We are listening, and we will work together so that every child and youth grows up mentally healthy.

The Youth Action Committee would like to thank its generous funder for their support,



## Building a Better School Environment for Youth with Mental Health and Addiction Issues: Executive Summary


In 2012, the Youth Action Committee of Children's Mental Health Ontario designed a project to identify how schools could be adapted to better support youth with mental health and addiction issues and increase their success in overcoming personal struggles. Although data was collected through a variety of methods, including focus groups, a video contest, and individual submissions, the primary source of data was retrieved from an online survey. Nearly 300 youth, aged 11 to 25, took part in the project.

### This report outlines several main findings:

- Effective communication and respect between youth and those in leadership roles help youth feel more empowered
  - Youth identified that many teachers, administration staff, and mental health professionals in schools need to improve communication with young people experiencing mental health and addiction issues.
- Feelings of isolation serve to further alienate youth with mental illness
  - Only 18.4% of survey respondents identified that mental health issues were talked about with their peers and 16.5% of respondents identified the same to be true for addiction issues.
  - 46.4% of youth participants identified stigma as a barrier at their school that prevents them from seeking support for mental health and/or addiction issues.
- A lack of access to resources prevents students from receiving support
  - The highest ranked resource needed for addressing mental health and addiction issues was a designated safe space in school that would allow a safe retreat for youth to go if they are experiencing difficulty managing mental health symptoms.
- Insufficient mental health and addiction education in the school curriculum leaves students in the dark
  - 28.2% of youth indicated that mental health curriculum and 35.9% indicated that they were covered only once in one class.
- More mental health related professional development courses would benefit both teachers and their students
  - Only 35.1% of youth respondents felt that most staff at their school had an understanding of youth mental health issues.

### Based on these findings, the report outlines the following key recommendations:

- 1) Improve communication and respect between youth and those in leadership roles in order for youth to effectively step into their own and be empowered
  - Have students and teachers work collaboratively to create a youth-led mental health and addiction awareness club in every school
  - Educate youth and teachers about the importance of confidentiality
  - Train teachers to communicate with youth in a non-judgemental and empathic way

- 
- 2) Provide youth with increased support and compassion from peers to reduce feelings of isolation
    - Create a peer support group facilitated by a mental health professional that would convene on school property outside of regular class time
    - Create a peer mentorship program and/or name mental health ambassadors to provide additional support for students over the course of their time in school
  - 3) Increase access to resources to ensure more young people seek help
    - Provide a mental health designated space in schools to help kids work through mental health issues in a quiet and private non-judgemental environment
    - Make students aware of mental health professionals in schools by providing students and teachers with posters and morning announcements about their availability
    - Locate resources including information pamphlets in a space that is more privately accessible to students as compared to a front lobby
  - 4) Incorporate a greater level of mental health and addiction education into the school curriculum
    - Incorporate mental health and addiction education into school curriculum on a continual basis
    - Create interactive lesson plans to engage youth
    - Mental health education should begin as early as grade one, so that children learn how to deal with stress
  - 5) Provide increased professional development and training for teachers and staff members on how to support the mental health and well-being of young people.
    - Provide ongoing professional development and training for teachers and staff members
    - Incorporate a mandatory mental health and addiction course in university training curriculum in all teaching programs across the province
    - Require all teachers to take Mental Health First Aid (available in-person or online)
    - Ensure school staff have up-to-date-contact information for community-based centres and walk-in clinics provided by mental health professionals located in schools
    - Mental health professionals in schools need to be available to mentor and coach teachers to implement what has been learned in mental health training

## Building a Better School Environment for Youth with Mental Health and Addictions Issues

It is a daily routine across Ontario. Young people wake up, get ready for school, and spend the next eight hours in an environment that is largely out of their control. Youth today, who face mental health or addiction issues, typically have only an hour or two out of their entire week to focus on the work necessary to overcome their personal struggles. Despite the significant amount of time students spend being educated in the classroom, we continue to find youth who live unaware of what mental illness is, what the experience is like, what to do if they are struggling with their own mental health, or how best to support friends and peers who are struggling. Students have indicated that many of their teachers, despite their best intentions, find themselves equally as unprepared as youth are to deal with mental health issues in the classroom.

### Introduction

For youth experiencing mental illness challenges, the period of time each day spent in school can result in a fragile stage between moving forward and standing still. A youth who goes to a therapeutic session at a community agency may make great strides in his/her personal treatment. The potential for recovery is there. However, if the youth returns to an unsupportive environment at school, it can take its toll on their progress. It is a slippery slope, where sliding backwards can happen far too easily.

### Background

The Youth Action Committee of Children's Mental Health Ontario (CMHO) consists of youth from across Ontario, aged 13-24, with a passion for working to address mental health issues. Each year, the Committee develops, and assists in implementing, a plan of action that reflects the interests and priorities of youth to support the mission and activities of CMHO. The Committee is part of a province-wide network known as *The New Mentality* program of CMHO. *The New Mentality* network of youth-led groups that foster meaningful partnerships between community-based mental health agencies and youth. Led by youth facilitators and working alongside adult allies,<sup>1</sup> groups develop unique projects focused on eliminating stigma and promoting mental health awareness, reaching audiences throughout the province.

In 2012, the Youth Action Committee designed a project centred entirely on encouraging youth to have a voice. The goal was to mobilize youth across the province to gather insight about whether or not schools are providing a healthy and positive environment for youth with mental health and addiction issues. The project also sought to identify how schools could be adapted to better support youth and to increase their success in overcoming personal struggles.

To inform our work, youth across the province were asked to reflect on the following question:

---

<sup>1</sup> Agency staff providing in kind support to the group

## How can your school help to create a more supportive environment for youth struggling with mental health and addiction issues?

Statistics have shown that 70% of mental health problems begin during childhood or adolescence. Without access to treatment and support, many youth find themselves in desperate situations, as suicide is the second leading cause of death for Canadian youth.<sup>3</sup>

When mental health and addiction issues are not properly addressed, the effect also results in a great economic burden for government. Every day 500,000 Canadians miss work due to a mental health issue.<sup>4</sup> Programs that help people access treatment early, or help them stay out of hospital and the criminal justice system can generate enormous cost savings for government in the short and long-term.

If mental health issues are not addressed in childhood or adolescence, they will become more significant issues in the future. With proper resources available in schools, youth can learn strategies to deal with mental illness and addiction issues in order to better address challenges that may arise.

### The Cost of Mental Health and Addiction Issues in Canada

A 2010 study by the Mental Health Commission of Canada found the following impacts on the Canadian economy:<sup>1</sup>

- Mental health problems and illnesses had the economic cost of at least \$50 billion per year, representing 2.8% of Canada's 2011 gross domestic product.
- Businesses lost more than \$6 billion in productivity (from absenteeism and turnover) in 2011 alone.
- Over the next 30 years the total cost to the economy will have added up to more than \$2.5 trillion
- However, the study shows that by reducing the number of people experiencing a new mental illness in a given year by 10% – something that is very feasible for many illnesses common to young people, we could be saving the economy at least \$4 billion a year after only 10 years.

## Methodology

To inform our work, data was collected through a variety of methods, outlined below.

### Survey

Two surveys acted as the main data-gathering component of the project (see Appendix A for survey questions). The surveys were administered online and consisted of two components to account for the developmental needs of the respondents and to protect their emotional safety. The first survey was directed to Ontario youth between the ages of 11 and 18 and the second for youth between the ages of 19 and 25. Youth had from April 13 to June 24, 2013 to complete the surveys. The surveys were distributed through *The New Mentality* and CMHO's networks, social media, and posted on several

<sup>2</sup> "The Human Face of Mental Health and Mental Illness in Canada 2006," The Government of Canada, accessed August 25, 2013, [http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human\\_face\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf)

<sup>3</sup> "Health at a Glance, Suicide Rates: An Overview," Statistics Canada, accessed August 25, 2013, <http://www.statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm>

<sup>4</sup> "Mental Health and Addiction Statistics," Centre for Addiction and Mental Health, accessed August 25, 2013, [http://www.camh.ca/en/hospital/about\\_camh/newsroom/for\\_reporters/Pages/addictionmentalhealthstatistics.aspx](http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx)

websites including Charity Village, Frontline Partners with Youth Network (FPYN), and the Huron-Perth Centre. There were a total of 134 responses from youth aged 11 to 25

Youth were asked questions about their experiences in school with regard to mental health and addiction. The survey was designed to gather information about aspects of the education system that are not working, but also to understand which strategies are currently proving to be the most beneficial. Questions were posed to gain information about what youth are currently learning about mental health and addiction in schools, what they would like to learn more about, the kinds of mental health resources they would find helpful, and what mental health supports are currently missing in schools. The survey also included open-ended questions to allow for personal stories and testimonials.

### *Focus Groups*

Focus groups were held with 64 youth participants in two locations (see Appendix B for questions). On June 13<sup>th</sup> in Kingston, Ontario, 40 youth met with 4 adult allies and 14 mental health professionals working in schools to discuss how a more supportive environment for youth experiencing mental health and addiction issues can be created. Focus groups were also held between July 16<sup>th</sup> and 18<sup>th</sup>, 2013 with a total of 24 youth participants and 2 facilitators at the *Uthmanya* Annual summer conference for youth, *Disable the Labels* to gain further insight into youths' perspective on this issue.

### *Change the View Video Contest*

Each year CMHO hosts the *Change the View* video contest, where young people across Ontario are asked to make a 3-minute video expressing their ideas of how to help decrease the stigma associated with mental health. This year, the theme of the videos matched that of this project. A total of 93 videos were received and analyzed to identify how school environments can be more supportive for youth with mental health and addiction issues.

### *Other Submissions*

Youth were invited to share their poetry, artwork, and written reflection papers on how they thought schools could create a more supportive environment for youth experiencing mental health and addiction issues. We received one written reflection paper.

## **Findings and Discussion**

### **Finding 1: Effective communication and respect including confidentiality between youth and those in leadership roles help youth feel more empowered**

Only 35.1% of students surveyed felt that most staff members at their schools handling of youth mental health issues. Only 30.9% of respondents believed the same understanding to be true for addiction issues.

Youth who answered the survey questions identified that many teachers, administration staff, and mental health professionals in schools need to improve communication with young people experiencing mental health and addiction issues. During the focus group discussion in Kingston, participating youth became particularly heated when discussing how some teachers react when students act out, miss deadlines, or don't go to class due to mental health and addiction issues. They explained that there appears to be a double standard when it comes to the behaviour of youth with a mental health or addiction issue, compared to a student with a physical illness.



Through these conversations, we learned that many youth and teachers are not connected and there appears to be a lack of common language between. For example, a student's stress may be perceived as defiance, or a teacher may be viewed as showing judgment versus genuine concern. When youth feel that they are being judged or blamed, the effect can be detrimental to their progress, or

*A grade 11 student felt that more supportive environment would be created by getting the teachers/staff/admin more involved in initiatives that provide students with support and awareness about mental health.*

deter them from seeking help. Too frequently, students with serious mental health issues are dismissed as "going through a phase." Students stated that when treated with compassion, empathy, and respect, they feel more supported and are more open to reaching out. Research has also shown that poor school connectedness, an indication of how accepted, valued, and respected students feel, is significantly linked to adolescent symptoms of depression and anxiety and predictive of mental health issues later on in life.<sup>5</sup>

Students stated that staff and youth collaboration through youth-led initiatives, specifically mental health groups at school, would enable their voice to be heard and appreciated, while helping them to connect with teachers and counsellors at their school. It would also raise awareness and reduce stigma while improving the youth's own emotional well-being. Only 19.3% of survey respondents said they almost never feel as though they are part of their school community. Through participation, students can create bonds with each other that decrease feelings of isolation, promote a supportive environment, and reduce stigma. Most importantly, it can empower youth by providing them with higher levels of confidence and self-worth, as well as giving them a sense of purpose and belonging.

*"It is easy, when facing the incredible difficulties that are mental illness and access to treatment, to feel like you are just a number. I was perhaps who I had been all along, underneath the weight of my labels. When I was finally heard by people listening when it became evident that I could make a difference, I did the things I had never before dared to do, I entered treatment. Having a voice not only helps my future, it has helped, and continues to help, me overcome my past."*  
Caitlin Robb, Youth Action Committee Chair (on the impact of having a voice)

It is important to mention that not every youth is at the same point of readiness to be open and accepting with their mental illness. For some, there will always be highly sensitive details that youth simply do not want to reveal. Youth need to understand their legal right to privacy when disclosing personal details of their lives to mental health professionals in schools and under what circumstances a mental health professional is obligated to disclose information to a youth's parent or guardian. Many are worried that their parent or guardian can easily access any information they share or that their peers will find out. A grade 10 student expressed, "I think if counsellors keep confidentiality [agreements], then students wouldn't be afraid to go to them and vent their feelings, but [they don't] because there is that slight chance of having your parents [find out]. Teenagers feel guilty because they feel like they're causing too many problems within their family." Youth need to feel safe when sharing their personal information. The confidentiality of students must be taken seriously.

<sup>5</sup> "School Connectedness Is an Underemphasized Parameter in Adolescent Mental Health: Results of a Community Prediction Study" Ian Shochet, Mark Dadds, David Ham, & Roslyn Montague. Journal of Clinical Child and Adolescent Psychology 2006, Vol. 35, No. 2, 170-179. Accessed August 26<sup>th</sup> 2013 from [http://www.tandfonline.com/doi/abs/10.1207/s15374424jccp3502\\_1#.Uhu-2GxzZhh](http://www.tandfonline.com/doi/abs/10.1207/s15374424jccp3502_1#.Uhu-2GxzZhh)

“During an anonymous survey at my school I described my [stigma] and the neglect I felt from the school. I wanted to die, maybe I still do, but either way, a teacher took my handwriting and gave it to another teacher who gave it to a guidance counsellor. In our courses talk, my trust and faith in the decency of my school was violated. He expects me to even talk to them if they go behind my back. If they had just talked to me, maybe I would have responded. But how could I now? I walked out of the school about 3 minutes tears streaming down my face.”  
 -Grade 10 male student

## Finding 2: Feelings of isolation serve to further alienate youth with mental illness

Only 18.4% of survey respondents identified that mental health issues were talked about with their peers, and only 16.5% of respondents identified the same to be true for addiction issues.

Many youth, who indicated that they are experiencing mental health and addiction issues, expressed their feelings of isolation from their peers. Yet, the survey results also show that there is an understanding among youth that many of their peers are also struggling with mental health and addiction issues. In the survey, 68.8% want to know what to do if their friend is struggling with a mental health issue, and 72% want to know what to do if their friend is struggling with an addiction issue. Youth need the opportunity to seek out and provide peer support.

“I think my school could create a more supportive environment where you can open up, and speak [about what you want, [and] also create better awareness of things that cause a mental illness and how to get professional help.”  
 -Grade 10 student

In the survey, youth participants identified stigma as a barrier at their school that prevents them from seeking support for mental health and/or addiction issues. Of survey respondents, 46.4% of youth listed fear for their emotional safety, while 17.5% listed their physical safety as barriers that prevent them and their peers from seeking out support for mental health and/or addiction issues. There is, however, strength in numbers and tackling mental health and addiction issues with peer support can be far less daunting than if a youth was to face it alone.

Today, in Canada, 1 out of 4 kids are bullied and 282,000 high school children are subjected to physical or emotional abuse each month nationally.<sup>6</sup> Youth who are bullied are more likely to experience depression, anxiety, feelings of sadness and loneliness, changes in sleep patterns, and loss of interest in activities they once enjoyed.<sup>7</sup> If not addressed, these issues may persist into adulthood. Students who are bullied are also more likely to experience decreased academic achievement and are more likely to miss, skip, or drop out of school.<sup>8</sup> Youth dealing with mental health and addiction issues are more vulnerable to the effects of bullying and it is, therefore, imperative that their emotional and physical safety be protected when seeking out peer support.

<sup>6</sup> “Cyber bullying Hurts: Respect for Rights in the Digital Age,” Standing Senate Committee on Human Rights, accessed August 25, 2013, <http://www.parl.gc.ca/Content/SEN/Committee/411/ridr/rep/rep09dec12-e.pdf>

<sup>7</sup> “Effects of Bullying” accessed August 25, 2013 <http://www.stopbullying.gov/at-risk/effects/>

<sup>8</sup> Ibid.

When looking for this type of support, it is important to clarify the role a youth will play in supporting their peers. A mental health professional should facilitate any peer support offered in schools to ensure the emotional and physical safety of students. It will be important to refine the boundaries and limitations of the roles that youth will play, as they are not trained to provide professional help. Students providing peer support should be there to direct their peers to resources within their school and community, not to provide counselling sessions. An important point of consideration, raised by the youth participants of this project, is that peer mentors should be close in age to the youth they are mentoring to prevent any “disconnect” related to a perceived age hierarchy and to ensure that the same mentors are available for more than one year.

### Finding 3: A lack of access to resources prevents students from receiving support

When asked in the survey to rank school resources that are needed for addressing mental health and addiction issues, the highest ranked resource was a designated safe space in school.

In their responses, youth stated that a safe space in school would allow students to access mental health resources and professional support. Most importantly, youth stated that this space must be a private and judgment free zone, where various religions, cultures, sexual orientations, etc. are accepted. Students felt strongly about the importance of having a designated space that would allow a safe retreat for them to go if they are experiencing difficult-to-manage mental health symptoms, where they are not on display in front of their peers.

*A grade 11 student expressed the need for a safe room where if a student is having a problem or other things, like anxiety attacks, they just need time to calm down they can go and do calming things (drawing, listening to music, writing, etc.).*

As mental health or addiction issues, such as an anxiety attack, cannot be scheduled or predicted, students also expressed that they need access to a counsellor on site with flexible hours so that they are available when such instances occur. The students also felt that the mental health professionals placed in schools must be very youth-friendly. Students from the focus group in Kingston, for example, expressed that they wouldn't feel comfortable talking to someone if they didn't feel they could relate to him or her.

*“People need support and empowerment. Schools should have judgmental places where people can talk about their problems without being judged, labeled, or forced. We should be respected with different views, beliefs, and experiences.” - Grade 10, Ontario student*

#### Finding 4: Insufficient mental health and addictions education in the school curriculum leaves students in the dark

The survey findings demonstrate that 28.2% of youth indicated that mental health issues are not covered in their school's curriculum. Only 11.9% of youth indicated that mental health and addiction issues were only covered in one class.

Historically, mental health was not talked about openly in society and this has led to false information, stigmatization, and negative stereotypes for people who experience mental health issues. We can no longer sit by and let youth get false information about mental health. Youth need to learn that by addressing a mental health or addiction issue and learning appropriate coping skills, they can manage these issues and still thrive in the world.

*As one Ontario youth expressed:  
“I find it challenging to complete school work while dealing with mental health [issues].”*

Mental health and addiction education needs to be more prevalent in school curriculums and covered comprehensively over several grades and classes. Youth need to learn about mental health and addiction issues in school so they can better understand their own struggles and create a supportive environment for their peers.

Youth ranked the Internet as the number one place they seek information about mental health and/or addiction issues. The media was ranked second and schools were ranked third. This is an alarming finding, as the Internet is not always a reliable source of information, nor does it allow for face-to-face conversation and support. Students need to learn about mental illness and addictions through a trustworthy source to ensure that they are getting a consistent level of accurate information.

Youth also expressed a desire to be taught about mental health much earlier in elementary school. Younger students need to learn early on how to deal with stress- whether it occurs as a result of school pressures, in social situations, or at home. Older youth also want to be educated on mental health and addiction topics in a variety of different ways such as, in-class discussions, interactive lectures, workshops, activities, assemblies, and guest speakers.

#### Finding 5: More mental health related professional development courses would benefit both teachers and their students

Many of the students surveyed felt as though their teachers are not sufficiently trained to deal with youth experiencing mental health and addiction issues. Only 35.1% of youth respondents felt that most staff at their school had an understanding of youth mental health and just 30.9% felt that staff members had an understanding of youth addiction issues.

*“There are brochures and flyers concerning mental health, suicides hotlines, etc. I took one, which sucks. No one knows what to do.”  
-Grade 9, Ontario student*

Without proper training, both the students and teachers can feel invalidated, while teachers can feel overextended and overwhelmed. By training teachers more thoroughly, especially as to how mental illness impacts a student's life in the classroom, it is anticipated that the overall experience of being at school will improve, as youth will have better support. Teachers need to have a clear step-by-step process for handling situations that commonly occur in the classroom or at school as a result of mental health and addiction issues.

It would also be beneficial for teachers to be aware of what resources are available in their school and

*“One of the things my disorder [generalized anxiety disorder] challenges me with is my ability to stay awake in class. One day I asked if I could go in the hallway to write an article. [My teacher] said yes! When I went back to the classroom, everyone else was finishing the article at the same time. That had never happened before! In that moment I realized that I could achieve the same level of success as anyone else. I just might need to get there a different way. And it was all thanks to my teacher, with her willingness to listen to my idea and accommodate, simply yes!”* Ontario female youth

in their community, including how to locate and refer students to community-based mental health agencies. Mental illness and addiction issues are diagnosable and treatable when young people are provided with the right professional care, resources, and support. Community-based mental health agencies provide valuable and effective programs and services for children and youth experiencing mental health challenges. These services are free, and anyone can refer students to them. CMHO's website provides a listing of all accredited centres across the province. Visit [kidsmentalhealth.ca](http://kidsmentalhealth.ca) for more information.

## Recommendations

### Recommendation 1: Improve communication and respect between youth and those in leadership roles in order for youth to effectively step into their own and be empowered

- 1.1 Have students and teachers work collaboratively to create a youth mental health and addiction awareness club in every school
- 1.2 Educate youth and teachers about the importance of confidentiality
- 1.3 Train teachers to communicate with youth in a non-judgmental and empathic way

### Recommendation 2: Provide youth with increased support and compassion from peers to reduce feelings of isolation

- 2.1 Create a peer support group facilitated by a mental health professional that would convene on school property outside of regular class time
- 2.2 Create a peer mentorship program and/or name mental health ambassadors to provide additional support for students over the course of their time in school

### Recommendation 3: Increase access to resources to ensure more young people seek help

- 3.1 Provide a mental health designated space in schools to help kids work through mental health issues in a quiet and private judgemental environment
- 3.2 Make students aware of mental health professionals in schools by providing students and teachers with posters and morning announcements about their availability
- 3.3 Locate resources including information pamphlets in a space that is more privately accessible to students compared to a front lobby

### Recommendation 4: Incorporate a greater level of mental health and addictions education into the school curriculum

- 4.1 Incorporate mental health and addiction education into school curriculum on a continual basis
  - o Include mental health and addiction education in the health unit of studies every year in elementary and high school
  - o Provide students with additional access to workshops and assemblies to further their learning
- 4.2 Create interactive lesson plans to engage youth
  - o Educate students on warning signs, symptoms (including subjective variations on core symptoms), and coping strategies
- 4.3 Mental health education should begin as early as grade one, so children know how to deal with stress

### Recommendation 5: Provide increased professional development and training for teachers and staff members on how to support the mental health and well-being of young people

- 5.1 Provide ongoing professional development and training for teachers and staff members
  - o Facilitate mandatory professional development sessions devoted specifically to learning about child and youth mental health
  - o Teachers need continuous training, as effective learning does not take place from a one-time workshop
- 5.2 Incorporate a mandatory mental health and addiction university training curriculum in all teaching programs across the province
- 5.3 Require all teachers to take Mental Health First Aid (available in person or online)
- 5.4 Ensure school staff have up-to-date contact information for community-based centres and walk-in clinics provided by mental health professionals located in schools
- 5.5 Mental health professionals in schools need to be available to mentor and coach teachers to implement what has been learned in mental health training. They could also offer support for teachers when situations in classrooms arise due to mental health or addiction issues

## Appendix A:

### Youth Survey Questions Ages 19-25

- 1) \*Do you live in Ontario?
  - a. Yes
  - b. No
- 2) \*What city/town/rural area do you currently live in?
- 3) \*How old are you?
  - a. 18 years or younger
  - b. 19-21
  - c. 22-23
  - d. 24-25
  - e. 26 years or older
- 4) \*What is your gender?
  - a. Male
  - b. Female
  - c. Transgendered
  - d. Prefer not to disclose
  - e. Other (please specify)
- 5) How do you think elementary and high schools can create a supportive environment for youth experiencing mental health and addictions issues?

### Share your story!

- 6) \*Would you like to share your story?
  - a. Yes
  - b. No

In order to complete this section we require your contact information so that staff or a volunteer at CMHO can follow up with you if we have concerns about your safety.

- 7) \* Please provide your email address.
- 8) \* Please provide us with a telephone number where we can reach you.
- 9) When you were in elementary or high school did you have a positive experience at your school with mental health and/or addiction support?
- 10) When you were in elementary or high school did you have a negative experience at your school with mental health and/or addiction support?
- 11) \* I would like my identity to remain anonymous should my story be used in the report.
  - a. Yes
  - b. No
- 12) \* CMHO can use my age if my story is used in the report.
  - a. Yes
  - b. No
- 13) \* In the report, CMHO can use the town/city/rural area that I live in.
  - a. Yes
  - b. No
- 14) \* CMHO may use my first name if my story is used in the report.
  - a. Yes
  - b. No

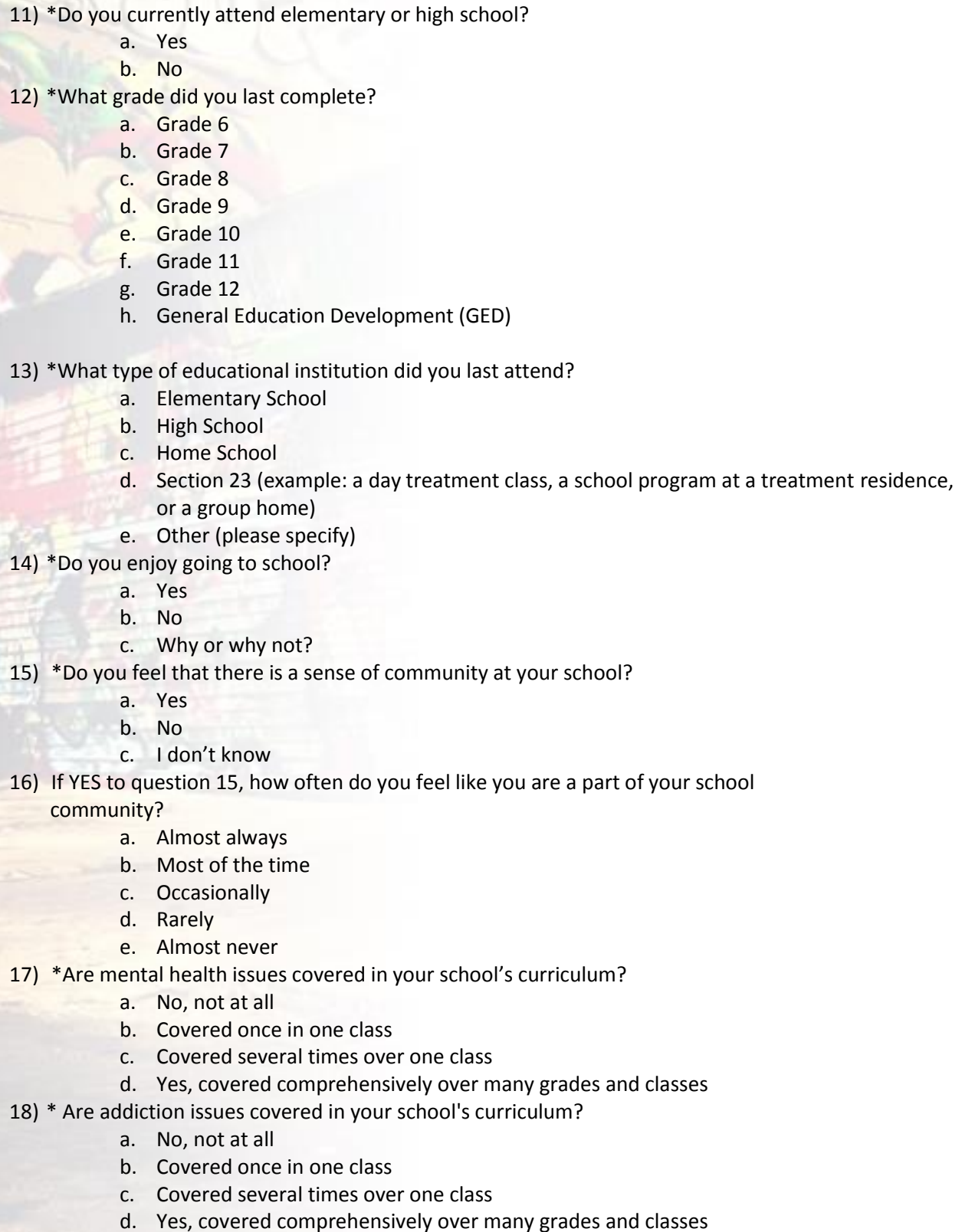
15) If yes to 14, please write your first name in the box below.

\* Response required

*Youth Survey Questions Ages 11-18*

- 1) \*Do you live in Ontario?
  - a. Yes
  - b. No
- 2) \*What city/town/rural area do you currently live in?
- 3) \*How old are you?
  - a. 18 years or younger
  - b. 19-21
  - c. 22-23
  - d. 24-25
  - e. 26 years or older
- 4) \*What is your gender?
  - a. Male
  - b. Female
  - c. Transgendered
  - d. Prefer not to disclose
  - e. Other (please specify)
- 5) \* Do you think you are currently experiencing mental health issues?
  - a. Yes
  - b. No
  - c. I don't know
- 6) If YES to question 5, are you receiving professional support in your community?
  - a. Yes
  - b. No
  - c. I don't know
- 7) If NO to question 5, do you think you have experienced mental health issues in the past?
  - a. Yes
  - b. No
  - c. I don't know
- 8) \* Do you think you are currently experiencing addiction issues?
  - a. Yes
  - b. No
  - c. I don't know
- 9) If YES to question 8, are you receiving professional support in your community?
  - a. Yes
  - b. No
  - c. I don't know
- 10) If NO to question 8, do you think you have experienced substance abuse issues in the past?
  - a. Yes
  - b. No
  - c. I don't know



- 
- 11) \*Do you currently attend elementary or high school?
- Yes
  - No
- 12) \*What grade did you last complete?
- Grade 6
  - Grade 7
  - Grade 8
  - Grade 9
  - Grade 10
  - Grade 11
  - Grade 12
  - General Education Development (GED)
- 13) \*What type of educational institution did you last attend?
- Elementary School
  - High School
  - Home School
  - Section 23 (example: a day treatment class, a school program at a treatment residence, or a group home)
  - Other (please specify)
- 14) \*Do you enjoy going to school?
- Yes
  - No
  - Why or why not?
- 15) \*Do you feel that there is a sense of community at your school?
- Yes
  - No
  - I don't know
- 16) If YES to question 15, how often do you feel like you are a part of your school community?
- Almost always
  - Most of the time
  - Occasionally
  - Rarely
  - Almost never
- 17) \*Are mental health issues covered in your school's curriculum?
- No, not at all
  - Covered once in one class
  - Covered several times over one class
  - Yes, covered comprehensively over many grades and classes
- 18) \* Are addiction issues covered in your school's curriculum?
- No, not at all
  - Covered once in one class
  - Covered several times over one class
  - Yes, covered comprehensively over many grades and classes

- 19) \* What information is available at your school about mental health and addiction issues? (Check all that apply)
- a. Printed materials and posters
  - b. Where to go for help
  - c. Workshops
  - d. Guest speakers
  - e. Counsellors in your school
  - f. Mental health nurses in your school
  - g. Online sources
  - h. Contact information for community based mental health and addiction services
  - i. Other (please specify)

- 20) \* Do students talk about mental health issues at school?
- a. Yes
  - b. No
  - c. Sometimes

- 21) \* Do students talk about addiction issues at school?
- a. Yes
  - b. No
  - c. Sometimes

22) How would you rank your understanding of mental health issues? (1 being none 10 being excellent)

- 1) \_
- 2) \_
- 3) \_
- 4) \_
- 5) \_
- 6) \_
- 7) \_
- 8) \_
- 9) \_
- 10) \_

23) How would you rank your understanding of addiction issues? (1 being none 10 being excellent)

- 1) \_
- 2) \_
- 3) \_
- 4) \_
- 5) \_
- 6) \_
- 7) \_
- 8) \_
- 9) \_
- 10) \_

24) On a scale of 1 to 5 how often do the sources below provide you with information about mental health and/or addictions issues? (1 being never and 5 being very frequently)

Friends	1	2	3	4	5
Family	1	2	3	4	5
In class	1	2	3	4	5
Internet	1	2	3	4	5
The media	1	2	3	4	5
Social networking sites (i.e. Facebook or Twitter)	1	2	3	4	5
Mental health professionals (i.e. mental health nurse)	1	2	3	4	5

25) How many staff members at your school have an understanding of youth mental health issues?

- a. All staff
- b. Most Staff
- c. Some staff
- d. No staff

26) How many staff members at your school have an understanding of youth addiction issues?

- a. All staff
- b. Most Staff
- c. Some staff
- d. No staff

27) Are there barriers at your school that prevent you and/or your peers from seeking support for mental health and/or addiction issues? (check off all that apply)

- a. Stigma
- b. Lack of resources
- c. Fear for one's emotional safety
- d. Fear for one's physical safety
- e. Unsure of where to go
- f. Office hours
- g. There are no barriers
- h. Other (please specify)

28) On a scale of 1 to 10, how well do you feel your school supports students with mental health issues? (1 being not supportive at all and 10 being very supportive)

- 1) \_
- 2) \_
- 3) \_
- 4) \_
- 5) \_
- 6) \_
- 7) \_
- 8) \_
- 9) \_
- 10) \_

29) On a scale of 1 to 10, how well do you feel your school supports students with addiction issues? (1 being not supportive at all and 10 being very supportive)

- 1) \_
- 2) \_
- 3) \_
- 4) \_
- 5) \_
- 6) \_
- 7) \_
- 8) \_
- 9) \_
- 10) \_

30) How important do you think the following school resources are in addressing mental health and addictions issues? (1 being not important and 5 being very important)

Workshops	1	2	3	4	5
Guest speakers	1	2	3	4	5
Peer support groups	1	2	3	4	5
Anti-stigma campaigns (Example: Change the View)	1	2	3	4	5
Contact information for community based Mental health and addiction services	1	2	3	4	5
Extra support during exam periods	1	2	3	4	5
Designated safe spaces (Judgement free zones)	1	2	3	4	5
Information packages	1	2	3	4	5
Posters	1	2	3	4	5
Counsellors	1	2	3	4	5
Mental health nurses	1	2	3	4	5
Student mental health awareness clubs	1	2	3	4	5

31) Are there any other resources that you want available at your school?  
(Please specify)

- 32) What do you want to know about mental health issues?
- a. Where to go for help
  - b. Warning signs and symptoms to look for
  - c. What to do if your friend is struggling with a mental health issue
  - d. How to talk to your parents about your experience with mental health issues
  - e. Other (please specify)
- 33) What do you want to know about addiction issues?
- a. Where to go for help
  - b. Warning signs and symptoms to look for
  - c. What to do if your friend is struggling with a mental health issue
  - d. How to talk to your parents about your experience with mental health issues
  - e. Other (please specify)
- 34) How do you think your school can create a more supportive environment for students experiencing mental health and addiction issues?
- 35) Please restate your age group.
- a. 11-13
  - b. 14-15
  - c. 16-18

*Share your story!*

- 36)\* Would you like to share your story?
- a. Yes
  - b. No

In order to complete this section we require your contact information so that staff or a volunteer at CMHO can follow up with you if we have concerns about your safety.

- 37)\* Please provide your email address.
- 38)\* Please provide us with a telephone number where we can reach you.
- 39) Have you had a positive experience at your school with mental health and/or addiction support?  
If so, please explain.
- 40) Have you had a negative experience at your school with mental health and/or addiction support?  
If so, please explain.
- 41)\* I would like my identity to remain anonymous should my story be used in the report.
- a. Yes
  - b. No
- 42)\* CMHO can use my age if my story is used in the report.
- a. Yes
  - b. No
- 43)\* In the report, CMHO can use the town/city/rural area that I live in.
- a. Yes
  - b. No
- 44)\* CMHO may use my first name if my story is used in the report.
- a. Yes
  - b. No
- 45) If yes to 14, please write your first name in the box below.

\*Response Required



## Appendix B:

### Question asked during Focus Group: A (Kingston)

- 1) "How do you think your school can show compassion and empathy to youth who are experiencing mental health and addiction issues?"

### Questions asked during Focus Group: B (Dixie label)

- 1) "What do you want to learn about mental health in schools?"
- 2) "Would you like to share your personal story about receiving or not receiving support at your school?"



Written by Mary-Anne Leahy and Caitlin Robb, Co-chairs Youth Action Committee  
Published by Children's Mental Health Ontario  
Copyright ©2013  
Youth Action Committee of Children's Mental Health Ontario  
No part of this resource may be reproduced in any form without acknowledgement  
and reference to the producer.  
September 19, 2013