



# British Columbia Teachers' Federation

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## **Addressing youth mental health issues in BC's K–12 public schools: A BCTF submission**


*A Brief to the*

### **Select Standing Committee on Children and Youth**

*from the*

**British Columbia Teachers' Federation**

June 2015

  
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President

  
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Executive Director



# **Addressing youth mental health issues in BC's K–12 public schools: A BCTF submission**

*bctf.ca/BriefsAndPositionPapers.aspx*

The BC Teachers' Federation (BCTF) has taken an active role in addressing both youth and teacher mental health issues in recent years, and will continue to do so. The BCTF is a participant in the BC School-Based Mental Health Collaborative, has a web page<sup>1</sup> with resources to support teachers in understanding mental health issues, and recently (May 7, 2015) offered a webinar<sup>2</sup> with an expert panel on students' mental health.

**We offer six recommendations:**

**Our first recommendation deals with a proposal for reducing the incidences of mental health problems in children and youth.**

**Our second addresses the serious students' mental health issues our members are witnessing, and argues for better and more collaborative mental health services in schools.**

**Our third recommendation is that a commission comprised of stakeholders be established to initiate and co-ordinate province-wide mental health approaches and resource development in K-12 public schools.**

**The fourth recommendation is to provide a grant to the BC Teachers' Federation to support its Teaching to Diversity online resource.**

**The fifth recommendation is to improve front-line supports for mental health by increasing the numbers of school counsellors and other specialist teachers who deal with mental health issues in BC's public schools.**

**In the sixth and final recommendation, we urge this standing committee to address the mental health needs of youth who are often additionally marginalized in our society.**

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<sup>1</sup> Students' Mental Health Resources, <http://www.bctf.ca/issues/resources.aspx?id=24017>

<sup>2</sup> Building better mental health in children and youth: A BCTF webinar, at <http://webinarjam.net/webinar/go/replay/14271/38748b8a9b/accessok/>

The six recommendations to address mental health issues in children and youth are:

**1. Support efforts to build positive and pre-emptive approaches to the mental health of children and youth.**

The BCTF has worked with Directorate of Agencies for School Health BC (DASH BC) in the 2014–15 School Connectedness project. Projects from two school districts (Cariboo-Chilcotin and Okanagan-Skaha), as well as individual school projects from Coquitlam and Burnaby, will soon be posted on the Healthy Schools BC website.<sup>3</sup> As part of our submission, we also submit one video, from Okanagan-Skaha, which shows the dramatic difference when efforts are made to build and sustain school connectedness; it can be found online at <https://www.youtube.com/watch?v=FnNbN1p3Rwc&feature=youtu.be>.

Research on school connectedness shows considerable benefits from ensuring all students feel part of a school community.

Research has found correlations between school connectedness and four academic outcomes: attendance, dropout rates, self-reported grades and perceived academic competence. When students feel supported by adults at school, they feel more motivated to engage in class, do their homework, and are more likely to value school. The BC Adolescent Health Surveys (2008 and 2013) confirmed that students who report higher school connectedness are more likely to expect to continue their education beyond high school.<sup>4</sup>

In addition to the academic benefits described above, mental health promotion and building connectedness reduce isolation and build participation in community. Investing in a range of pro-active and pre-emptive approaches reduces incidences and costs of mental illness. For a small investment now, the payoffs can be considerable.

The BCTF will ensure maximum dissemination of information about building positive approaches to supporting mental health through its web page, which offers mental health resources and links. It will also use its professional development networks to share

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<sup>3</sup> <http://www.healthyschoolsbc.ca/>

<sup>4</sup> [http://healthyschoolsbc.ca/media/21257/school\\_connectedness\\_evidence\\_summary\\_oct\\_2014.pdf](http://healthyschoolsbc.ca/media/21257/school_connectedness_evidence_summary_oct_2014.pdf)

information about accessing mental health professional development opportunities for teachers.

We recommend an expansion of the school connectedness project, possibly in conjunction with the McConnell Foundation, which is committing to spending \$6m in support of advancing well-being in schools,<sup>5</sup> and which is actively seeking partnerships for its approach. The ministries of Health and Education might also improve their levels of collaboration and increase their support for mental-health initiatives in BC's public schools. A co-ordinated, multi-ministry, non-profit, and union collaboration might expand the existing approach to building connectedness.

**2. Address the serious children/youth mental health issues by ensuring mental health services are accessible in schools.**

The BCTF believes there should be mental health strategies in all schools, but the level of support is inadequate. Some teachers have reported positive results when health professionals such as nurses have been available in schools, both to provide direct services to students and to advise teachers about approaches to supporting students' mental health. There are very few opportunities for psychiatrists to work in school settings, and we believe this should also be considered, perhaps in a pilot study in an area of proven need. Any provision which provides health-professional expertise in schools should not be at the expense of any current school staffing such as school counsellors.

Any increase in health professionals working in schools will result in increased collaboration between educators and health professionals. While this is needed, we feel it would also be useful to encourage reflection and discussion about how such collaboration works best and how it might evolve. This could be addressed by funding inquiry groups which bring educators and health professionals together to consider successes and issues in collaboration across sectors. The BCTF has considerable expertise in the creation and facilitation of inquiry and could, with funding, provide support for health/education inquiry groups.

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<sup>5</sup> [http://mcconnellfoundation.ca/assets/PDFs/Call%20for%20Expressions%20of%20Interest\\_WellAhead.pdf](http://mcconnellfoundation.ca/assets/PDFs/Call%20for%20Expressions%20of%20Interest_WellAhead.pdf)

**3. Establish a commission to initiate and co-ordinate province-wide mental health approaches and resource development in K-12 public schools.**

We believe that one of the best ways to further approach youth mental health issues and to develop system-wide supports and strategies would be the establishment of a commission to prioritize action steps and to involve stakeholders, including the BCTF, to initiate and co-ordinate province-wide mental health approaches and resource development in K-12 public schools. The BCTF would be happy to participate in discussions to establish the terms of reference for a commission. A broad base of partners and a collectively-developed frame of reference would enable cohesive collaborative actions to support children and youth mental health.

**4. Provide a grant to the BC Teachers' Federation to support its Teaching to Diversity online resource.**

The BCTF is well-positioned to expand and disseminate mental health resources to teachers and to support an expanded school connectedness approach if grant funding were made available from government. The BCTF already maintains an extensive online resource in the form of the *Teaching to Diversity* website, which can be found at <http://www.bctf.ca/TeachingtoDiversity/>. Grants could also be used to build awareness and capacity through professional development, and to improve links between teachers and health professionals. Such health/education collaboration could prove a key factor in building better mental health services in schools, but it is important that education professionals and those working in the health sector have some opportunities to mutually understand systems and roles in order to maximize successful service delivery.

**5. Increase the number of school counsellors and other specialist support teachers to address students' mental health issues.**

Between the 2001–02 and 2013–14 school years, the number of school counsellors was reduced from 989.6 full-time equivalents (FTEs) to 858.3 FTEs, a reduction of 131.3 FTEs, or 13.3% fewer counsellors in schools. During the same period, special education teachers' numbers dropped from 4,051.5 FTEs to 3,236.8, a reduction of 814.7 FTEs, or 20.1%. Both school counsellors and special education teachers are dealing directly with those students who have mental health issues as part of their caseload. At the same time that BC has shed

school counsellors and special education teachers, there has been increased concern over issues like youth suicide, depression, anxiety, eating disorders, self-harm, and other mental health issues impacting students. In addition to the reduction in the number of school counsellors, their role in some secondary schools may now include some levels of administrative work such as scheduling and course selection.

We argue that school counsellors and special education teachers are best placed to support individual school efforts to address students' mental health, and with obvious and increasing student mental-health concerns, their numbers should be increased and their work more directly focused on both preventive and reactive approaches to supporting students and liaising with teachers and health professionals working in school sites.

With the introduction of new curriculum (including the new K–12 Physical and Health Education curriculum), and with the greater mental health needs being identified across BC, it is also important for the province to both fund and support the availability of in-service opportunities for teachers and other education staff who work with students so that they better understand the needs of students struggling with mental health. These opportunities should be available in all regions of the province. It is also important for principals, vice principals, and others in administrative roles in K–12 to be able to support school counsellors and classroom teachers in these efforts.

**6. Address the mental health needs of youth who are often additionally marginalized.**

We, and other K–12 education partner groups, are also increasingly concerned about the barriers and other challenges facing children-in-care and Aboriginal youth, and recognize that specific strategies may need to be developed to target these populations. There also is increased recognition that youth of colour, LGBTQ youth, and youth with disabilities may have quite different experiences in accessing support for mental health concerns—and that their experiences with discrimination or being marginalized may have an impact on their mental health.

We therefore propose a significant focus on increased efforts to address the mental health needs of all marginalized youth and would argue for a significant expansion of government resources to address these needs and to provide more-readily-accessible services to marginalized youth.

## Conclusion

The BCTF endorses the draft report of the Select Standing Committee on Children and Youth, which clearly identified inadequate systemic resources and supports to address children and youth mental health. The six approaches we propose aim to create the conditions where there are fewer students struggling with mental health. We stress the need for improved resource development and sharing, and for more funding and better ministerial and cross-system collaboration between health and education sectors, with specific supports to enable school staffs and health professionals to work effectively together. We also stress the need to recognize and support counsellors and other specialist support teachers in the front lines of dealing with mental health in schools. We also believe that a co-ordinated and action-focused commission might build better partnerships and initiatives to improve mental health services and provisions in the province's public schools.

The recommendations we make are manageable, and would have considerable practical effect if implemented.