

An Exploration of School-Based Mental Health Promotion Initiatives in British Columbia

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The Capturing Health and Resilience Trajectories (CHART) Lab team is comprised of researchers and graduate students with diverse expertise in public health, child and youth well-being and development, psychology and mental health promotion in schools. Working at the intersection of public health and school-based mental health, we promote health and well-being across the lifespan through data, collaboration, and community engagement.

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Executive Summary

The purpose of this report is to provide a snapshot of mental health promotion (MHP), including substance use-related initiatives, in British Columbia (BC) K-12 school communities. Using an online survey shared with educators, school district administrators, and public health practitioners, we conducted an environmental scan of existing initiatives in the areas of student MHP, educator well-being, and substance use in BC schools. We then reviewed the literature to determine the extent to which programs identified by respondents had been evaluated in BC.

Further, our goal is to understand the landscape of school-based MHP in BC and the corresponding role of the Prevention and Health Promotion (PHP) Division at the BC Centre for Disease Control (BCCDC) in supporting this work.

We invited professionals such as student support staff, district counsellors, classroom teachers, district principals, and public health nurses with experience in school-based MHP to participate in our survey. From June 2023 to November 2023, we received 126 responses: 49 from school-level staff and administrators, 42 from school district administrators, and 35 working in regional health authorities. Participation was geographically varied, with representation across the province.

We were guided by the following core questions:

- 1) What programs and strategies are being implemented in BC school communities to promote the mental health and well-being of students and educators?
- 2) What programs are being implemented in BC schools related to substance use?
- 3) Which of the identified programs have evidence of evaluation conducted in BC?
- 4) How may public health teams across BC support the work of educators and public health practitioners involved in school-based MHP?

Current Landscape

- 90% of survey participants reported that MHP and/or well-being were part of their school strategic or growth plans or school support services.
- Participants reported a wide range of MHP programs and related resources (initiatives): 72 were aimed at student mental health and well-being, 33 were for educator mental health and well-being, and 41 were related to substance use.
- One in four student-focused MHP and one in ten substance-use related programs mentioned by survey participants had evidence of evaluation in BC.

Reflections

- Many educators and staff reported feeling overwhelmed and burnt-out, citing limited capacity to address students' mental health and well-being.
- Dedicated staffing, time, professional training, and funding were reported as essential components for effectively promoting student and educator mental health and well-being.

Imagining the Future

- Educators and public health practitioners would like to see increased coordination, comprehensive integration, and equitable implementation of school-based MHP initiatives.
- Survey participants also highlighted their desire for increased opportunities for professional development in mental health literacy and school-based strategies to promote mental health.
- Across all survey participant groups, the most frequently desired area of support from the public health system was to receive systematic and evidence-based guidance to support school-based MHP.

Acknowledgments: We gratefully acknowledge the participants across BC who took time to reflect and share their professional experiences with school-based MHP initiatives. Their work and insights are invaluable in advancing support for MHP in school communities. We would also like to thank Julia Kaufmann for her diligence in designing the report, as well as Dr. Jacquie Maloney, PhD and Dr. Sokyee Angela Low, PhD for their editing support. Finally, we are grateful to our colleagues at BC Centre for Disease Control and BC Children's Hospital for their ongoing input and partnership.

Key Report Terms

Initiative	All-encompassing term to reference program, resource, and strategy as defined below.
Program	Sequenced/structured lessons and/or curricula.
Resource	Initiative reported by participants that did not meet our working definition of <i>program</i> (e.g., reference websites, isolated activities, standalone informational materials).
Strategy	A diverse array of approaches implemented within schools known to support student and educator mental health and well-being, outside of programs or specific resources (e.g., school gardens, mindfulness strategies, nature and outdoor education).
Substance use-related initiatives	Broad terminology to refer to the variety of programs and resources related to substance use as identified by survey participants.

Report Acronyms

BC	British Columbia
CHART	Capturing Health and Resilience Trajectories lab (SFU)
CSH	Comprehensive School Health
BCCDC	BC Centre for Disease Control
MHP	Mental Health Promotion
MTSS	Multi-tiered systems of support
PHP	Prevention and Health Promotion Division at the BCCDC
SEL	Social-emotional learning
YDI	Youth Development Instrument

Mental Health Promotion in School Communities

MHP is undertaken using a multidisciplinary approach (ranging from the intrapersonal to the institutional) to support the positive mental health¹ of individuals within societal structures (Fazel & Sonesson, 2023). MHP moves away from a deficit-based model of illness to a broader systemic understanding that mental well-being is promoted through a combination of strengthening protective factors, enhancing supportive contexts, and bolstering social determinants of mental health (Barry et al., 2024). Following a dual-continuum model, we recognize the potential for positive mental health to be experienced by all, including those with mental illness; conversely, poor mental health may be experienced even by those without clinical diagnoses (Westerhof & Keyes, 2010). MHP is distinct from prevention efforts, which aim to prevent the onset of mental health conditions by reducing exposure to risk factors and providing early detection and treatment.

School-based MHP, specifically, supports holistic well-being in school communities through universal policies and practices, alongside targeted interventions to enhance mental health (Barry et al., 2024; Margaretha et al., 2023). A helpful reference for school-based MHP may be found in the *Mental Health and Well-being in School Communities Framework* (Figure 1), which is a model for a comprehensive, whole-school community approach to supporting mental health and well-being, developed by the BC Children's Hospital Health Promotion and Schools Team and Kelty Mental Health Resource Centre. This framework aligns with the well-established Comprehensive School Health (CSH) model, an internationally recognized approach acknowledging the interdependence between educational outcomes and the holistic health of learners (World Health Organization, 1997).

The layers of this pyramid-shaped model correspond with the tiers of the multi-tiered systems of support (MTSS), a comprehensive education framework commonly used to situate students' academic, behavioural, and social-emotional development in schools from universal programs, to targeted prevention, and treatment (Hoover & Bostic, 2021). *The Mental Health and Well-being in School Communities Framework* and associated resources from the Kelty Mental Health Resource Centre provide valuable definitions and references, modelling cross-system integration and collaboration specific to MHP in school communities.



Figure 1. The Mental Health and Well-being in School Communities Framework

The framework recognizes that environments, learning practices, and community partnerships play equally important roles in universal and targeted interventions, necessarily supported by broader policies.

1. Positive mental health can be understood as a resource or asset that can be developed and promoted, allowing individuals to thrive and experience positive life outcomes in health, social, and economic spheres (Mantoura, 2022).

Many MHP initiatives demonstrate a positive impact on the health and well-being of individuals, with the added potential to reduce future mental illness and related mental health expenditures (Canadian Mental Health Association, 2019). Indeed, a wide body of research demonstrates that evidence-based, well-implemented MHP initiatives for children and youth not only positively impact individual well-being in the moment, but also contribute to positive outcomes later in life, such as increased emotional regulation, reduced substance use, and reduced violence and aggression (e.g., Durlak & Wells, 1997; Jones et al., 2015; Weare & Nind, 2011). A recent global scoping review underscored that school-based MHP initiatives are ideally engaging in universal health promotion, recognizing the importance of supporting all students (Margaretha et al., 2023). Thus, we view school-based MHP as an essential component of supporting the positive development of children and youth.

Addressing substance use in schools can be viewed under the umbrella of MHP and CSH, with the understanding that positive mental health and a positive school environment may serve as protective factors for children and youth, thus reducing both prevalence and harms related to substance use (Health Canada, 2023). Education initiatives specific to substance use form one component of preventing substance-related harms for youth within a broader approach of centering equity for all students, promoting school connectedness, offering appropriate community services and partnerships, and ensuring a safe environment (Public Health Agency of Canada, 2021). The [2021 Blueprint for Action](#) provides a Canadian-specific reference to understand substance-related harm prevention through a CSH approach.

Exploration of School-Based MHP in BC

At the provincial Ministerial level in BC, mental health promotion, prevention, and intervention efforts are recognized and supported areas of focus. The [2017 BC Guiding Framework for Public Health](#) notes the importance of strong collaborative efforts across sectors, including education, to achieve positive youth mental health and limit substance-related harms among children and youth (see also Smith et al., 2022). Wellness promotion services and prevention strategies are further outlined in BC's [A Pathway to Hope](#), a guiding roadmap to improve mental health care throughout the province. Specific initiatives for children and youth include the Ministry of Education and Child Care's [Mental Health in Schools Strategy](#) and [Expect Respect and a Safe Education](#) (erase) initiative, each of which promotes mental health literacy and social and emotional well-being in school communities. As well, the cross-ministerial [Integrated Child and Youth Teams](#) continue to expand provincially, responding to mental health care and substance-related harm reduction needs of children and youth in collaboration with BC school districts.

As noted in the *Mental Health and Well-being in School Communities Framework* (Figure 1) equity-centred foundational policies and practices across all levels of decision-making are essential to support holistic mental health and well-being in school communities. Research has also shown that the most effective MHP programs are both trauma-informed and culturally responsive (Hatchimonji et al., 2022). School communities across BC engage in impactful and meaningful MHP initiatives; yet, there is a great degree of heterogeneity in initiative offerings and subsequent evaluation across school districts and health regions. Currently, there is no comprehensive database in BC that captures what these initiatives are, their existing evaluations and measures, or their ongoing implementation and evaluation mechanisms—all of which would provide valuable data for practitioners to reference in support of MHP decision-making at the local and regional levels.

It is crucial to have equity-informed policies and practices at all decision-making levels, as highlighted in the foundation of Figure 1, and that they are evaluated. For instance, initiatives may be effective for certain equity-seeking groups but not others. Similarly, inequities may be created when resources are distributed ad hoc, as when certain schools have programming to address MHP disparities experienced by 2SLGBTQIA+ students or those with pre-existing mental health conditions, but not others (see [2024 YDI Provincial Report](#)). This project serves to capture fundamental information regarding the current landscape of school-based MHP in BC, with the view that understanding *where we are* is essential prior to determining where we need to go.

Procedures Overview

Environmental Scan

Our environmental scan (referred to as ‘survey’ throughout this report) gathered information related to the practical implementation of school-based MHP initiatives as well as participant experiences and reflections. We provided context for participants with the following prompt: “by supporting MH [mental health] promotion and well-being, we are referring to any programs/curricula, policies, strategies, or practices to promote MH and well-being among staff and students in your school community, such as MH literacy, trauma-informed practices, substance-use programs, or social and emotional learning programs or curriculum. We are not asking about clinical services.”

Two survey versions were developed: one for participants working at the school level and a second for those at the district or health authority level. To inform survey design, we conducted an initial review of recent BC-based reports and consulted with colleagues working in school-based MHP and substance-related harm reduction, including the BC Children’s Hospital Health Promotion and Schools Team and the BC Centre for Disease Control’s Lead, Population and Public Health Initiatives and Innovation, Prevention of Substance Use Harms.

The survey was sent to the CHART Lab network of educators, school district leaders, health authority staff, and community organizations working in the field of school-based MHP and substance-related harm reduction across BC. Organizations like SEL BC and the BC School Centred Mental Health Coalition also shared the survey with their networks. Recipients were invited to share the survey with their colleagues.

A note on substance use prevention

As noted above (see section: Mental Health Promotion in School Communities), emerging research highlights the effectiveness of upstream approaches in reducing substance-related harms, whereby “the best prevention measures often have nothing to do with substance use at all” (Public Health Agency of Canada, 2021). With our stated goal of capturing foundational information of what MHP initiatives are present in BC school communities, we asked survey participants to share what specific substance use prevention programs are used in their school, district, or health authority. We recognize that, in practice, school communities currently take various approaches to addressing substance use—which may range from abstinence-only education to harm reduction efforts.

Who We Heard From

The survey was promoted and open for responses from June 6, 2023 to November 2, 2023. We received responses from 126 participants spanning five regional health authorities and 31 out of BC’s 60 school districts. 14 of the survey participants reported working in BC independent schools. Geographic distribution is shown in Table 1, when combining all survey participants based on reported work location then matching with BC regional health authority boundaries.

Table 1. Survey participation by reported role and regional health authority

Health Authorities	Fraser	Interior	Island	Northern	Vancouver Coastal	Unknown	Total (%)
Public health practitioners	13	1	16	3	2	0	35 (28)
School level roles	14	5	4	8	11	7	49 (39)
District level roles	10	13	4	0	13	2	42 (33)
Total	37	19	24	11	26	9	

Note. The range of reported roles that respondents held at time of survey completion included: education assistant, school counsellor, classroom teacher, school leader (principal, director, etc.); district principal, mental health coordinator, SEL district helping teacher, director of instruction, district leader (superintendent, trustee, etc.); public health nurse, dietician, health promotion specialist, regional mental wellness lead.

Literature Review - Program Evaluations

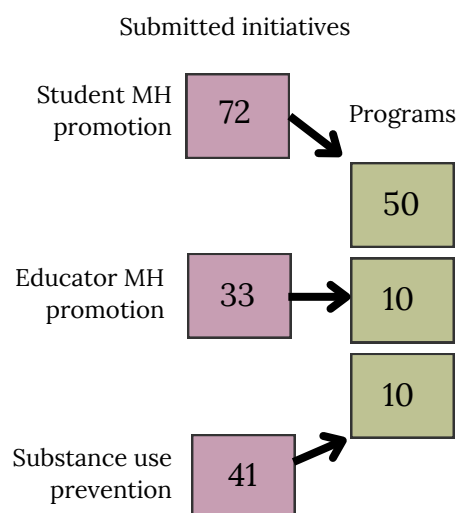
We reviewed literature to determine which of the programs identified by participants had been evaluated in BC and had published this evaluation in peer-reviewed or grey literature (e.g., a report). See Appendix B for detailed information regarding our search procedures.

Search Strategy Overview

Programs were defined as either sequenced/structured and/or lessons/curricula. Prior to searching for evaluations of programs, we confirmed our working definition of *program* (based on Dhillon & Vaca, 2018) and included or excluded entries from survey respondents based on this (Figure 2). Our team could not find information for two open-text entries with specific program names, thus we could not determine if they met our working definition and were subsequently excluded from the literature review.

If entries were not found to meet the criteria of a lesson-based, sequenced/structured program, we classified this entry as a 'resource' and excluded it from consideration of a program that may have been evaluated in BC. This is not to dismiss the potential value of such resources but serves to clarify the scope of our search strategy. Moreover, there is a notable lack of evaluations of stand-alone MHP websites and resources, with most research conducted on structured programs: a limitation of the field and an important area for future investigation.

Figure 2. Programs among submitted initiatives



Findings

In this section, we present thematic findings from the survey which illustrate the landscape of school-based MHP, participant reflections, and their suggestions for future initiatives in BC.

Additional survey data and charts can be found in Appendix C.

(A) Current Landscape of School-Based MHP in BC

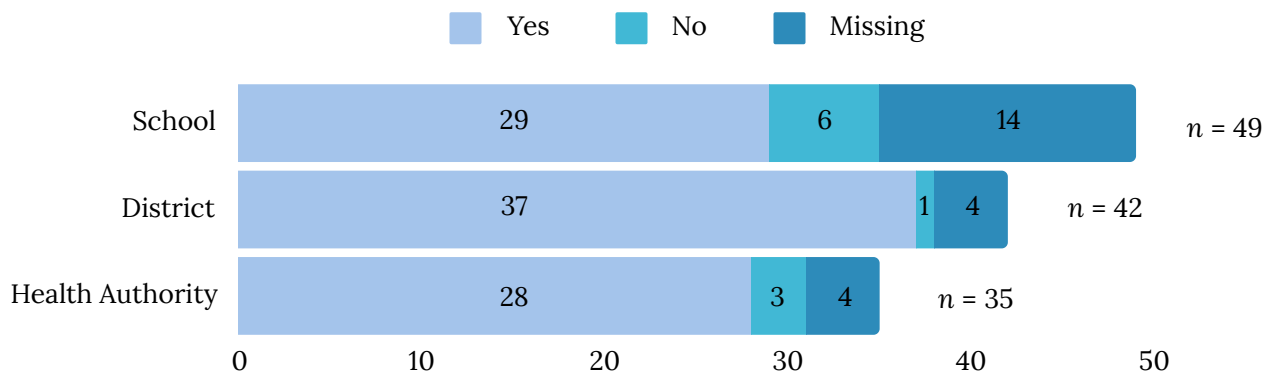
Key Finding Across all groups (school, district, health authority), 90% of survey participants who responded to the question reported that MHP and/or well-being initiatives were a part of their school strategic/growth plan or school support services.



We asked:

- *School level respondents:* Is mental health promotion and/or well-being in your school strategic plan/growth plan/school story?
- *District/health authority respondents:* Is mental health promotion part of your school support services?

Figure 3. Mental health promotion inclusion in strategic plan/ school support services



Program and Resource* Usage in BC Schools

We asked survey participants to share what programs and/or resources are currently or have been previously implemented in their schools, districts, or health authorities in the areas of student MHP, educator mental health and well-being, and substance use. There was no time limit set for participants to report initiatives as being 'previously implemented.'

All participant groups were invited to respond to this question and they reported notably more initiatives in the category of student MHP (Table 2) than educator well-being or those related to substance use (Tables 3 and 4).

*Initiatives, see Key Report Terms on p. 4

When invited to share additional thoughts about school-based MHP in BC, some participants reported their curiosity to learn what other schools, districts, or regions are doing to promote mental health and well-being or evaluate programs in their communities.

“Are school districts or individual schools evaluating their progress with implementing SEL?” (health authority respondent)

“There were many [programs] that jumped out on that list, but [I] would love to hear from people that are implementing them and how they are providing mental health education in their schools.” (school respondent)

Responses in each category are grouped by regional health authority, as indicated by the reported work locations of survey participants. A list of all initiatives reported by survey participants is presented in Appendix D.

In Tables 2, 3, and 4, a coloured box indicates that the initiative was reported by at least one survey participant in the corresponding health authority.

Table 2 highlights the top three most frequently reported student MHP initiatives, in descending order of total reported usage, across each health region. All tied results are included which can result in more than three entries per individual health authority.

Table 2. Top three reported student MHP initiatives

■ Top reported ■ Second most reported ■ Third most reported

Health Authorities	Fraser	Interior	Island	Northern	Vancouver Coastal	Unknown
EASE (Everyday Anxiety Strategies for Educators)	■	■		■	■	■
Zones of Regulation	■	■	■		■	■
Roots of Empathy	■	■	■		■	
Kids in the Know				■	■	■
Teach Mental Health Literacy	■				■	
My training BC: Trauma-informed practice					■	
PreVenture		■	■			
.b			■	■		
Second Step					■	
MindUP					■	
Taming Worry Dragons			■			
FRIENDS			■			
moozoom						■

All reported educator well-being initiatives are shown in Table 3, in descending order of total reports.

Table 3. All reported educator well-being initiatives

Health Authorities	Fraser	Interior	Island	Northern	Vancouver Coastal	Unknown
MindUP for Educators						
Starling Minds						
General educator resources						
Open Parachute						
Cultivating Awareness and Resilience in Education (CARE)						
PERTS Mindset Kit						
School District staff to support educators and students						
EFAP [Employee and Family Assistance Program]						
LEARN: Mental Health Literacy						
Mental Health First Aid						
MBSR [Mindfulness Based Stress Reduction]						
smartEducation						
Compassionate Systems						
Onward workbook						
Living Life to the Full (CMHA)						
CALM app for mindfulness						
Staff feedback via surveys						
Onsite school-health practitioner MH partnership						
LifeSpeak						

All reported substance use-related initiatives are shown in Table 4, in descending order of total reports.

Table 4. All reported substance use-related initiatives

Health Authorities	Fraser	Interior	Island	Northern	Vancouver Coastal	Unknown
ABCs of Youth Substance Use						
iMinds						
Content-specific lessons (e.g., H&PE Curriculum)						
D.A.R.E BC						
MADD Canada						
External partnerships						
RCMP Programs & Initiatives						
Canadian Institute for Substance Use Research Helping Schools Resources						
Other resources for educators (e.g., Healthy Schools BC website, Ophea)						
SACY						
Let's Talk Safer Partying						
Cannabis and Mental Health						
PreVenture						
Rethinking Conversation Around Youth Substance Use						
Drug Free Kids Canada						
Project SUCCESS						
Botvin Life Skills Training (LST)						

Health Authorities	Fraser	Interior	Island	Northern	Vancouver Coastal	Unkown
Quit4Life						
Choices and values-based approach						
BC Lung Association						
Art of Motivation (training for teachers)						
Canadian Students for Sensible Drug Policy: Sensible Cannabis Education - A Toolkit for Educating Youth						
Weed Out the Risk						
CCSA Understanding Substance Use						
Celebrate Safely						
Safety First						

Strategies Used in BC Schools

We also asked all survey participants to share which other strategies to support well-being are used in their school communities. The following were reported most frequently, with at least 50 respondents each:

- Health and nutrition programs
- Physical activity (e.g., movement breaks)
- Indigenous strategies (e.g., inviting Elders and Knowledge Keepers for school programming)
- Building student peer relationships
- Nature and outdoor education

Strategies for educator well-being and school gardens were the least frequently reported “other” strategies used to support MHP.

“As mentioned in this survey, much of what impacts wellbeing in a school are the small, everyday things. It takes the whole community to embrace and support wellbeing. It is in the minute-by-minute interactions we have with each other, as well as the systems in place, supported by admin, to communicate the prioritization of wellbeing.”
(school respondent)

Prioritizing Initiatives

School level survey participants shared how their school community selects or prioritizes initiatives. From open-text responses, we identified the following four key themes:

1

Educator engagement, whereby a school collectively decides on strategies to implement, with inclusion of teachers, administrators, and other school staff in the decision-making process

"Staff work collectively to determine a focus and collaborate on implementation." (school respondent)

2

Feedback from students, using surveys as a tool to gain understanding of student experiences and perspectives

"We use the MDI [Middle Years Development Instrument] to help gauge where our students are at. We prioritize initiatives based on this data, as well as understanding our community and student needs." (school respondent)

3

The school leadership team plays a key role in deciding which strategies are implemented

"In general, the leadership team makes the final decision on which initiatives we will implement based on feedback from the staff, student surveys, and our school's strategic plan priorities." (school respondent)

4

No clear strategy, as participants shared their uncertainty of how initiatives are selected or prioritized

"It is hard to know how it is decided and I would love there to be more of a system." (school respondent)

(B) Reflections on the Current Landscape

Beyond learning about the existing implementation of MHP initiatives in BC school communities, it was important for us to capture practitioner reflections of their experiences. Specifically, we wanted to develop a baseline understanding of what educators and public health practitioners see as challenges/barriers to MHP, as well as their MHP success stories.

Barriers

Survey participants responded to one of the following questions based on their reported professional role. Respondents could select as many options that applied and were invited to expand via open-text box (Figure 4).

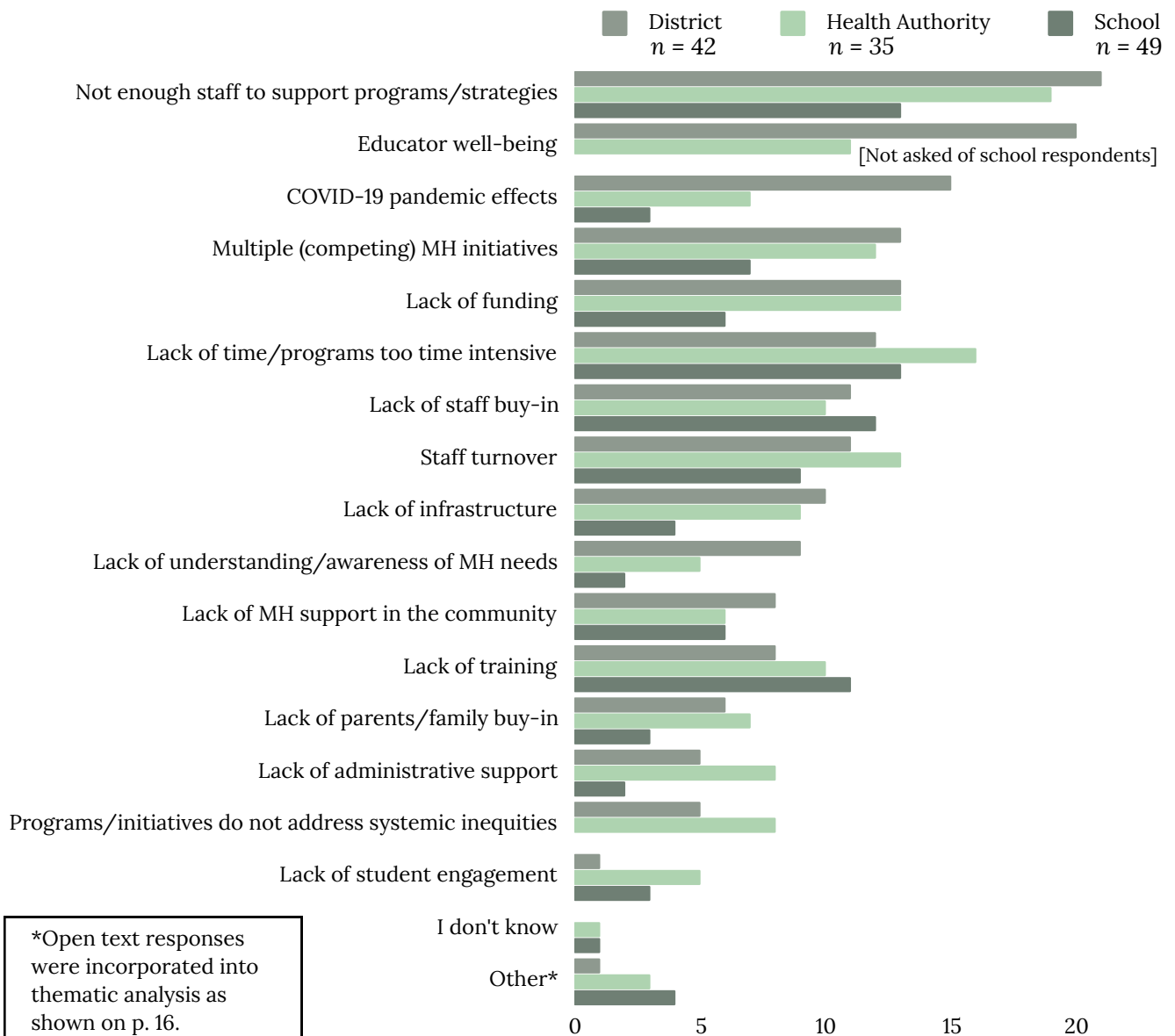
School respondents:

What are some reasons you are no longer implementing certain programs?

District and health authority respondents:

What do you see as the difficulties in addressing child and youth mental health concerns in the schools and communities in your district or health authority/ organization?

Figure 4. Reported difficulties and barriers to student MHP



Thematic Analysis of Reflections

Survey participants responded to the following questions and prompts, based on their reported professional role.

All survey participants: Please share anything else we should know about mental health promotion and well-being in schools.

District/ Health Authority respondents

- What do you see as the difficulties in addressing child and youth mental health concerns in the schools and communities in your district or health authority/organization?

School respondents

- What are some reasons you are no longer implementing certain programs?
- Tell us about which [student MHP] programs were not successful and why.

We also asked participants their degree of agreement with the following questions:

- "Our district or health authority/organization has access to resources (for example, funding, staff, access to programs, supplies) to effectively support student mental health and well-being in our schools."
- "Our district or health authority/organization has access to resources (for example, funding, staff, access to programs, supplies) to effectively support educator mental health and well-being in our schools."
- "I have access to resources (for example, funding, staff, access to programs, supplies) to effectively support student mental health and well-being in my school."
- "I have access to resources (for example, funding, staff, access to programs, supplies) to effectively support my own and/or educator mental health and well-being at my school."

Responses to the above questions were combined for content analysis, from which four key themes emerged. Participants highlighted concerns of staff and educator burnout, constrained local resources, and fragmentation of systems, as well as the desire for further professional support in the area of MHP.

Theme 1: Many staff and educators report feeling overwhelmed and burnt-out.

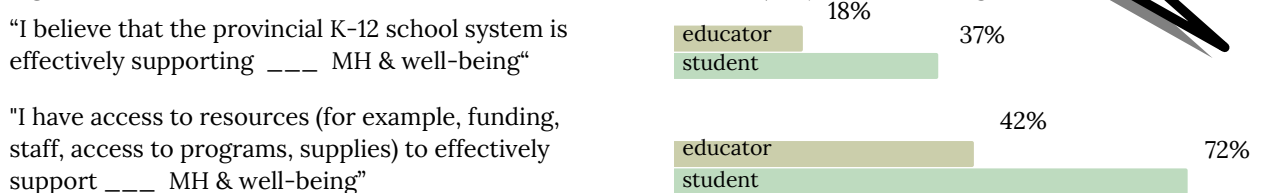
It is increasingly evident that supporting educator well-being is an essential component to effectively support student mental health and well-being (Lane et al., 2023). Survey participants at the district level were asked what they see as primary difficulties in addressing child and youth mental health concerns in their school communities. They identified educator well-being as the second most frequently experienced barrier, falling just behind the top response for all participants: *not enough staff to support programs/strategies* (Figure 4).

Further, when respondents shared additional reflections about mental health and well-being promotion in schools, a need to support staff and educator well-being was consistently mentioned, especially by district and school partners.

Promoting educator well-being should be prioritized at a systems-level, whereby guiding policies and practices for student MHP acknowledge and address the related importance of adult well-being in schools. However, trends in our data highlight beliefs that educator well-being is not adequately supported compared to student mental health and well-being (Figure 5).

"I think everyone is trying really hard, but the pandemic and staffing shortages...are leaving staff burnt-out. Students are feeling the effects of burnt-out teachers and learning to overcome the effects of the pandemic, climate change etc." (school district respondent)

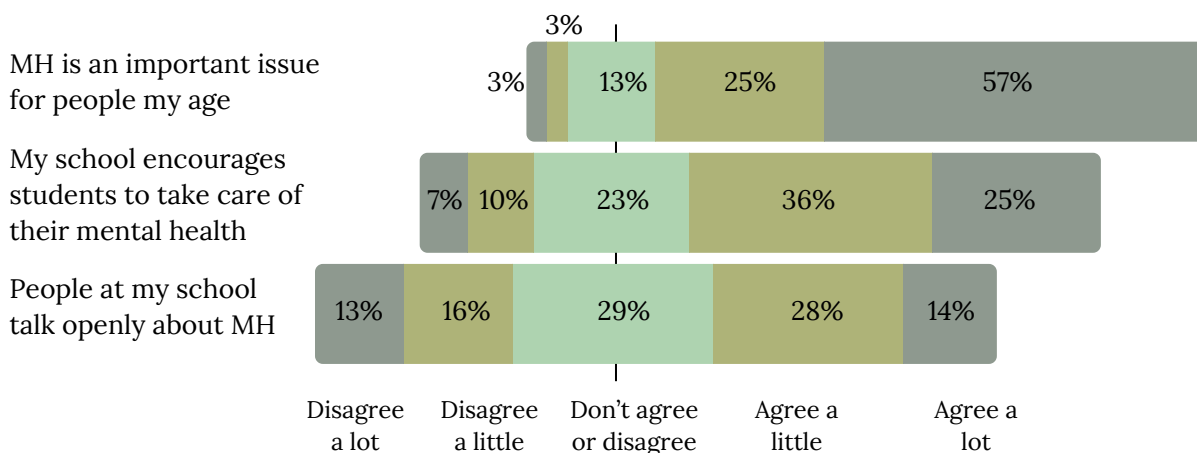
Figure 5. Perceived support of educator and student mental health (MH) and well-being



This clear disparity in perceived resources and support, combined with responses regarding educator mental health and well-being in other parts of the survey, signal the importance of further investigating experiences related to educator well-being.

In the 2024 YDI survey, our team asked secondary students (Grades 10 to 12) from across the province about their perceptions on school mental health climate.

Figure 6. Youth’s perceptions of mental health in school (YDI 2024 data)



Theme 2: School and district resources are being stretched thin.

When participants shared insights about why programs are unsuccessful, several (particularly school and school district respondents) noted staffing challenges, limited time, and funding concerns. Participants reported that many staff are overwhelmed by the large number of MHP and substance use-related resources they encounter. Indeed, they noted that it is challenging to review resources and decide which to select for implementation, specifically citing time constraints.

“Teachers need time (prep/pro-d/collaboration time) to process all of the following to improve their wellness and ability [to] effectively teach current health literacy:

- resources that are available to support teaching wellness;
- education about relevant topics that will improve student wellness (for ex. Physical literacy, digital literacy and health literacy);
- collaboration with other teachers to strategize and reflect on current teaching practices.”

(school district respondent)

“...It [MHP] can feel important but “not for credit” so the volume that is already on the plates of teachers and students pushes MH [mental health] to a place of lower priority until things are in a crisis, which puts schools in a responsive/reactive rather than pro-active stance. And there are so many options out there, the choices can be simply overwhelming.” (school respondent)

“I would love to have more information on the different resources that were listed. It is hard to know what is available and how to access some of these programs.” (school respondent)

“We are in a rural area and struggle with services (e.g.: staff shortages at CYMH, MCFD, medical professionals, etc.). We do not have adequate mental health grant funding to service the needs of students in the district.” (school district respondent)

“The province is providing a lot of resources to support both students and educators. Competing interests and overwhelm in constantly needing time to review resources are issues.” (school respondent)

Furthermore, not having enough staff to support MHP and substance use-related initiatives was the most reported reason for stopping the implementation of a program and the most reported difficulty in addressing child and youth mental health concerns in school communities. Participants emphasized the key roles of both counselors and onsite school nurses in supporting mental health and well-being in schools, yet their constrained capacity impedes effective support.

"We are seeing an increase in the level of need in student mental health but very little systemic changes to respond to the level of need such as reviewing the roles of school counsellors. Very concerned about the minimal counselling support that elementary schools receive as it filters into the high schools." (school respondent)

"[I wish there were] more time for Public Health Nurses to be in schools... middle and high school. Time that is not just focused on immunization programs and sexual wellness clinics." (health authority respondent)

"We have a shortage of counsellors." (school respondent)

Theme 3: Program implementation is largely fragmented and lacking coordination at a systems level.

There is a need for comprehensive, sustainable MHP initiatives to be effectively integrated into BC school communities. As one health authority partner highlighted, "[schools] don't want another program that will come and go." Inconsistencies and inequities in availability and implementation were reported, alongside the isolated and stand-alone nature of programs, all of which contributed to their lack of success.

"I see that in my local school district the mental health promotion and well-being in schools is very disorganized and lack coordination and accountability. Every school and every teacher in the school district is doing something different." (health authority respondent)

"[I wish for] alignment between health authority and school district[s] for mental health information/resource sharing." (health authority respondent)

"[We] cannot adopt more or new programs until internal infrastructures are strong and aligned between health and schools and social services/agencies. More/new programs without coordination and backbone support will not be effective." (school district respondent)

The broader determinants of mental health were also highlighted: "...since Covid we have seen higher levels of disengagement and overall decline in mental health from age 0-99. We live in uncertain times and people are scared and it's hard. The cost of living has gone through the roof and systemic challenges have not gone away. It sometimes feels like people are expected to do more with less." (school district respondent).

This quote speaks to the interconnected nature of mental health and well-being as demonstrated in the Mental Health and Well-being in School Communities Framework (Figure 1), whereby policies and practices beyond the school setting form the foundation of the school-based model. Programs or interventions limited to the school context without consideration of larger social determinants or barriers are not sufficient to improve the health and well-being of students and educators.

Theme 4: Increased opportunities for staff training and professional development may support effective MHP in schools.

Educator training and professional development are key to the successful implementation of programs, resources, and strategies in school communities (Durlak & Dupre, 2008). Indeed, many survey participants indicated a need for increased staff training for specific MHP and substance use-related initiatives, as well as general mental health literacy. A lack of mental health training in teacher education programs was specifically identified as a barrier to addressing child and youth mental health in schools.

"[A difficulty is the] lack of mental health/PHE training in Education Post-Secondary Institutions." (health authority respondent)

"PHE [Physical and Health Education] has this curriculum [in] grades 8-10, but they need much more training and support." (school district respondent)

Regarding program-specific training and support, integrating MHP in classrooms at the secondary school level was specifically highlighted as a challenge by two participants: *"[there are] challenges in secondary schools around implementing SEL curriculum alongside coursework: who's doing it in what courses & does it "count?" (school district respondent); "Open Parachute, although helpful did not stick. Hard to integrate teachings into all classes at the high school level" (school respondent).*

Moving forward, participants across all survey groups identified the need to ensure that educators have time to engage in professional learning to support both their own and their students' well-being. Participants highlighted the importance of providing staff and educators with opportunities to develop knowledge and skills in SEL and mental health literacy, as well as the space to focus on their own well-being.

"Focusing on Educator SEL/Wellness/MH [mental health] is key to moving [mental health literacy] forward and reducing stigma. We have to normalize conversations about MH and build in more time so that staff can do the professional learning they need to feel competent in this area." (school district respondent)

Successful Programs and Strategies

We asked survey participants working at the school level to share what programs were successful at improving or supporting mental health and well-being, and why.

There were 24 participants who shared their feedback and highlighted:

- 9 specific programs
 - Open Parachute was mentioned most frequently (five participants) as successfully supporting student mental health and well-being
- Myriad approaches to learning, including classroom strategies and school-wide frameworks

"Our staff and school community really care about and prioritize mental health and wellbeing... we are doing amazing things but there is always room for growth." (school respondent)

In open-text response boxes, respondents were invited to share other strategies that have been successful in their school communities in supporting their students' mental health. Strategies from school level survey respondents included "taking learning outdoors to a nearby forest area," the creation of a monthly mental health newsletter, "student-led leadership teams with a focus specifically on mental health and wellbeing," and bringing staff and students together to discuss collaborative solutions to support mental health.

The following qualities were generally noted as important program features to support school communities:

- Provides a clear pathway to promote mental health dialogue
- Offers guided and complete lessons that cover many topics
- Includes timely and current content
- Empowers students and allows for opportunities to self-identify feelings and develop strategies for self-regulation
- Combines small group and one-to-one support
- Uses clear and common language and addresses misconceptions and assumptions

(C) Imagining the Future of MHP in BC School Communities

The last focus area asked educators and public health practitioners ‘where can we go from here?’ regarding school-based MHP.

Practice, Procedure, or Framework Wishes

All survey participants were asked to share any practices, procedures, or frameworks they wish were adopted or more effectively implemented in their school, district, or health authority. We combined the 39 total responses for analysis and identified five key themes of their desires: consistent practices and policies; designated and trained staff; strategic MHP planning; focus on staff well-being; and, community-oriented collaboration.

Key theme 1: Consistent school and district-wide practices, policies, and frameworks

Participants most frequently discussed the need for consistent mental health-related practices, procedures, or frameworks that are effectively adopted throughout a school and/or district. The CSH framework as a guiding tool was mentioned by participants in all categories, but more frequently among those working in health authorities.

Other examples that reflect an approach grounded in consistency were shared across all participant groups, including: having “*mental health literacy [embedded] effectively, regularly, and intentionally into all classrooms*” (school respondent); supporting “*ongoing SEL assessments in schools*” (school district respondent); and “*consistent use of evidence-aligned health curricular resources*” (health authority respondent).

Key theme 2: Designated staff with expertise in MHP

Many participants noted the need for designated staff members and teams, not only to support effective MHP at the universal level (see Figure 1), but also to support targeted prevention and intervention. Participants specifically suggested “*establish[ing] a multidisciplinary mental health team...consisting of school counselors, psychologists, social workers and other mental health professionals who collaborate to identify and address students’ mental health needs*” (school district respondent); having a full-time counselor and youth worker (school respondent); and ensuring district leads or teams with mental health expertise (school district and health authority respondents). Having designated staff to support SEL at the school and district levels was also mentioned several times, especially by school and school district participants.

“I would love for the role of school counsellors to be more focused on mental health awareness and running programs and teacher education initiatives.” (school respondent)

Key theme 3: MHP priority-setting and planning

Many respondents expressed a wish for a clearer and more collaborative process by which to develop MHP priorities and strategies. Multiple participants noted their desire for guidance on evidence-based mental health-related policies, practices, and resources that could be shared with schools and districts. For instance, a health authority respondent hoped that the “Ministry of Health or Ministry of Education and Childcare could provide clear, easy to implement, evidence-based policies, practices and procedures that school districts or individual schools could choose from and adopt based on their local school community needs.”

Other specific wishes in this area included “more of a purposeful scope and sequence plan for JK–12 on SEL, MHL [mental health literacy], etc.” (school respondent); “a local mental health/district strategy” (school district respondent); and “specific language in the strategic plan and the implementation plan about ‘how’ to create a systematic approach” (school district respondent).

Key theme 4: Staff well-being

Supporting staff well-being was emphasized by respondents across all survey groups. Participants noted the need for increased professional development “for staff to enhance their understanding of mental health issues, learn effective intervention strategies, and improve their own self-care practices” (school district respondent). Other specific practices to support staff well-being included: identifying staff well-being initiatives as a district priority, ensuring that staff have time to engage in ‘positive practices’ for their own well-being, and a comprehensive staff well-being plan.

“If we take care of the educators, we can take care of the students. But, our educators are tapped out! Too many initiatives, not enough time to process the effects of the pandemic. Educators have not had the time to reflect and reset. Staff shortages and retention are real issues.” (school district respondent)

Key theme 5: Collaboration with community partners

Multiple participants shared the importance of improving collaboration with community partners and outside agencies. Specifically: “system wide collaboration across ministries: education, health, social services” (school district respondent); “greater family support and communication between school, health and family” (school district respondent); and “better communication/collaboration between public health dietitians/school health specialists around support for schools” (health authority respondent). Moving beyond the school setting toward a more comprehensive and community-oriented approach, participants highlighted the needs for “partnerships with community mental health organizations, local clinics, and hospitals to ensure a seamless continuum of care for students” (school district respondent), “much more liaison with outside agencies” (school respondent), and “collaboration with outside agencies for more integrated support” (school respondent).

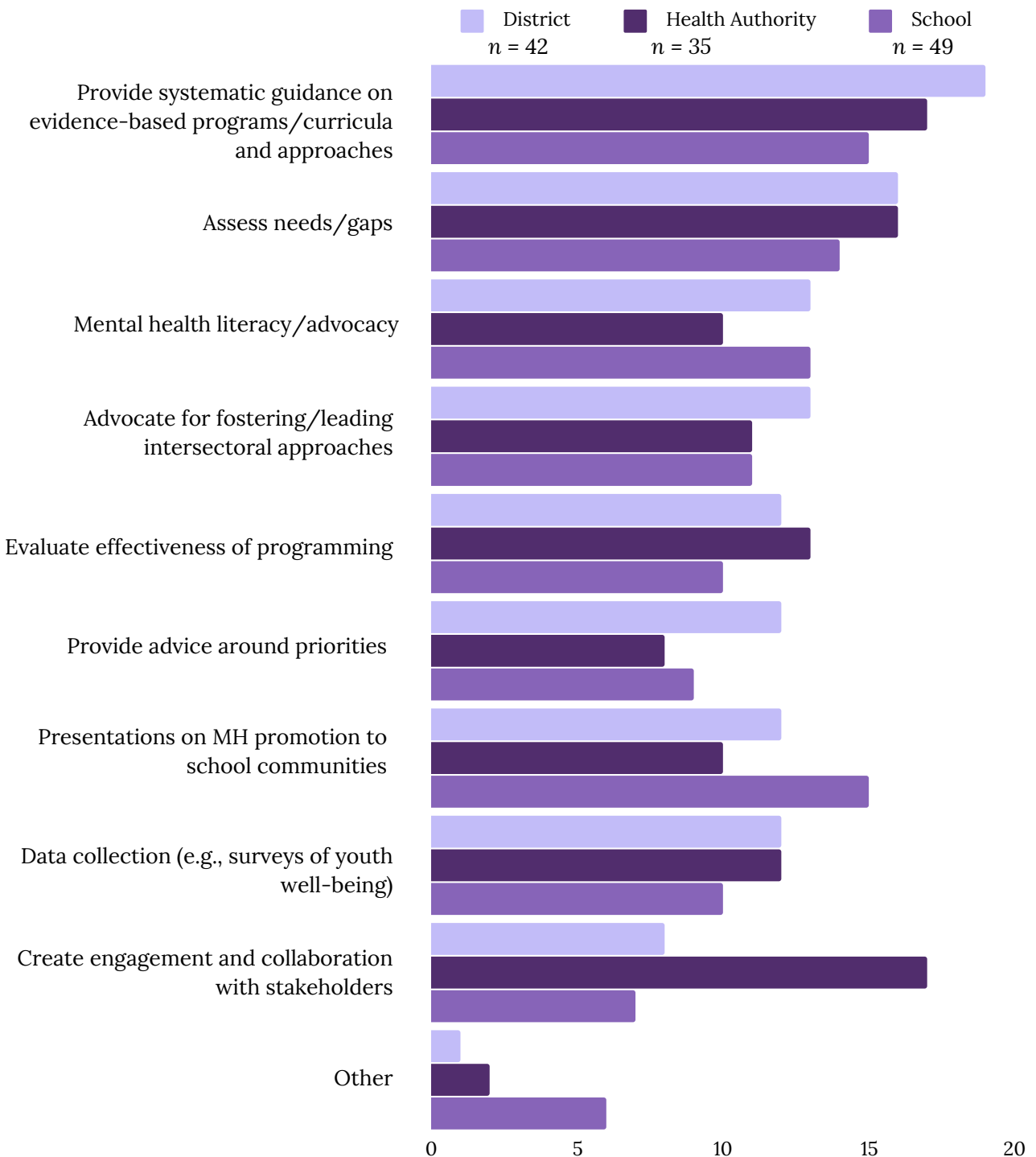
“[Desire to] collaborate with community partners: Forge partnerships with community mental health organizations, local clinics, and hospitals to ensure a seamless continuum of care for students. This collaboration can involve shared resources, joint training programs, and coordinated referral systems to support students' mental health beyond the school setting.” (school district respondent)

BCCDC Areas of Support

We wanted to understand from survey participants how the public health sector in general, and the PHP team at the BCCDC in particular, could support school-based MHP. Participants responded to the question “What could BC population and public health do to support your efforts around mental health and well-being promotion?”

Figure 7 shows responses from 126 participants, divided by survey participant group. Additional responses provided in open-text fields included: increasing funding for consistent data collection and resources (multiple school respondents); dedicated professional learning and creation of training materials (health authority respondent); and “*fundamental systemic change*” (school respondent).

Figure 7. Desired areas of support for mental health and well-being promotion in school communities



Findings from Literature Review of BC Program Evaluations

As noted in the Procedures Overview, we assessed each initiative reported by survey participants for alignment with our working definition of *program*. Initiatives that matched this definition² are shown in Appendix A. We then searched for evidence of program evaluation in BC (Figure 8).

Figure 8. Percentage of programs that have evidence of evaluation in BC



Considerations

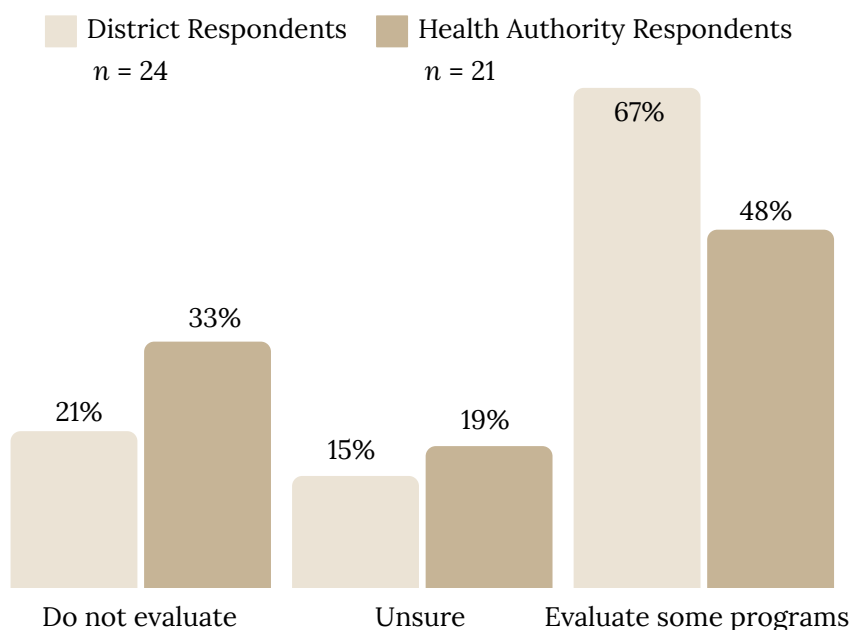
We did not complete a comprehensive systematic review of all BC-based published evaluations of any single program. Instead, we conducted an initial and non-exhaustive search of BC-based evaluations, in alignment with our available resources and the project's multi-phased nature. Details regarding the Literature Review procedures can be found in Appendix B.

We do not seek to recommend or endorse any program outlined in Appendix A. Rather we describe the findings from our search as a first step toward understanding which MHP and substance use-related programs have been implemented, and evaluated, in BC. The scope of this project did not allow for an assessment of the quality and outcomes of the program evaluations extracted in Appendix A.

Evaluation of Effectiveness

Beyond the evidence of evaluation in BC unearthed in our literature review, we wanted to learn whether school districts and health authorities evaluate program effectiveness in their respective school communities (Figure 9). We did not ask school level survey respondents if they evaluate programs.

Figure 9. Reported evaluation of programs



2. In the scope of this project, programs were defined as either sequenced/structured programs and/or lessons/curricula.

3. The ten substance-use related programs reported in the scan approach substance use in varying ways. Six of the ten aim at prevention, one is focused on quitting tobacco-related substances, and three programs are considered to be harm reduction.

Discussion of Findings

Key Insights

Findings from the survey provide valuable reflections directly from BC-based educators, district administrators, and public health practitioners that can help inform provincial responses to support school-based MHP. These insights can serve to guide future phases of our collective work to improve mental health and well-being for students and educators alike. Below, we summarize five key insights shared by our participants.

1

Evidence of effectiveness and corresponding guidance: what works best for BC school communities?

There is a clear call for evidence-based guidance to comprehensively promote mental health and well-being in BC school communities. As noted in our literature review, only a fraction of commonly used programs reported by survey participants have evidence of evaluation in BC. We highlight participants' desire to receive evidence-based guidance as well as the opportunity to create local evidence by evaluating initiatives in BC. Clear information from quality program evaluations, alongside implementation and environmental factors, will support decision-makers at all levels in selecting appropriate programs for their context and community.

Relatedly, we heard from participants about a need to identify who would support evaluations and be a central hub to provide evidence-based syntheses of evidence supporting existing programs.

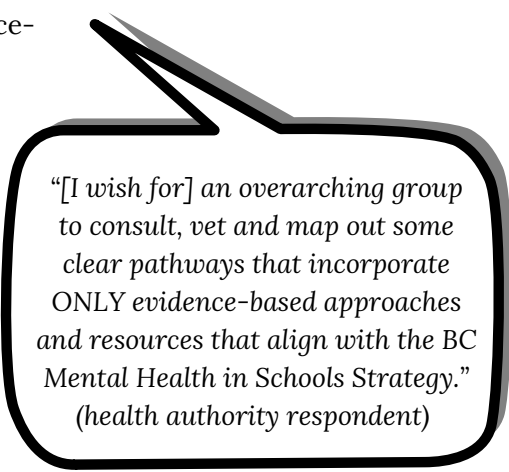
MHP encompasses much more than structured programs and it is evident through our survey findings that in addition to such programs, a variety of MHP resources and strategies are being used in BC school communities.

These resources and strategies are important, yet more challenging to evaluate compared to structured programs and there are few published evaluations of them. As more mental health resources and strategies emerge and become adopted in schools, there is a growing need to use creative strategies to evaluate their impact on student and educator mental health and well-being.

When asked specifically about the role that the public health sector, including the PHP team at the BCCDC, could play to support school-based MHP in BC, survey participants highlighted that systematic guidance, data collection, assessment of needs and gaps, and leading/advocating for intersectoral collaboration are key areas of work. The most frequently requested area of support indicated by survey participants at all levels was to provide systematic guidance on evidence-based programs/curricula and approaches as noted in Figure 7.

Educators want access to clearer information about what initiatives are successful in BC schools, how they are being implemented, and how to incorporate them within a school-wide strategic approach. Further, school level survey participants noted the limited effectiveness and impact of MHP programs done in an isolated manner: an initiative was considered to be unsuccessful *“when done in isolation, without fitting into a school-based program that spans all grades”* or *“was one-off [or] one and done program.”*

As such, participants reported their desire to understand and access cohesive, sustainable approaches to support student and educator well-being. Finally, we note the desire from practitioners to receive guidance from experts who can identify and assess evidence of efficacy and effectiveness, in alignment with public health approaches.



“[I wish for] an overarching group to consult, vet and map out some clear pathways that incorporate ONLY evidence-based approaches and resources that align with the BC Mental Health in Schools Strategy.”
(health authority respondent)

2

Prioritizing staff well-being and collective learning: how is the comprehensive well-being of school communities, including that of adults, addressed?

As outlined in the survey findings, both education and public health professionals reported relatively limited resources being available to support educator well-being, with 44% agreeing that their school or district had access to resources to effectively support educator mental health and well-being. Participants' emphasis on educator well-being was clear throughout the survey and via responses to multiple open-text questions. Furthermore, there was a related desire reported by respondents to increase opportunities available to them for skill development in MHP and mental health literacy.

Professional learning and collective skill development

- “Community of Practice opportunities for teachers, to collaborate and update, to align practices with current resources that are available.” (school district respondent)
- “[Our school] is working to prioritize mental health and to build capacity in our staff. MH [mental health] is a part of most, if not all, of our teacher pro-d days.” (school respondent)
- “Teacher education around wellness and health to embed health topics into all curriculum, not just Physical Education and Health.” (school district respondent)
- “Provide MORE professional development: Offer regular professional development opportunities for staff to enhance their understanding of mental health issues, learn effective intervention strategies, and improve their own self-care practices. This can include workshops, conferences, and online resources.” (school district respondent)

Adult mental health and well-being

- “I would love to see Staff Wellbeing initiatives brought forward as a district wide priority.” (district respondent)
- “Teacher wellness needs to be considered.” (district respondent)
- “Staff mental wellbeing should also be a priority.” (health authority respondent)
- “Teachers should be able to take mental health days without explanation, the same as if we were sick with a cold.” (school respondent)
- “[wish for] supporting staff mental wellness at the district level where staff are allotted the time for doing positive practices for themselves.” (health authority respondent)

The importance of adult well-being is highlighted in the *BC Mental Health in Schools Strategy*, where it is noted that teacher stress has direct links to the stress levels of students (Government of British Columbia, n.d.). One participant noted their wish for employee well-being to align with human resources strategies, including collective agreements. Intentionally addressing adult well-being is a key factor in comprehensive school-based MHP.

“... In order to do the job well, teachers have to work well beyond 8 hours a day. And if they are going to do things like coaching and clubs, which are so important for building connections with students and helping student mental health, they work well beyond 10 hours a day...This is not good for mental health.”
(school respondent)

3

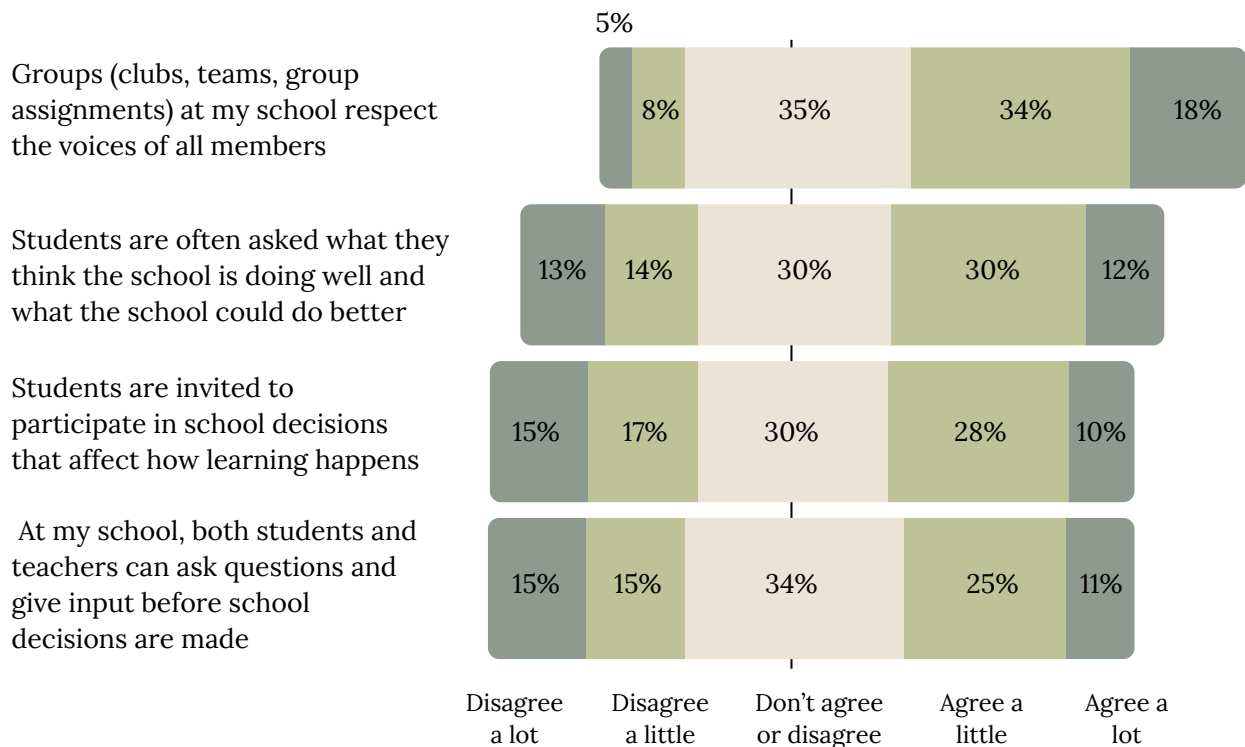
Child and youth engagement and collaboration: how do students experience school-based MHP?

Including child and youth perspectives in local needs-assessments, program development, and ongoing evaluations is recognized as essential for ensuring that initiatives align with youth needs and optimize their subsequent engagement in MHP (Hall, 2010; Klim-Conforti et al., 2022; Liegghio et al., 2010; McCabe et al., 2023; O'Reilly et al., 2018). Students have unique perceptions that may differ from the perceptions of the adults in their lives (Waters et al., 2003). Furthermore, as per the United Nations Convention on the Rights of the Child (1989), children and youth have the right to be heard and included in research and activities that affect them. The breadth of data collected thus far—from MHP strategies to formal programs being implemented and hopes for the future—highlights the perspectives of professionals working in school-based MHP but excludes those on the receiving end of the initiatives: namely, the students. We note the importance of incorporating youth engagement strategies to continue understanding the landscape of school-based MHP from the perspective of youth themselves.

One school level survey respondent noted their own wish to engage students in additional skill development: “[I] would like to be able to offer mental health first aid training and restorative justice training for students every year.”

Drawing from this year’s (2024) YDI data, BC high school students shared that there is some incorporation of student voice in BC schools, yet there is room for improvement (Figure 10). For example, only 38% of students agreed with the statement: “Students are invited to participate in school decisions that affect how learning happens.”

Figure 10. Youth’s perceptions of inclusion of student voice in school (YDI 2024 data)



4

Creating and strengthening connections: how can schools effectively collaborate with families, community organizations, and public health partners?

As noted in the *Mental Health and Well-being in School Communities Framework* (Figure 1), partnerships with families and community organizations are important components of school-based MHP. Collaborative, intentional, and equity-centered partnerships promote student well-being beyond the school building. The importance of partnership with families and the greater community was echoed by survey respondents, who highlighted opportunities for strategic coordination and knowledge-sharing. As such, there is a key opportunity to strengthen the alignment among, and collaboration with, local entities in support of school-based MHP.

“There needs to be resources and education for parents and the community to help build understanding of the current challenges within society, especially within our youth. It needs to come from a trusted source that is rooted in research. We need to engage the community better.” (school district respondent)

“It is great to have a provincial strategy. However, there is opportunity within that strategy to encourage more community partnerships, including public health.” (health authority respondent)

5

Developing deeper understanding: what are the experiences of professionals who support school-based MHP initiatives?

Lastly, participants emphasized the need for deeper, more nuanced understanding of the perspectives of those supporting, planning, implementing, and evaluating school-based MHP initiatives. Continued qualitative data collection, through dialogue with educators and public health practitioners, will provide further insights. Responses to the survey highlighted the wide range of MHP, including substance use-related initiatives, implemented across BC school communities.

The range of data collected in the scan further demonstrates gaps, including the need to learn more about the experiences of professionals in selecting, implementing, and informally evaluating MHP programs, resources, and strategies in their school communities. In order to dismantle barriers described by participants in this report, and ultimately meet the MHP needs in school communities, we must continue to elevate the voices of those doing this work.

Limitations

There are limitations inherent in our work that we would like to highlight. Firstly, our sample may not be representative of all school/district/health authority representatives, limiting generalizability. Additionally, we did not collect demographic information about the respondents, which limits our insight into what works for different subgroups of educator, staff and health authority practitioners. We did not account for variations among schools, such as their locations, districts, or differences between independent and public schools.

It is crucial to include youth perspectives for a holistic understanding of school-based MHP. Although we were unable to include student participants in the current survey, we integrated youth data from the 2024 YDI survey to gain some insights into their perspectives regarding mental health in their schools. Future MHP work should seek the voices of BC students, as well as perspectives from families and connected community members.

Finally, our literature review of BC-based evaluations for defined programs was comprehensive, but it was beyond the scope of the project to conduct a systematic review or assess the quality of identified evaluations.

Conclusion

As indicated throughout this report, there are many sources that educators and public health practitioners in BC draw from to promote mental health and well-being in their school communities. These include long-established programs that can be consistently implemented in school settings, as well as small, daily strategies that have been shown to support student mental health and well-being.

The range of MHP initiatives shared by survey participants speak to the value that educators, administrators, district leaders, and public health professionals place on MHP in school communities. Yet, we note there remains a gap in available data, evidence, and guidance available to practitioners to support their work. In the emerging field of public mental health, key activities include monitoring and assessing health needs; evaluating evidence for effective programs; developing, testing, and implementing evidence-based interventions in health promotion; and advocacy and collaboration with partners, including the development of comprehensive mental health strategies across systems (Mantoura, 2014). There is an opportunity in BC to expand upon the existing school-based MHP initiatives, to strengthen cross-sectoral collaboration, and ensure that data and evidence-based guidance is available to educators and public health practitioners. Notably, as indicated in the responses to our survey, educators and public health practitioners desire clearer evidence-based guidance that may be used to facilitate MHP-related decision-making.

Survey respondents consistently shared their wishes for more aligned systems of MHP resource-sharing and implementation, stronger collaboration between the education and public health sectors, and evidence-based guidance on effective MHP programs and strategies to employ in the BC context. Specifically, a need for greater collaboration and alignment among local entities (health authorities, health professionals, community services, and schools) to promote mental health was a resounding theme found in survey responses. As arguably the largest public system serving children and youth in North America, schools are well positioned as sites for cross-sectoral collaboration in support of public mental health initiatives that may be supported by the public health sector, in partnership with school communities. Furthermore, schools have a key role in ensuring “an enabling context for mental health and well-being” (Margaretha et al., 2023).

The data collected through this project has provided valuable insights that underscore the importance of supporting the well-being of educators, involving students and the broader community in prioritizing and implementing school-based MHP initiatives in BC, and using data and evidence to inform decision-making. We acknowledge and appreciate the exceptional mental health and well-being work being carried out by BC schools. At the same time, we hope to elevate the voices of those who are calling for more guidance and resources to strengthen their existing efforts at promoting the mental well-being of all members of BC school communities.

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Appendix A

Program Evaluations in BC

As noted in the report, we are not recommending or endorsing programs outlined in Tables A1, A2, and A3. Information extracted from each program evaluation was categorized with the following data:

Column 1: Program name and link

Column 2: Evaluated in BC according to search strategy (Yes/No)

- Superscripts are used to denote specific details about evaluations outlined below.
 - (1) Possible Internal Evaluation: evaluation was suspected to be conducted by at least one program developer
 - (2) Evaluation conducted in Western Canada: authors did not specify that the evaluation took place in BC but specified “Western Canada” more broadly
 - (3) Confirmed BC-based evaluation with author on CHART Lab team
 - (4) Grey literature evaluation: evaluation findings communicated via website, report or thesis
- * Evaluation completed with preservice teachers

Table A1. Educator mental health promotion

Program Name	Evaluated in BC
CARE Program	N
Living Life to the Full for Adults	N
Mental Health First Aid	N
Mental Health Literacy- LEARN	N
MindUP for Educators	N
Open Parachute Teacher Well-being	N
PERTS Mindset Kit- Belonging for Educators Course	N
Self-Compassion for Educators	N
smartEducation	N ² *
Starling Minds	Y ^{1 4}

Table A2. Substance use

Program Name	Evaluated in BC
Botvin Life Skills Training	N
Brain Power DVDs	N
D.A.R.E BC	N
Drugs: Use, Abuse and Addiction - Lesson Plan	N
PreVenture	Y ⁴
Project SUCCESS	N
Safety First	N
CCSA Understanding Substance Use	N
Weed out the Risk	N
Quit4Life	N

Table A3. Student mental health promotion

Program Name	Evaluated in BC	Program Name	Evaluated in BC
<u>b</u>	N	<u>Open Parachute</u>	N
<u>Agenda Gap</u>	Y ¹	<u>Partnership for Children programs (Zippy's Friends, Apple's Friends, Passport: Skills for Life, Spark Resilience)</u>	N
<u>Ask Auntie</u>	N	<u>Pass It On</u>	N
<u>Be Good People</u>	N	<u>Peace Learning Circles</u>	N
<u>Best Buddies</u>	N	<u>Play It Fair</u>	N
<u>Brain Ahead</u>	Y ^{1 4}	<u>PreVenture</u>	Y ⁴
<u>CALM Curriculum</u>	Y ³	<u>Respectful Futures</u>	N
<u>Character Strong</u>	N	<u>Respecting Diversity Program</u>	Y ¹
<u>Empathy Project</u>	N	<u>Rolling with ADHD</u>	N
<u>Everyday Anxiety Strategies for Educators (EASE)</u>	N	<u>Roots of Empathy</u>	Y ¹
<u>Facing Your Fears</u>	Y	<u>RULER Approach</u>	N
<u>Family Smart: Working Well Together Workshop for Schools</u>	N	<u>Second Step</u>	N ²
<u>Fourth R</u>	N	<u>Stigma-Free School Program</u>	N
<u>FRIENDS</u>	N ²	<u>Stop Now And Plan (SNAP) Program</u>	N
<u>GoZen!</u>	N	<u>Stronger Connections with Youth</u>	N
<u>Here4Peers</u>	N	<u>Take a Hike</u>	Y ^{1 4}
<u>Kids Have Stress Too</u>	N	<u>Taming Worry Dragons</u>	Y ⁴
<u>Kids In The Know</u>	N	<u>Teach Mental Health Literacy</u>	Y ¹
<u>Kindness in the Classroom (Random Acts of Kindness)</u>	Y	<u>URSTRONG</u>	N
<u>La Santé Mentale - On s'en Parle</u>	N	<u>We Thinkers!</u>	N
<u>Learning For Life</u>	N	<u>WITS</u>	N ^{1 2}
<u>Lion's Quest: Skills for Growing</u>	Y ^{1 4}	<u>WITS - Leads</u>	N
<u>Living Life to the Full for Youth</u>	N	<u>Worry Warriors</u>	N
<u>MindUP</u>	Y	<u>YMCA Youth Transitions Program</u>	N
<u>moozoom</u>	N	<u>Zones of Regulation</u>	N

Appendix B

Extended Procedures Information (Literature review)

As noted in the report, our team reviewed literature to determine which of the reported programs had published evidence of evaluation taking place in British Columbia (BC).

For each program, we conducted a search of the program website, the Collaborative for Academic, Social, and Emotional Learning (CASEL) Program Guide, and What Works Clearinghouse Reports. We also conducted a search in Google Scholar and used EBSCO to search three databases including APA PsycINFO, ERIC, and Medline with full text. The set search terms for the four databases were as follows: [Program name] and evaluation, [Program name] and intervention, and [Program name] and assessment. Within both databases (Google and EBSCO), the first 100 search results were scanned for each set of search terms. All searches were conducted between September 2023 and January 2024.

Once a peer reviewed published article of a program evaluation was identified that met our criteria for inclusion (outlined below), we documented the evaluation details and stopped our search for that program. If grey literature (e.g., thesis or program evaluation report) or an internal evaluation (e.g., evaluation conducted by program developers) that met our criteria for inclusion was identified before a peer reviewed published article, we noted this and continued to search for a peer reviewed published article following the search strategy described above. If a peer reviewed published article was subsequently identified for the program, the information of the peer reviewed published article was documented. If a peer reviewed, published article was not identified after finding grey literature or an internal evaluation, the information of the grey literature or internal evaluation was documented and specifically noted it was not a peer reviewed published article.

A program was considered to be evaluated in BC if the evaluation met our criteria for inclusion outlined below:

- Location of program evaluation: British Columbia
- Setting: School (public, private, special)
- Timeframe: anytime
- Target population: Kindergarten to Grade 12 students and/or teachers
- Evaluated outcomes: at least one mental well-being (e.g., optimism) or mental health symptoms (e.g., depressive symptoms) outcome
- Language: English
- Type: Peer reviewed published article or grey literature (e.g., thesis or program evaluation report), excluding book chapters

We did not complete a comprehensive systematic review of all BC-based evaluations of any single program. Instead, we conducted an initial and non-exhaustive search of BC-based evaluations to form the foundation of this project in line with the scope and resources available.

In acknowledgement of search strategy limitations, we highlight that:

- If a program is listed as not evaluated in BC in Appendix A (Tables A1, A2, and A3), it may be evaluated in BC, however, an evaluation was not found based on our search strategy, and criteria for inclusion/exclusion. Further, some articles and reports used language such as “Western Canadian province,” thereby not clearly specifying which province the evaluation took place. In these instances, we listed the program as not evaluated in BC, however, we noted that it took place in a western Canadian province that could be BC.
- We only documented and extracted the information of the first peer reviewed published article and/or grey literature evaluation of a program we identified through our search strategy. Thus, the program evaluations linked in Appendix A may not represent the extent of BC-based evaluations for a specific program.
- There are other types of program evaluation, such as those that are internal, local, or applied, that may not have appeared in our search strategy.

We are not recommending or endorsing programs outlined in Appendix A, rather we are outlining findings from our search as a first step toward understanding which mental health promotion and substance use-related programs have been evaluated in BC. The scope of this project did not allow for an assessment of the quality and outcomes of the program evaluations extracted in Appendix A (Tables A1, A2, and A3).

Appendix C

Additional Charts and Data

Question 1

School participants: Tell us about some programs that were successful at improving or supporting mental health and well-being and why.

24 participants responded to this question, providing responses in an open-text box. Specific programs are presented in Table C1 while other responses outlining program characteristics are included in the report (see *Reflections on the Current Landscape*).

Table C1. Programs reported as successful at improving or supporting mental health and well-being

Program	Mentions of Program (n=24)
Open Parachute	5
Zones of Regulation	3
Social Thinking	2
EASE Training	1
Hello Anxiety*	1
Mental Health Literacy*	1
Power of One	1
YMCA Youth Transitions	1
WITS	1

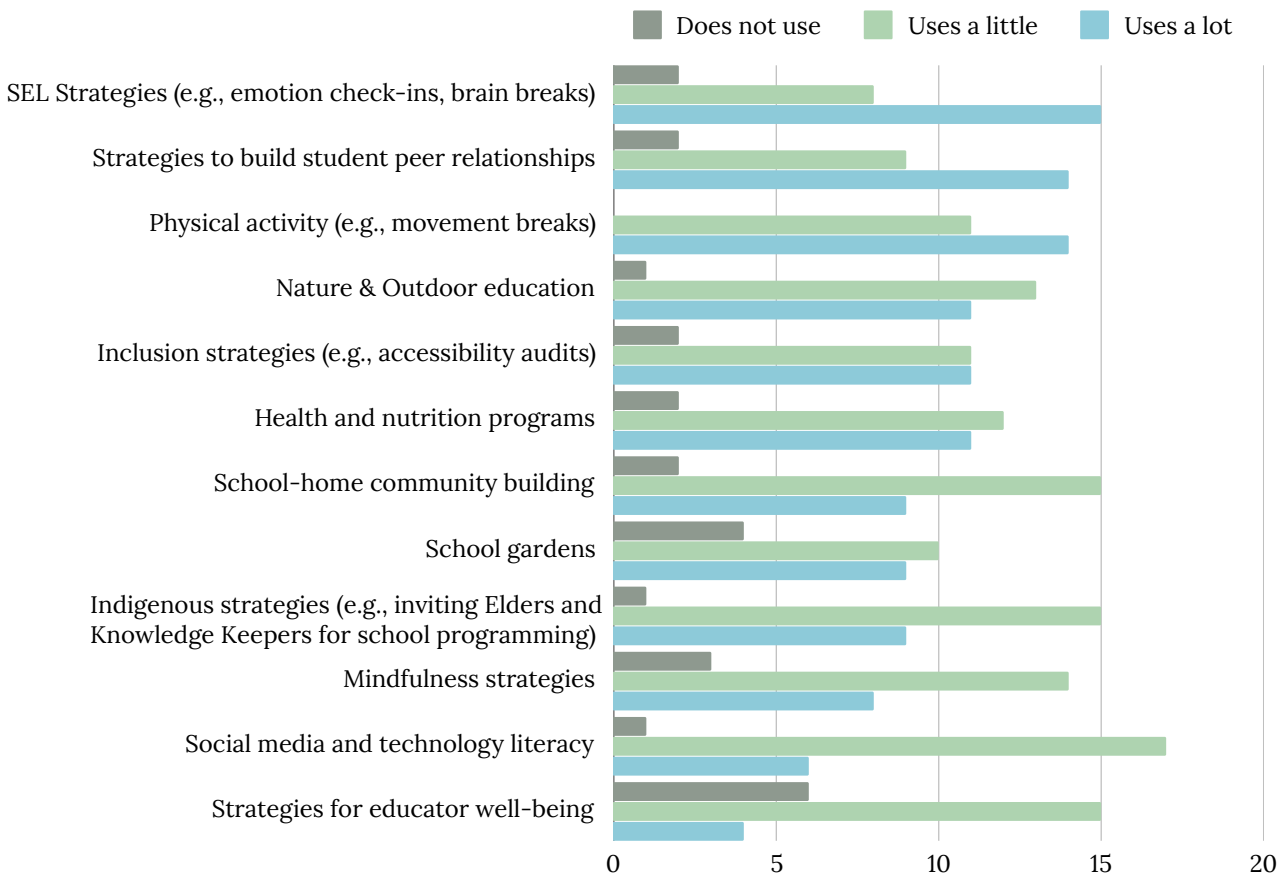
*Research team could not determine specific program

Question 2

School participants: We know **schools** are already doing so much, beyond structured programs, to support student well-being. Even small things can make a big impact. Please indicate how much you think your school is utilizing these various approaches, known to support student and educator mental health and well-being.

26 participants responded to this question, categorizing each strategy from a list of options as: uses a lot; uses a little; or does not use. Participants had the option to provide further information in an open-text box and these responses were highlighted in the report (see *Reflections on the Current Landscape*).

Figure C1. Strategies used to support student mental health and well-being, as reported by school-level respondents

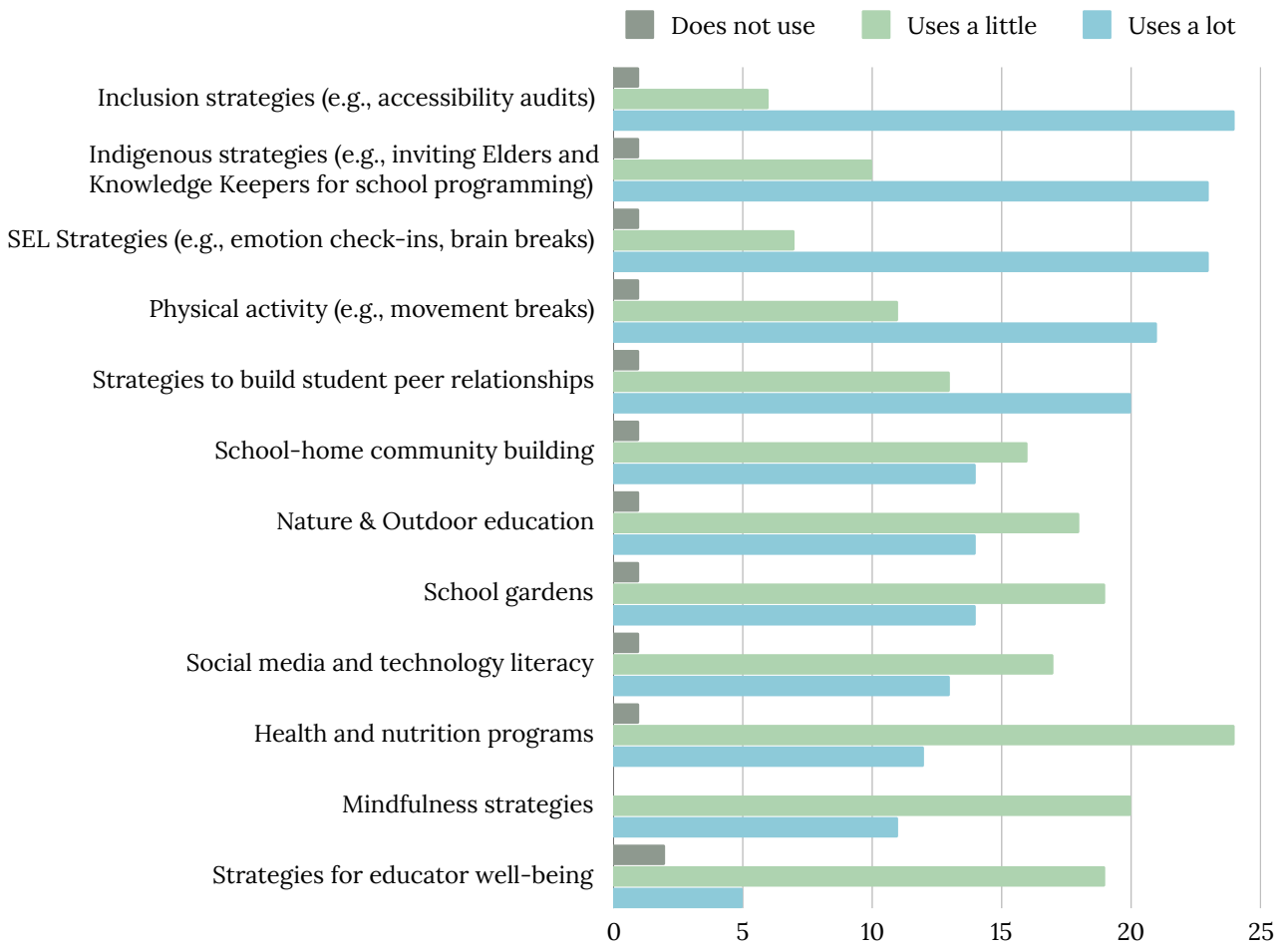


Question 3

School District and Health Authority participants: We know **districts** and **health authorities** are already doing so much, beyond structured programs, to support student well-being. Even small things can make a big impact. Please indicate how much your district or health authority/organization is utilizing these various approaches, known to support student mental health and well-being.

42 total participants responded to this question, categorizing each strategy from a list of options as: uses a lot; uses a little; or does not use. Participants had the option to provide further information in an open-text box.

Figure C2. Strategies used to support student mental health and well-being, as reported by school district and health authority respondents



Appendix D

All MHP initiatives as reported by survey participants (in alphabetical order by category)

Student Mental Health and Well-being

1. .b
2. Agenda Gap
3. Ants in your Pants
4. Ask Auntie
5. Axis
6. Be Good People
7. Best Buddies
8. Brain Ahead
9. CALM Curriculum
10. Character Strong
11. Connections with Youth
12. Consent Program
13. Crew (high school)
14. EASE
15. The Empathy Project – The Circle Education
16. Facing Your Fears
17. Family Development Programs – Circle of Security
18. Family Smart: Working Well Together Workshop for Schools
19. FISA Mental Health Workshops
20. Foundry App
21. Fourth R
22. FRIENDS program
23. GoZen
24. Grade level mental health programs and education developed by school counsellors
25. Hello Anxiety*
26. Here4Peers
27. Jack.org
28. Kelty Mental Health
29. Kids Have Stress Too!
30. Kids in the Know
31. Kindness in the Classroom (RAK Foundation)
32. La Sante Mentale – On s'en parle
33. Learning for Life
34. Lion's Quest: Skills for Growing
35. Living Life to the Full for Youth– Canadian Mental Health Association
36. Locally developed social growth mindset projects
37. Locally developed social responsibility lessons based on PBIS
38. Mental Health Toolkit/Stigma Free
39. Mental health within PSPE curriculum
40. MindUP
41. Moozoom
42. Trauma-informed Practice Learning – My Training BC
43. Open Parachute
44. Partnership for Children programs (Zippy's Friends, Apple's Friends, Passport: Skills for Life, Spark Resilience)

**Research team could not determine specific program*

45. Pass it On
46. Peace Learning Circles (formerly Tribes Learning Communities)
47. Physical Literacy
48. Play it Fair: Human Rights Education Toolkit for Children
49. PreVenture
50. Respectful Futures
51. Respecting Diversity lessons (Jennifer Katz)
52. Restorative Practices – circle work
53. Rolling with ADHD for teachers
54. Roots of Empathy
55. Ruler
56. Second Step
57. Social Thinking
58. Stop Now and Plan (SNAP) Program
59. Take a Hike
60. Taming Worry Dragons
61. Bringing Mental Health to Schools Curriculum (TEACH MHL)
62. The School Physical Activity and Physical Literacy Project
63. URSTRONG
64. Virtual Voices*
65. WE Thinkers
66. Wellness exchange
67. Wellness supports
68. WITS Program
69. WITS-LEADS
70. Worry Warriors
71. YMCA Youth Transition program
72. Zones of Regulation

Educator Mental Health and Well-being

1. Ants in your Pants – Self-care
2. Activities identified by staff (i.e. staff room refresh, Wellness Cafe, physical activity as a group)
3. Ask Auntie
4. CALM app for mindfulness
5. CARE Program
6. Compassionate Systems
7. Data collection/surveys with specific employee groups
8. District-developed 1-hour presentation for educator wellness
9. Doctors in Schools Program with high schools, local family physicians & CYMH
10. EFAP
11. FISA Mental Health Workshops
12. Grade level mental health programs and education developed by school counsellors.
13. HR correspondence/newsletter
14. HR sponsored yoga
15. HR Wellness Champions program
16. Lifespeak
17. LifeWorks through EFAP
18. Living Life to the Full – Canadian Mental Health Association
19. MBSR
20. Mental Health First Aid
21. Mental Health Literacy (LEARN)
22. MindUP for Educators

**Research team could not determine specific program*

23. (Creation of) Manager of Mental Wellness and Addictions position to support students and teachers
24. Onward Workbook
25. Open Parachute (Teacher Modules)
26. PERTS Mindset Kit
27. Professional development sessions on self-compassion & self-care
28. Self-Compassion for Educators
29. SmartEducation
30. Starling Minds
31. Wellness supports
32. Wellness exchange
33. YMCA Youth Transitions Program

Substance Use

1. ABCs of Youth Substance Use
2. AA came and spoke to 7-12
3. Art of Motivation (Training for teachers)
4. Botvin Life Skills Training (LST)
5. Brain Power DVDs
6. Canadian Institute for Substance Use Research Helping School Resources
7. Canadian Students for Sensible Drug Policy: Sensible Cannabis Education – A Toolkit for Educating Youth
8. Cannabis and mental health
9. CCSA Understanding Substance Use
10. Celebrate Safely
11. Choices and values
12. D.A.R.E BC
13. District lessons
14. Drug Free Kids Canada resources
15. Foundry
16. Freedom Quest Facilitators
17. H&PE Curriculum Resources: Grades 1 – 8 and/or H&PE Secondary Resources
18. iMinds
19. Island Health resources
20. Let's Talk Safer Partying
21. MADD Canada (presentations; Brain Power DVDS)
22. Mental Health and Substance Use Grade 7 Panel/Info for teachers - community agency collaboration
23. Ophea
24. PreVenture
25. Quit4Life (tobacco)
26. RCMP Canadian Champions Video (Teachers' Guide)
27. RCMP Drugs: Use, Abuse and Addiction Lesson Plan
28. RCMP Talks
29. Rethinking Conversation around Youth Substance Use (Discussion Guide)
30. Richmond Addictions Society presentations
31. SACY
32. Safety First
33. SHARE-YOLO
34. Speakers from community
35. Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)

36. Tobacco and Vaping Reduction Coordinator engaged with MHL teachers & other areas of our schools
37. Vaping BC Lung Association
38. Vaping Dialogues
39. VCH MHSU youth team works directly with school-based counsellors
40. Weed out the Risk
41. YMCA