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Abstract

Aboriginal communities and policy leaders are increasingly identifying the mental health of Aboriginal children and youth as a national priority. In recent years the government of BC has commenced cross-ministerial collaborations to establish policy frameworks to support young Aboriginal peoples. This research focuses on provincial schools as an integral component within the province’s current policy framework to achieve a broad-based ecological approach that fosters the long-term mental health of Aboriginal peoples in BC. Through semi-structured interviews with government and non-government agencies, this research locates a set of policy alternatives designed to address determinants currently necessary to improve the supportive capacity of provincial schools. The policy analysis results in two policy recommendations for the Ministry of Education: (1) provide school districts with ear-marked funds to employ Aboriginal community coordinators, and (2) prescribe social justice training on Aboriginal issues as a mandatory component of teacher induction and professional recertification.

Keywords: Aboriginal Children and Youth; Mental Health; Building Capacity in BC Provincial Schools
For my parents, Drs. Paul and Karen Blattler, and my brother John Blattler. Thank you for your continued inspiration and support.
Acknowledgements

First, and foremost, I would like to thank Dr. Doug McArthur. It was a privilege to work with him. I greatly appreciate his support and guidance throughout this research project, and I’m very grateful to have learned so much through his expertise. Thank you also to Dr. Manson Singer for serving as the examiner and for providing me with valuable feedback.

I would also like to acknowledge the school districts of Abbotsford, Chilliwack, Delta, Gold Trail, Vancouver, and Prince Rupert for accepting my research requests. I would especially like to thank all of the participants for taking the time to share their invaluable knowledge and first hand experience into this important policy topic.

Finally, I would like to thank the faculty at the School of Public Policy for an invaluable learning experience and the cohort of 2012 for the wonderful memories and friendships.
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<td>Aboriginal Education Agreements</td>
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<td>MEd</td>
<td>Ministry of Education</td>
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<td>MCFD</td>
<td>Ministry of Children and Family Development</td>
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<td>MHFA</td>
<td>Mental Health First Aid</td>
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<td>SBMH</td>
<td>School-Based Mental Health</td>
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Executive Summary

Around the world, Aboriginal communities, policy makers, researchers and educators have designated the mental wellbeing of Aboriginal children and youth as a major public health priority (Rawana & Nguyen, 2010). The prevalence of mental illness amongst Aboriginal peoples today must be understood through a sociohistorical lens. As a result of Canada’s colonial policies and practices, Aboriginal peoples continue to endure a legacy of acculturation stress and marginalization (Kirmayer, Simpson, & Cargo, 2003). Accordingly, public policy responses to ameliorate the mental wellbeing of Aboriginal peoples must be premised on the understanding that the enduring effects of colonialism perpetuate mental illnesses. Diminishing mental health inequities amongst Aboriginal children and youth will require, in part, developing broad-based ecological and community level interventions with families, schools, communities, and local government (Mussel, Cardiff, White, 2004).

This research project identifies provincial schools as an integral component within a broader-based policy framework to reduce mental health inequities amongst Aboriginal children and youth. Twenty-two semi-structured interviews — involving an Aboriginal community leader, academics, government employees, non-government employees, and school district staff — were held to identify determinants necessary to build the supportive capacity of provincial schools in BC. Based on the primary research the following key determinants were located:

- Ameliorate systemic barriers that impede the delivery of mental health education in the classroom;
- Foster supportive relations between teachers and Aboriginal students;
- Improve cohesion with Aboriginal communities to provide an integrated approach to support Aboriginal learners;
- Schools must function as partners in facilitating interagency coordination.
Collectively, the identified determinants establish the central objectives for each policy alternative: improve students’ mental health knowledge and skills, foster school connectivity for students and families, and increase service accessibility. To meet the stated policy objectives in a manner that is congruent with an Aboriginal worldview on mental wellness, each policy alternative is premised on a strengths-based approach and addresses the advancement of primary, secondary, and tertiary levels of prevention. The research project identifies three policy alternatives that are closely situated within BC’s current provincial policy context: (1) expand community school models and provide earmarked funds for Aboriginal community coordinators, (2) reform provincial learning outcomes, and (3) expand teacher professional development and recertification requirements. The policy analysis identifies a policy suite — comprised of employing Aboriginal community coordinators at the school district level and requiring teacher education to include mandatory training in social justice — as an effective and pragmatic policy recommendation.
1. The Mental Health of Aboriginal Students in BC

In 2006, the Standing Senate Committee on Social affairs, Science and Technology produced Canada’s most comprehensive report on mental illness — Out of the Shadows at Last — to guide Canada’s national strategy on the transformation of mental health services in Canada. Reporting on the mental health of children and youth, however, garnered little attention (McEwan, Waddell, Barker, 2007). Yet amongst children and youth, mental illness supersedes all other health conditions in terms of prevalence and severity of impairment¹ (Mental Health Evaluation & Community Consultation Unit [MHECCU], UBC, 2002). Epidemiological research estimates that approximately 15 percent of children and youth in British Columbia are living with a clinically significant mental illness (Waddell, McEwan, Shepherd, Offord & Hua, 2005; Leitch, 2007). Of the psychiatric conditions affecting children and youth, anxiety disorders and major depressive disorders are two of the most common and debilitating forms (Mash & Wolfe, 2010; Leitch, 2007). While a lack of research makes it difficult to empirically quantify the prevalence of specific mental illnesses amongst sub-populations, there is compelling evidence and a strong consensus amongst researchers that the pervasiveness of anxiety and mood disorders is a particularly salient concern for Aboriginal children and youth (Children and Youth Officer for BC, 2005).

Assessing the severity of anxiety and depression amongst young Aboriginal peoples requires, in part, the consideration of data on suicide, suicidality, extreme emotional despair and extreme stress as proxies for absent epidemiological data. While

¹ 80 percent of all psychiatric cases emerge during adolescence (Leitch, 2007).
suicide rates vary considerably across Aboriginal communities, Aboriginal youth in Canada collectively experience a suicide rate that is between five to seven times higher than the national average (Health Canada, 2006). Psychological autopsy studies consistently reveal that in 90 percent of all completed suicides, major mental illnesses — most frequently major depressive disorder\(^2\) — is a casual factor (Rihmer, 2010). Figure 1 reveals that suicidality is a persistent and significant concern for Aboriginal youth in BC (van der Woerd, Dixon, McDiarmid, Chittenden, Murphy, & the McCreary Centre Society, 2005; Tsuruda, Hoogeveen, Smith, Poon, Saewyc, and the McCreary Centre Society, 2012). In 2008, the rates of suicidality amongst Aboriginal youth in BC declined but remained high — 18 percent of Aboriginal youth seriously considered suicide and 11 percent made a suicide attempt (Tsuruda et al., 2012).

**Figure 1: Suicidality amongst BC Aboriginal Youth**

![Suicide Trends](image)

Adapted from, van der Woerd et al., 2005 & Tsuruda et al., 2012.

Negative affect, in the context of extreme despair and stress, also affects a significant portion of Aboriginal youth in BC as revealed in Figure 2. Nine percent of

---

\(^2\) Studies across North America suggest that depression is the single most significant correlate of suicide (Advisory Group on Suicide Prevention, 2002).
BC’s Aboriginal youth population — 12 percent of females and 5 percent of males — reported living with extreme sadness or hopelessness to the extent that it impaired their ability to function (Tsuruda et al., 2012). Female youth were also more likely to report feelings of extreme stress relative to males, 23 and 13 percent respectively.

*Figure 2: Extreme Stress and Despair amongst BC Aboriginal Youth*

Source, Tsuruda et al., 2012.

Compounding the severity of this major public health concern is the reality that provincial health and social services have traditionally failed to serve Aboriginal children and youth effectively (MHECCU, 2002), yet investing in strategies to develop prevention and intervention initiatives can ameliorate up to 70 percent of mental illnesses that have a childhood onset (Leitch, 2007). The 2005 Child and Youth Mental Health Plan for BC marked a significant step in the province’s response to the mental health of Aboriginal children and youth, however, more action is required (A. Berland Inc, 2008).

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3 Aboriginal youth are less likely than non-Aboriginal youth to access mental health services in BC (Child and Youth Officer for BC, 2005). This is a critical concern as only 13 percent of all children and youth in need of mental health services receive formal treatment (MHECCU, UBC, 2002).
Action is required now to address this policy problem as young Aboriginal peoples represent the fastest growing segment of Canada’s population (Statistics Canada, 2006).

Accordingly, numerous Aboriginal communities, policy makers, educators and researchers from around the world have designated the mental wellbeing of Aboriginal children and youth as a national priority (Rawana & Nguyen, 2010). This research will investigate and recommend a policy response to reduce the prevalence and mitigate the effects of anxiety and depression amongst Aboriginal children and youth living in BC.

1.1. Rational for School-Based Mental Health Interventions

As a consequence of historical injustices, many Aboriginal peoples worldwide face disproportionate levels of compromised mental health. Attenuating mental health inequities amongst Aboriginal children and youth requires, in part, delivering broad-based ecological and community level interventions with families, schools, communities, and local government, as opposed to focusing on the delivery of individual clinical based treatments (Mussel, Cardiff, White, 2004). Schools-based mental health interventions (SBMH) are ideal strategies to support Aboriginal children and youth as they concurrently target mental health promotion and educational functioning (Rawana & Nguyen, 2010). Although schools are traditionally orientated around education, a plethora of research now emphasizes the implication of mental health as a requisite for learning outcomes (National Centre for Mental Health Promotion and Youth Violence Prevention [NCMHPYP], 2008). In recognizing “the important interplay between emotional health and school success, schools must be partners in the mental health care of our children” (NCMHPYP, 2008, p 1).

The rational for situating schools as partners in mental health care is strongly supported by international evidence that locates schools as effectual settings for the promotion of psychological resiliency (Stewart, Sun, Patterson, Lemerle, Hardie, 2004). Recent theoretical developments identify resilience — a characteristic derived from the accrual of protective factors that enables individuals to thrive despite exposure to
adversity — as the foundation of sustained psychological wellbeing (Stewart et al., 2004). Schools inherently contribute to the extent in which individuals develop resilience, as schools represent the social context of children and youth’s everyday lives while placing concurrent expectations on academic, social, emotional, and physical development (Stewart et al., 2004). Schools that instil support and social cohesion help nurture individual resilience by fostering student’s sense of control, self-esteem, and self-efficacy (Morrow, 1999). Positive school settings contribute to a lower prevalence of mental illness, including depression, as well as reduced health risk behaviours (Morrow, 1999; Berkman, Glass, Brisette, & Seeman, 2000 cited in Stewart et al., 2004). Promoting the development of resilience supports a strength-based perspective, as opposed to a deficit-based approach, which is highly congruent with an Aboriginal worldview regarding mental health promotion (Vukic et al., 2011).

This research project focuses on provincial schools as locations for policy implementation, as 80 percent of all young Aboriginal peoples, including those who reside on and off reserve, attend a provincially run school (Richards & Scott, 2009).
2. Aboriginal Peoples and the Context of Mental Health

2.1. Aboriginal Peoples and the Historical Origins of Mental Illness

The high prevalence of mental illness amongst Aboriginal peoples today must be understood through a sociohistorical lens. Since first contact, colonial institutions have imposed assimilative policies and practices on Aboriginal peoples, resulting in a legacy of acculturation stress and marginalization (Kirmayer, Simpson, & Cargo, 2003). The Crown is mandated to protect Aboriginal peoples; however, Aboriginal nations were regarded as ‘uncivilized’ and thus precluded from acquiring rights as citizens. During the mid-nineteenth century the direction of Indian policy shifted from one of protectionism to ‘civilization’ with the goal of integrating Aboriginal peoples into non-Aboriginal society. The Bagot Commission Report 1844, and later the Davin Report 1879, both endorsed the ‘civilization’ of Aboriginal peoples through formal education. Following the acceptance of the Davin Report 1867, the Government of Canada adopted a model of residential education based on the system of boarding schools in the United States (Kirmayer, et al., 2003). Thereafter, Canadian residential schools evolved to function as carceral institutions that became integral to child welfare policy (Kirmayer, et al., 2003; Aboriginal Healing Foundation, 2007).

The assimilative mandate of residential schools continued into the twentieth century. In 1920, Duncan Campbell Scott — the Deputy Superintendent-General of the Department of Indian Affairs — referenced the ultimate policy goal of the residential school system:
I want to get rid of the Indian problem. I do not think, as a matter of fact, that this country ought to continuously protect a class of people who are able to stand alone … Our object is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question, and no Indian Department (Aboriginal Healing Foundation, 2003, p. 6).

Operating from 1820 to 1990, residential schools served to isolate children from their communities and culture. Visitation from parents was discouraged. Schools were purposefully located in remote areas and a pass system required Aboriginal peoples to hold written consent from an Indian agent in order to leave their reserve (Aboriginal Healing Foundation, 2007, RCAP, 1996). The schools operated poorly as academic institutions. Lessons were strictly remedial as Eurocentric attitudes held Aboriginal peoples to be intellectually inferior. Accordingly, education emphasized the learning of industrial and labour skills to prepare youth for eventual integration into society as labourers. Residential school workers were encouraged to practice strict punishments — such as strapping, solitary confinement, and deprivation of food — to subordinate Aboriginal youth and imbue them with Canadian values. Punishment commonly transpired into physical, emotional, and sexual abuse (Aboriginal Healing Foundation, 2007). According to the Regional Health Survey, 33 percent of former students were sexually abused, 79 percent were physically abused, and 79 percent emotionally abused (Health Canada, 2006).

With the phasing out of residential schools during the 1950s, the Department of Indian Affairs expressed concerns over Aboriginal children returning to their communities, pointing to instances of community alcoholism, a lack of adult supervision, and parental immaturity. This led to a period beginning in the 1960’s — known as the ‘Sixties Scoop’ — where many Aboriginal children were removed from their communities and placed into foster care. Many regard the ‘Sixties Scoop’ as a continuation of policy to ‘civilize’ Aboriginal peoples by shielding youth from elements of Aboriginal culture and exposing them to a Canadian lifestyle (Aboriginal Healing Foundation, 2007). Lasting for three decades, the ‘Sixties Scoop’ resulted in many
Aboriginal children being subsequently adopted into non-Aboriginal families across North America. By the 1970s, around one quarter of status Indian children, and one-third of non-status and Métis children became wards of the state (Kirmayer et al., 2003; Aboriginal Healing Foundation, 2007).

As a consequence of the residential school system and the ‘Sixties Scoop’, many Aboriginal youth experienced cultural dislocation, a lack of personal identity, self-hatred, apathy, attachment insecurities, abuse, and racism (York, 1990 cited by the Aboriginal Healing Foundation, 2007). The adverse effect Indian child welfare policies also resulted in immediate and devastating impacts for Aboriginal communities. Some communities experienced the loss of almost an entire generation, thus, jeopardizing the preservation of Aboriginal culture and traditional knowledge. The removal of children from communities was a source of much shame for Aboriginal peoples who were perceived unfit to raise their children. Haig-Brown (1988) reasons that the angst communities endured led to certain social dysfunctions including alcohol consumption as means of coping (cited by the Aboriginal Healing Foundation, 2007).

Victimization through the residential school system and the ‘Sixties Scoop’ continues to marginalize the Aboriginal community today. Collectively, Aboriginal peoples have experienced a loss of their ancestral culture, language, and childrearing skills. According to the Law Commission of Canada (2000) the extent of cultural dislocation resulting from the residential school experience can only be comprehended as broader campaign of cultural genocide (cited by the Aboriginal Healing Foundation, 2003). The residential school system also resulted in communities of violence, whereby some residential school victims learned to be abusers themselves (Health Canada, 2006). The cultural loss and abuse of residential schools is strongly implicated in the current mental health problems facing Aboriginal peoples today, including depression, suicide, violence and family breakdown (Grant, 1996, cited by the Aboriginal Healing Foundation, 2003).
The close supervision and paternalistic interference in the lives of Aboriginal peoples was prescribed largely through federal Indian policy, under section 91(24) of Constitution act 1867. In particular, the Indian Act 1867 had immense influence over the lives of Aboriginal peoples. The Act permitted a range of oppressive policies including the prohibition of cultural activities such as the potlatch and the sun dance, the introduction of the pass system, and the social categorization of Aboriginal peoples as status and non-status Indians. As Crown wards, Aboriginal peoples continue to be subjugated by the provisions of the Indian Act 1985 (Kirmayer et al., 2003).

2.2. Aboriginal versus Western Perceptions of Mental Wellness

Mainstream understanding regarding the etiology of mental illness is predominantly shaped by a Eurocentric Western paradigm, making it important to elucidate that concepts and understandings of mental health are culturally determined. While Aboriginal communities are culturally and politically distinct, Aboriginal peoples share a worldview in which mental wellbeing necessitates holism through a balance of one’s physical, emotional, cognitive, and spiritual dimensions, whereby the mind and body are congruent and encompassed by the spirit (Mussell, n.d.). For Aboriginal peoples, connections with family, ancestors, traditional territory, and community are intrinsic to mental wellbeing, sense of identity, and status. When crises arose, community members traditionally acted in cohesion to provide a nurturing network for those in need by encompassing individuals with accepting, genuine, and empathetic relations (Mussell, n.d.). Mental health issues were not regarded as an illness, but rather, as a response to an outcome of situational factors that are both external and internal to the individual.

In comparison, Western constructs of mental health are situated in the disciplines of psychiatry and psychology, in which the causal determinants of illness tend to centre on individual deficits (Mussell, n.d.). In the field of psychiatry, the origins of mental
illness are located as dysregulations or abnormalities within the brains structures and treatment tends towards pharmacological interventions. Psychological orientations around mental health are similarly individualistic; mental illnesses are understood through the scientific study of human behaviour and mental functions, and interventions typically prescribe various counselling techniques (Vukic, Gregory, Martin-Misener, & Etowa, 2011).

The rational for cultural comparison between western and Aboriginal perceptions is not to promote a single ideology, but rather, to understand and recognize that the mental health of Aboriginal peoples cannot be addressed exclusively through a Western worldview (Vukic et al., 2011). In advancing optimal methods of healing and wellness for Aboriginal peoples, Bill Mussell — Chair of the Native Mental Health Association of Canada — states “[w]e are committed to integrating the best of all worlds” (Native Mental Health Association of Canada [NMHAC], 2008, p. 6).

In locating these important cultural incongruities, it is also meaningful to recognize that a pivotal degree of convergence exists between Aboriginal and Western knowledge of mental health (Vukic et al., 2011). Models of mental health promotion embrace a holistic approach to mental wellness by promoting the social, physical, and economic determinants of health and promoting protective factors. Mental health promotion moves beyond an individual biomedical approach and deficit-based approach, and instead, acknowledges the contextual impact of inequities and focuses on developing capacity for resilience and potential. Models that encourage a strengths-based approach are compatible with an Aboriginal understanding of mental wellness, in which the health continuum is about wellness, not illness (Mussell, n.d.).
3. The BC Provincial Policy Framework

3.1. Inside Provincial Schools

3.1.1. Aboriginal Education Enhancement Agreements

In recognition that BC provincial schools have historically been inadequate in supporting the educational development of Aboriginal students, a 1999 Memorandum of Understanding (MOU) was signed by the Chiefs Action Committee, the Ministry of Education (MEd), the Ministry of Indian and Northern Affairs, and the president of the BC Teachers Federation (MEd, 2011a). The MOU provided a framework for the formation of Aboriginal Education Agreements (EA): a working agreement between a school district, respective Aboriginal communities, and the MEd. Through EAs, Aboriginal communities and school districts make shared decisions concerning the necessary objectives to fulfill the educational needs of Aboriginal students. The EAs accentuate the importance of Aboriginal traditional culture and languages in the development and success of Aboriginal students, therefore mandating school districts to provide strong cultural programs reflecting their respective Aboriginal communities (MEd, 2011a) in all aspects of learning including resources, strategies, and assessment (MEd, 2011b). More broadly, EAs focus on improving knowledge of, and respect for, the cultures, languages, and history of Aboriginal peoples to provide a greater understanding for everyone about Aboriginal peoples (MEd, 2011b).

The outcomes of EAs also present opportunities for promoting the mental wellbeing of Aboriginal learners, as culture and language are located as important protective factors for Aboriginal learners (Royal Commission of Aboriginal Peoples, 1995; Chandler & Lalonde, 1998).
3.1.2. **BC FRIENDS for Life**

The FRIENDS for Life program — an empirically validated classroom-based curriculum designed to reduce anxiety and build resilience — is identified as a best practice policy for governments initiating investments in anxiety and depression prevention strategies (Children’s Health Policy Centre, Simon Fraser University, 2011; Australian Academic Press, n.d.a). The FRIENDS program is a cognitive behavioural therapy program developed by Dr. Paula Barrett in Australia. The program is designed to guide students through class activities to teach children and youth strategies to manage worrying and feelings of depression. The educational component of FRIENDS equips children and youth with cognitive and emotional skills to cope with maladaptive emotions and behaviours (Miller, Laye-Gindhu, Bennett, Lio, Gold, March, Olson, Waechtler, 2011; Australian Academic Press n.d., a). In a systematic review of anxiety prevention programs, Fisak, Richard, and Mann (2011) identified FRIENDS as having the strongest empirical validation out of 18 different anxiety prevention programs, with observed success across 13 separate trails. The FRIENDS for Life program is the only anxiety prevention program promoted by the World Health Organization (WHO) based on its 12 years of comprehensive international assessment and validation through rigorous randomized control studies (Australian Academic Press, n.d.). According to systematic evaluations of the FRIENDS program, up to 80 percent of children showing signs of an anxiety disorder no longer display that disorder after program completion, with results lasting up to six years post treatment⁴ (Australian Academic Press, n.d.b). According to WHO (2004), “[r]esearch suggests that there is good evidence to support new public policy investments in both preventing and treating anxiety disorders in children. A review of the literature found that the cognitive-behavioural program, FRIENDS, is efficacious across the entire spectrum, as a universal prevention program, as a targeted prevention program and as a treatment” (p. 42-43).

⁴ Research data is currently only available for up to six years post-treatment (Lifepaths, n.d.).
As a best practice, the province introduced FRIENDS in 2004 as a cross-ministry initiative in support of the 2003 Child and Youth Mental Health (CYMH) plan. Currently FRIENDS is sponsored by the Ministry of Children and Family Development (MCFD), and is endorsed by the Ministry of Education (MEd) as a resource to supplement the provincial educational learning outcomes prescribed in the Health and Career Education K-7 curriculum. To enhance the delivery of the FRIENDS program, teachers are required to attend a one-day certified training session — facilitated by members of MCFDs FRIENDS training team — prior to implementation in the classroom. Additional administrative support is provided through a designated FRIENDS liaison assigned in each school district. To help children reinforce FRIENDS skills outside of the classroom, MCFD is partnered with the FORCE Society for Kid’s Mental Health to offer web-based training workshops for parents.

To date, MCFD has introduced three variations of the FRIENDS program: Fun FRIENDS (K/Gr 1), FRIENDS for Life (Gr 4/5), and FRIENDS for Youth (Gr 6/7). During the early stages of implementation, it became evident that the FRIENDS curriculum required cultural enrichment in order to be relevant and engaging for Aboriginal students (Aboriginal FRIENDS Project, UBC, n.d.). In 2005, MCFD contracted the Anxiety Prevention Research Team at the University of British Columbia to launch the FRIENDS Aboriginal Primary Prevention Project. The project served two functions, (1) to enrich the FRIENDS curriculum by incorporating culturally sensitive elements, and (2) to empirically evaluate its efficacy in classroom settings. Miller et al. (2011) hypothesized that culturally relevant FRIENDS material would increase the engagement of Aboriginal children and, therefore, be superior to a waitlist control procedure. The cultural modifications were reviewed by Aboriginal support workers during the teacher-training phase and received unanimous support.
Contrary to the hypothesis of Dr. Miller et al. (2011), the results indicated that the culturally enriched component of FRIENDS did not effectively ameliorate anxiety levels for the total sample, or for Aboriginal children specifically\(^5\) (Miller et al., 2011). The Aboriginal enrichment activities did, however, receive strong social validity from children and teachers. Accordingly, the Aboriginal enriched version of FRIENDS was subsequently made available through MCFD for implementation in the classroom (Aboriginal FRIENDS Project, UBC, n.d.).

3.2. The Five Year Child and Youth Mental Health Plan

Provinces have legislative authority over social services for all citizens, including Aboriginal peoples residing off reserve\(^6\). In BC, the formal children’s mental health system is comprised of a range of government institutions, including the Ministry of Children and Family Development (MCFD), the Ministry of Health Services (MOHS), and the Health Authorities. Over the last decade, the province has undertaken the commitment to improve the mental health of children and youth, with a particular focus on young Aboriginal peoples. In 2003, MCFD in partnership with MOHS announced the five-year *Child and Youth Mental Health Plan for British Columbia* (CYMH). The vision and policy framework of the CYMH plan envisions a multifaceted mental health delivery system comprised of population and individual intervention policies founded on the following four strategic components: (1) provide treatment and supports, (2) reduce risk factors and foster resilience (3) build the capacity of families and communities, and (4) improve the performance and infrastructure of existing services (CYMH, 2003). The following subsections discuss the components of the CYMH plan and the plans evaluation.

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\(^5\) In addition to administration factors, the length of intervention and the sample size may have been too small to detect a treatment effect (Miller et al., 2011).

\(^6\) Pursuant to section 92(16) of the *Constitution Act 1982.*
3.2.1. Treatment and Services

According to the CYMH plan, the province requires a core continuum of evidence-based treatment and services that are centralized around the early identification of mental illness and timely intervention. In particular, the CYMH plan identifies a need to increase resources for the early intervention of anxiety, depression, and psychosis. The consultations emphasized that existing services lack capacity, are difficult to locate, and lack cultural appropriateness for some segments of the population. Such deficits require strong partnerships between the broad mental health system to ensure efficiency through service coordination and cost effectiveness. Stakeholders further recommended that enhancing service accessibility requires services to be located and delivered within institutions, such as schools, where children and families spend a lot of their time.

The evaluation of the CYMH plan revealed that over 85 percent of MCFD Team Leaders believed core mental health services had improved in their respective region, however, the service gap remains substantial (A. Berland Inc., 2008). Service accessibility also continues to be a substantial barrier for service users. In response, the evaluation recommends establishing a system to systematically organize and disseminate information across ministries to ensure service consistency, improve cross sector service coordination, and reduce wait times. Various strategies identified to reduce wait-times include: (1) establishing a triage process, (2) increase after-hours access to services, (3) create a ‘one stop shop’ for accessing services, and (4) provide intermediate support for families who are waiting to access services (A. Berland Inc., 2008).

3.2.2. Risk Reduction

The CYMH plan identifies the need to increase targeted efforts for children, youth, and families that are vulnerable to mental illnesses. To address risk reduction, the CYMH plan recommends provincial public education strategies that facilitate preventative interventions and early recognition, foster protective factors, and reduce stigma surrounding mental illness. In addition, expert advice and consultations need to be available for all related sectors that interact with youth (CYMH, 2003).
The evaluation of the CYMH plan revealed strong support for the plan’s focus on risk reduction through upstream services. Over 80 percent of MCFDs regional Team Leaders believed that public education and early intervention responses had improved, however, less than two thirds reported progress in risk reduction activities (A. Berland Inc., 2008). Respondents were further ambivalent regarding the success of risk reduction strategies for Aboriginal youth — responses were equally divided between those saw improvements and those who saw no change or deterioration. According to the CYMH evaluation, more targeted mental promotion initiatives are required, which necessitates further coordination across related ministries (A. Berland Inc., 2008). Consultants referred to the partnership between MCFD and MEd as an effective example. Together MCFD and MEd have introduced several evidence-based school programs such as FRIENDS, parenting programs, resiliency programs, MCFD outreach support staff, peer counselling, and after-hours services that have simultaneously promoted health and education outcomes. Consultants including, school staff, largely endorsed more joint ventures between MEd and MCFD in the form of co-managed and co-funded programs. Further MEd initiatives could include educating teachers on mental health concepts such as resilience and its application to classroom situations (A. Berland Inc., 2008).

3.2.3. **Build Capacity**

Capacity building involving a period of financial austerity and limited government resources requires policy solutions beyond efforts within the formal system alone. The CYMH plan emphasizes cross sector partnerships among the formal mental health system and the broader range of government and non-government mental health services to expand capacity. Such partnerships are essential to support families and communities in addressing the social determinants of health, fostering community resilience, and developing protective factors (CYMH, 2003). A specific avenue to strengthen family and community capacity includes public education initiatives and expert consultations to enhance existing organizations and programs. Just as public education supports risk reduction through the early identification of mental illness, public education also promotes knowledge around strategies to promote mental health. To be
successful, all levels of service planning, delivery, and evaluation require the involvement of families, including children and youth (CYMH, 2003).

Aboriginal communities are best situated to plan and develop their own capacity building strategies, which many communities have already accomplished. Many Aboriginal leaders are sceptical about the emphasis placed on individual clinical approaches that focus on diagnosis and crisis management. Instead, Aboriginal leaders contend that attention should be placed on the broader health determinants and community capacity building (CYMH, 2003). Examples of initiatives include early child development programs, family support programs, and enhancing school and job opportunities for young Aboriginal people and their families. Cultural enrichment programs involving elders, traditional language and activities are also identified as strategies to prevent suicide and promote mental wellbeing (CYMH, 2003).

The evaluation of the CYMH plan revealed that more than 75 percent of MCFD Team Leaders saw improvements in community capacity building efforts (A. Berland Inc., 2008). The requisite to develop cross sector partnerships across all areas of government, particularly between MCDF and MEd, re-emerged as a key requirement to further develop capacity. Parents recommended further partnerships to develop more school-based initiatives. Parents also recommend that teachers receive formal education and professional development around mental health, communicating with families, and accessing resources. Notable gains in school-based mental health programs were made for Aboriginal youth including the cultural enhancement of the FRIENDS program and the implementation of the Loomsk Life Skills Development program in northern B.C.

From consultations held during the evaluation it was noted that considerable progress was made for Aboriginal children and youth — particularly the creation of fifty-six additional positions for Aboriginal services, including Aboriginal Team Leaders, Outreach Clinicians, Community Outreach Workers, and Aboriginal Wellness Coordinators (Bernard Inc., 2008). The evaluation did, however, report that Aboriginal communities were not consistently involved with service planning or delivery. Many
witnesses were led to iterate the importance of medical services to be balanced with Aboriginal perceptions of mental health and to ensure communities have influence in the design and delivery of community services and outside services including schools (Bernard Inc., 2008).

3.2.4. Improve Performance

According to the CYMH plan, improving service coordination through formal performance management practices requires instituting a formal structure for systematizing service planning and delivery across all levels of government and non-government sectors. At the provincial level, a ‘Children’s Mental Health Network’ that reports to MCFD, MOHS, and the Minister of State for mental health will establish seamless services across all sectors including schools. Formal regional structures, which are in place in some communities, are also similarly necessary (CYMH, 2003). Additionally, a comprehensive provincial children’s mental health information system is required to monitor and evaluate the outcomes and activities for all sectors in areas of program planning, service coordination, quality assurance, research collaboration networks, and education (CYMH, 2003). The CYMH evaluation revealed that significant progress is required to establish formal management structures and information technology systems (A Berland Inc., 2008).
4. Considerations for BC Provincial Schools

4.1. Aboriginal Youth in BC Speak Out on Mental Health

The topic of suicide is considered informative for discussions pertaining to the amelioration of anxiety and depression amongst Aboriginal students, as suicide is a consequence of complex and interacting factors and highly correlated with mental illnesses (Rihmer, 2010). Godfrey (n.d.) held focus groups with youth from seven Northwest communities: Prince Rupert, Kitsumkalum, Lax Kw’alaams, Metlakatla, Kitkatla, Hartley Bay, and Haida Gwaii over a period of three months with 150 Aboriginal youth to discuss factors relevant to at-risk behaviour for suicidality. Youth from every community identified self-medication through alcohol and drug abuse as a significant risk factor. Problems with substance abuse amongst youth are in part exacerbated by adult substance abuse and the absence of positive adult role models within their communities (Godfrey, n.d.). In addition to substance abuse, Godfrey (n.d.) reports the following issues as significant risk factors identified by youth:

- Interpersonal conflict with friends, family, and community members;
- Depression, low self-esteem, and loneliness;
- A lack of parental involvement and support;
- Negative role models;
- Abuse: physical, verbal, mental, and emotional;
- School failure;
- Feelings of favouritism amongst teachers;
- Racism from friends, teachers, counsellors, and community members;
- A lack of work experience and too much free time.

Youth identified various activities and resources currently accessible within their communities that serve as protective factors in reducing at risk behaviour in their
Many youth iterated that promoting cultural identity and pride through lessons on traditional activities, customs, heritage, language, and engaging with Elders, is an important protective factor for youth (Godfrey, n.d.). Youth further discussed the importance of:

- Community gatherings and celebrations to reduce feelings of isolation and build community cohesion;
- Families and friends are primary sources of support; youth accordingly shared their desire to increase parental involvement in their lives;
- Teen centres and gyms used as safe spaces to for youth to socialize and avoid negative peer influences. Youth discussed the benefits of having sports, fun activities, social interactions, and a place to access support from workers.

In Godfrey (n.d.) youth made reference to various resources and activities they viewed as beneficial in supporting the wellbeing of youth in their communities including:

- Establish more cultural centres and teen centres where youth can engage in cultural practices, craving, weaving, and participate in fun recreational activities. Teen centres can serve as locations to participate in team sports, have access to computer labs, science labs, video games, cooking classes, and career advising.
- Youth recognized the benefits of youth workers, counsellors, and resources during times of struggle;
- Opportunities to engage with elders to learn about their culture, heritage, language, traditional teachings, and food;
- Community gatherings to discuss concerns that youth are experiencing;
- Community wide cultural activities such as potlucks and feasts;
- Community events, such as volunteering, that involves parents in a leadership capacity;
- Positive role models including teachers, counsellors, youth workers, and parents;
- Youth discussed a desire for increased support from teachers and counsellors; however, due to lack of trust from past betrayal they currently would be hesitant to seek support from teachers and counsellors. Youth articulated that building a foundation of support first requires a foundation of trust;
• Less judgement and stereotyping.

The data from the focus groups uncovers several important considerations in determining how provincial schools can increase supports to promote the wellbeing of Aboriginal students. Youth discussed how teachers and counsellors are important resources, yet youth stated that as a consequence of past betrayal they are hesitant to approach school staff. Perceived racism and favouritism by teachers is a clear barrier in promoting a sense of trust amongst youth which is a necessary pillar in fostering a foundation of support. Schools are also innately situated to provide educational opportunities to build individual resilience as well as social and emotional competency. Through the provinces EA agreements, provincial schools are also positioned to meaningfully integrate and celebrate Aboriginal culture and traditional knowledge as many schools have and continue to work towards.

4.2. Risk and Protective Factors

There is compelling evidence that risk and protective factors are implicated in the development of mental disorders. Risk factors include individual and environmental conditions that contribute to personal maladaptation and increase the probability of onset, duration, and severity of mental illness. Conversely, protective factors are characteristics or conditions that enhance individual resilience to risk factors and mental illness (WHO, 2004). Both risk and protective factors exist at a macro level, which is comprised of social, economic, and environmental determinants, as well as at a micro level, which includes individual and family-related determinants. For a comprehensive list of risk and protective factors pertaining to anxiety and depression see appendix A.

4.2.1. A Focus on Primary Shared Protective Factors

Historically research that focused on the etiology of mental illnesses concentrated on categorizing the effects of disease-specific risk factors (Durlak, 1998). Accordingly,
many featured interventions were designed to target a specific health outcome and to ameliorate the associated risk factors (Centres for Disease Control and Prevention [CDC], 2009). Based on several decades of findings in the field of prevention, however, a strong consensus has emerged that many problematic health outcomes are influenced by an accumulation of risk factors rather than the presence of a single disease specific factor (Durlak, 1998). Attention has also shifted towards the corresponding eminence of shared protective factors in improving health outcomes (Saewyc & Tonkin, 2008; Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002, cited in White, 2005). Emerging evidence is suggesting that interventions focused on promoting shared protective factors yield greater health and developmental benefits than traditional programs centred on reducing risk factors (Durlak, 1998; CDC, 2009). Accordingly, many prevention researchers are now supporting integrated initiatives that focus non-categorically on positive youth development with a focus on family, school, community, and cultural settings (White, 2005). The following sections discuss malleable primary shared protective factors that are relevant within the school context and congruent with an Aboriginal worldview on mental health.

4.2.2. School Connectedness

Within the school setting, school connectedness — defined as “the extent to which students feel personally accepted, respected, included, and supported by others in the school environment” (Goodenow, 1993, p.80) — is a primary protective factor (Centre for Disease Control and Prevention [CDC], 2009). CDC (2009) locates six strategies to improve school connectedness:

1. Develop opportunities to facilitate engagement amongst students, family, and community members; foster academic achievement; and empower staff;
2. Enable families through education and opportunities to become active participants in their child’s academic and school life;
3. Equip students with academic, emotional, and social skills to become actively engaged at school;
4. Develop the ability of teachers to use effective techniques for classroom management to foster a positive learning environment;

5. Enhance the professional development of teachers and other school staff to meet the social, emotional, and cognitive needs of children and youth;

6. Establish trusting and caring relationships between students, families, teachers, administrators, and the broader community.

School connectedness is identified as a particularly promising shared protective factor against a wide range of adverse outcomes (CDC, 2009) including depression (Anderman, 2002; Jacobson & Rowe, 1999; Carsey Institute, 2010; Shochet, Dadds, Ham, & Montague, 2006). Extensive research has linked school connectedness with reduced health risk behaviours, externalizing behaviours (including violence and delinquency), and improved academic outcomes (Shochet et al., 2006). Conversely, school environments that fail to imbue social cohesion and support are strongly correlated with a higher prevalence of mental illness, including depression, amongst students (Gore & Eckenrode, 1994; Masten, 1994; Rutter, 1987, Marmot & Wilkinson, 2000 cited in Steward et al., 2000). The National Longitudinal Study of Adolescent Health — the largest and most comprehensive study ever conducted on adolescent health — revealed that out of nine school-related variables, only school connectedness was protective against emotional distress, suicidality, violence, substance use, and risky sexual behaviours (Resnick, Bearman, Blum, Bauman, Harris, Jones, Tabor, Beuhring, Sieving, Shew, Ireland, Bearinger, & Udry, 1997; McNeely, Nonnemaker, & Blum, 2002). In the same study, school connectedness ranked second in importance after family connectedness, for protecting against emotional distress, suicidality, and disordered eating (Resnick et al., 1997).

7 Variables included: school connectedness, perceived student prejudice, attendance, dropout rates, school type, classroom size, level of teacher education, proportion of college bound students and parental involvement in parent-teacher organizations.

8 Emotional distress was measured through a 17-item scale that included a range of depressive symptoms including feeling depressed, moodiness, sadness, crying, loneliness, and decreased appetite (Resnick et al., 1997).
Schochet et al. (2006) sought to expand on the findings of Resnick et al., (1997), Anderman (2002), and Jacobson & Rowe (1999) by conducting a prospective study relating school connectedness to symptoms of depression and anxiety. Schochet et al. (2006) located significant negative correlations concerning school connectedness and concurrent and future symptoms of depression and anxiety, as well as deficits in general functioning. The prospective design revealed that low levels of school connectedness were predictive of future internalizing symptoms, particularly depression, but not vice versa. At a one-year follow-up, low school connectedness predicted symptoms of depression for boys and girls, anxiety amongst girls, and poorer overall functioning in boys (Schochet et al. 2006).

School connectedness is a critical shared protective factor for Aboriginal youth in BC. Aboriginal youth who feel highly connected to school report better mental health outcomes, fewer incidences of victimization, engage in less risky behaviour, are less likely to be absent from school, and demonstrate higher educational aspirations (van der Woerd, et al., 2005; Tsuruda et al, 2012). In BC, 63 percent of Aboriginal youth report feeling connected school, a rate that is comparable to that of non-Aboriginal youth at 67 percent. Aboriginal students in grade seven and 12 reported the highest levels of school connectedness at 67 percent, while those in grade eight and nine reported the lowest levels of school connectedness at 60 percent (van der Woerd et al, 2005).

With regard to mental health, Aboriginal youth in BC who report a strong sense of school connectedness also report increased feelings of self-esteem, a sense of purpose in their lives, less extreme stress, and decreased suicidality (van der Woerd et al., 2005; Tsuruda et al., 2012). Aboriginal youth who report severe emotional distress in the past month scored lower on measures of school connectedness (49 percent) versus those not experiencing emotional distress (65 percent) (van der Woerd et al., 2005). Figures 3 and 4 reveal that school connectedness and family connectedness collectively reduce the likelihood of suicide attempts amongst Aboriginal youth, even when the top three most salient risk factors for suicide are present (van der Woerd et al., 2005).
Figure 3: BC Aboriginal Male Youth and Factors Correlating to Suicide Attempts

![Graph showing chances of attempting suicide among males]

Source, van der Woerd et al., 2005.

Figure 4: BC Aboriginal Female Youth and Factors Correlating to Suicide Attempts

![Graph showing chances of attempting suicide among females]

Source, van der Woerd et al., 2005.

Teacher Support

School connectedness is described as one of the most fundamental dimensions of a positive school climate (Cohen, McCabe, Michelli & Pickeral, 2009) in which teachers are an integral component (Carsey Institute, 2010). The influence of teacher support and peer networks may have a stronger effect on resilience for some children and youth than the family unit itself (Grothberg, 1999 cited in Stewart et al., 2004). The Carsey Institute (2010) found that students reporting positive relationships with teachers had a greater sense of school connectedness relative to their counterparts, 63 and 38 percent
respectively. The significance of positive teacher relationships as a correlate of overall wellbeing is salient for Aboriginal youth in BC. Aboriginal youth report significantly lower levels of extreme stress if they perceive that their teachers treat them fairly (14 versus 42 percent), and are less likely to be absent from school (7 versus 49 percent). As indicated by Figure 5, teacher relationships remain a significant protective factor even amongst youth experiencing challenging life circumstances such as living in government care or having a history of physical or sexual abuse (Tsuruda et al., 2012).

**Figure 5: Effects of Teacher Helpfulness on the Positive Outcomes for Aboriginal Youth**

Source, Tsuruda et al., 2012.

Over the last few decades’ researchers have iterated the finding that teacher characteristics are critical in Aboriginal student success (Godfrey, Partington, Harslett, Richer, & Cowan, 2001). International studies have however reported that many Aboriginal students do not have positive relationships with their teachers (Partington, 2003; Godrey et al., 2001; Day, 1992). Godfrey et al. (2001) found that amongst a sample of 473 children and youth in Western Australia, 42 percent of Aboriginal students did not like their teacher, while 39 percent believed their teachers did not care about them. Comparable findings exist for Aboriginal youth in BC, where 35 percent of students feel their teachers cared “very little” or “not at all”, 40 percent believe their
teachers cared “somewhat”, and 25 percent believe their teachers care about them “quite a bit” or “very much” (van der Woerd et al., 2005).

Negative or ambivalent teacher relationships with Aboriginal youth are attributed to a lack of teacher training in Aboriginal studies. A lack of knowledge on the historical oppression of Aboriginal peoples and Aboriginal culture results in a misconceptions as a reliance of negative stereotypes as heuristics, which fosters racism and differential treatment (Partington, 2003; Day, 1992). Such harmful beliefs and actions by teachers are found to result in many of the prominent obstacles faced by Aboriginal youth in the school environment (Partington 1997 cited by Partington, 2003). The low visibility of Aboriginal teachers and administrators further contributes to a lack of cultural awareness amongst staff, and few culturally relevant role models for Aboriginal youth (Iarocci, Root, & Burack, 2009).

Training in Aboriginal cultural competency is identified as an essential component for teacher induction and professional development (Partington, 2003). Teachers must have an understanding of Aboriginal culture and a student’s home background in order to develop feelings of empathy and sensitivity towards Aboriginal youth (Harslett, Harrison, Godfrey, Partington, & Richer, 2000). Developing and sustaining positive relationships with youth and their parents requires a process of building rapport, getting to know students as individuals, being consistent and fair with all students while recognizing student differences, and demonstrating patience, flexibility, and good listening skills (Harslett et al., 2000; Partington, 2003). Given the significant role of schools on the health and educational outcomes of youth, schools must act as sanctuaries and redress social inequities, which must begin with effective teacher education (Partington, 2003).

4.2.3. Cultural Identity

There is a prevalent conviction amongst Aboriginal peoples that the suppression of traditional Aboriginal culture and language is a fundamental factor in the deterioration of personal and collective wellbeing (RCAP, 1995). Through RCAPs public hearings,
Aboriginal peoples expressed that high-risk youth lack feelings of security and belonging. Community members revealed that a lack of cultural or spiritual foundations causes many youth to feel emptiness, confusion, and hopelessness. The National American Indian Court Judges Association stated “sociological studies of Native American adolescent suicide show that in communities where the suicide rate is low, the traditions are strong[.] Customs, religious ceremonies and traditional healing methods provide adolescents with a feeling of security and sense of belonging” (cited in RCAP, 1995, p. 79). Through the knowledge disseminated during the commission’s public hearings, the RCAP supports cultural and spiritual restoration and maintenance as a cornerstone of individual and community healing (RCAP, 1995).

Chandler & Lalonde (1998) reveal that a sense of self-continuity, which is in part fostered through the attainment of cultural identity, is critical to mental wellbeing. Through self-continuity an individual feels a commitment to their future self therefore serving as a protective factor against self-destructive behaviours including suicide (Chandler & Lalonde, 1998). In their research, Chandler and Lalonde (1998) posit that cultural continuity serves as a protective factor against youth suicide, by providing youth with resilience during periods of identity uncertainty. Between 1986 and 1991, Chandler and Lalonde (1998) compared the suicide rates of 80 different Aboriginal communities from across B.C. The suicide rates were then contrasted to the degree of community action taken towards cultural rehabilitation. Chandler and Lalonde (1998) evaluated each community’s cultural restoration based on six protective factors: (1) action taken towards securing Aboriginal title to their traditional lands, (2) exercising certain rights of self-government, and securing some degree of community control over: (3) education services, (4) police and fire services, (5) health provision services, and (6) cultural facilities. Figure 7 shows the negative correlation between suicide rates and community levels of cultural restoration.
Chandler and Lalonde (1998) conclude that while causation cannot be inferred from a cross-sectional study, there is compelling evidence to suggest that community initiatives taken towards cultural rehabilitation and preservation are implicated in lower youth suicide rates.

4.3. School-Based Mental Health Programs for Aboriginal Youth

School-based mental health (SBMH) programs provide unique opportunities to address the increased mental health and educational risks that face young Aboriginal peoples as a result of historical injustices (Rawana & Nguyen, 2010). In one of the few, if not only, international systematic review on empirical SBMH programs targeting Aboriginal children and youth, Rawana & Nguyen (2010) identify only five programs that target Aboriginal students. Each program addresses a range of well-established risk

9 Programs include: the Red Cliff Wellness Program, the Community Based Health Promotion Program, the Native American Prevention Against AIDS and Substance Use, The Zuni Life Skills Development Curriculum, and the Idaho Consortium for Safe Schools and Healthy Students.
factors for mental illness, including delinquency, substance use, and suicide, however, none explicitly address the amelioration of anxiety and/or depression as a program objective. Notably, The Zuni Life Skills Development Curriculum — a culturally tailored suicide intervention program based on a model of social cognitive development — is relevant in discussing interventions for depression, as the curriculum targets behavioural and cognitive factors associated with suicide among adolescents, including depression and hopelessness. Teachers deliver the curriculum with the assistance of community resource leaders and representatives from local social service agencies. The community resource leaders ensure that the interpretation and delivery of the curriculum is relevant to the traditional and current nations activities, beliefs, and values (US Department of Health and Human Services, 2012).

To offset the correlates of high-risk behaviours, the Zuni Life Skills Development Curriculum uses a life skills training model to promote social, emotional, and academic development (LaFramboise & Howard-Pitney, 1995). The curriculum is generally delivered over 30 weeks, with 3 sessions a week, and is structured around seven major units: self-esteem, identifying emotions, communication, problem solving, self-destructive behaviours, topics on suicide, role playing suicide prevention, and setting personal and community goals (LaFramboise & Howard-Pitney, 1995). The lessons are designed to be interactive and address topics that are relevant to youth including dating, rejection, divorce, separation, unemployment, and complications with health and the law.

Using a multi-method approach LaFramboise & Howard-Pitney (1995) evaluated the efficacy of the curriculum on 98 students from the Zuni pueblo reservation in New Mexico. Overall, the assessment found the curriculum to be successful in helping students develop a healthier psychological profile by decreasing hopelessness and suicide

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10 The multi-method approach is comprised of a self-report survey on risk factors associated with suicide, behavioural observation on the use of learned suicide intervention skills, and peer ratings of classmate skills and abilities
ideation and developing protective skills against suicide (LaFramboise & Howard-Pitney, 1995). LaFramboise & Howard-Pitney (1995), however, found no reductions in self-reported measures on depression.

4.3.1. **Using a Participatory Framework**

For any evidence-based program that targets Aboriginal peoples, the Canadian Institute for Health Research and the National Aboriginal Health Organization strongly recommends meaningful consultation with the Aboriginal community. Of the five Aboriginal SBMH programs identified by Rawana & Nguyen (2010), all employed a participatory framework with various levels of collaboration between program developers, the Aboriginal community, and schools. Program developers tended to engage with the Aboriginal community in a highly reciprocal and integrative manner, while collaborations with schools were of lower quality (Rawana & Nguyen, 2010). Rawana & Nguyen (2010) propose the following recommendations for schools that are involved with promoting the health of Aboriginal learners through SBMH programs:

- School administrators are actively involved in the selection of SBMH programs to ensure programs suit the school’s needs and ecology.
- Schools must actively engage with members from the Aboriginal community to ensure programs are relevant and effective for Aboriginal students.
- To facilitate implementation school boards and administrators can restructure roles and resources to ensure programs achieve educational mandates.
5. Research Methodology

5.1. Research Objective

The central goal of the research project is to identify and analyze policy alternatives to improve the capacity of BC provincial schools to serve as effectual locations in mitigating the prevalence and incidence rates of anxiety and depression amongst Aboriginal children and youth. To assist in the identification of pragmatic policy alternatives, the interview questions are framed to ascertain what determinants are necessary to assist provincial schools in building capacity to promote student wellbeing. The following questions represent the central themes of the interview questions posed:

1. Do Aboriginal learners face common school related obstacles that impede, or risk impeding, their mental wellness?

2. What mental health related programs or services are currently available for Aboriginal children and youth to prevent or mitigate the effects of anxiety or depression?

3. Beyond the status quo, what school related policies exist to support the mental wellbeing of Aboriginal children and youth?

4. Are there any potential barriers for implementing these policies?

5.2. Semi-Structured Interviews

The research question was investigated using semi-structured interviews with stakeholders, service providers, and professionals involved in the field of mental health and Aboriginal children and youth. The objective of the interview questions was to determine, from the respondents point of view, (1) the underlying factors contributing to the higher predisposition and prevalence of anxiety and depression amongst Aboriginal children and youth, (2) the effectiveness of existing programs, services, and policies at
the school district level, and those instituted by the provincial government, and (3) the identification of alternate policy approaches and their respective feasibility. The semi-structured approach enables the opportunity for follow-up questions on new information previously not considered in constructing the research questions. Semi-structured interviews are identified as an optimal methodology to facilitate in-depth analysis and knowledge construction with participants holding the necessary experience and comprehension of the local and provincial service sectors and policy climates. Thematic analysis, discussed in section 5.4, is used to analyze the interview data.

5.3. Participant Description

Five different occupational sectors were identified for participation in the semi-structured interviews, including: Aboriginal community leaders, academics, government and non-government employees and school district employees. Aboriginal community leaders from Abbotsford, Chilliwack and Metro Vancouver were invited to participate in the research project. A preliminary contact list of relevant academics, government and non-government employees was generated through Internet research. Seven school districts across BC were selected on the basis of Aboriginal student populations and to achieve a representative sample of both urban and rural jurisdictions. A formal research proposal was submitted to each school district’s research committee according to their respective research proposal guidelines. A total of six school districts — Abbotsford, Chilliwack, Delta, Gold Trail, Vancouver, and Prince George — voted in support of the research project. One school district declined to participate in the project due to Job Action at the time of participant recruitment. Each school district enabled access to

Aboriginal communities were identified from the 2011/2012 Aboriginal Organizations and Services manual available through the BC Ministry of Aboriginal Relations and Reconciliations. Communities were contacted based on their local in order to facilitate in-person interviews.
contact district staff through direct recommendations or access to a district's employee directory.

In total, 22 semi-structured interviews were conducted. The participant sample is comprised of one Aboriginal community leader, one academic, two government employees, a non-government employee, and 17 school district employees. School district participants represented faculty from elementary schools (4), secondary schools (5), and both elementary and secondary schools (6). Out of all the participant groups, eight participants identified as Aboriginal, and all but four participants were female.

The interviews were conducted both in person and over the phone based on the participant’s location. Ten in-person interviews were conducted with participants from Abbotsford, Chilliwack, Delta, Vancouver, and Victoria, and twelve interviews were held over the phone with participants from Gold Trail, Kamloops, and Prince Rupert. Prior to the semi-structured interviews taking place, all participants reviewed and signed an informed consent form.

5.4. Participant Responses

The overall participant response rate was 47 percent. Initially three Aboriginal community leaders and two academics agreed to participate in the study, however, time constraints or a loss in communication prevented the interviews from taking place. Table 1 summarizes the overall participant response rate by participant category. All of the participants answered each research question posed and on average the interviews lasted for 50 minutes.
5.5. Thematic Analysis

Thematic analysis was selected as a qualitative analytic method to systematically interpret the interview data. As a foundational method in qualitative analysis, thematic analysis is frequently used to identify, analyze, and report on themes important to the description of the phenomenon (Braun & Clark, 2006). Thematic analysis inherently serves to organize and provide a rich description of the data, and is frequently applied to further interpret elements within the research topic according to a specified analytical framework (Braun & Clarke, 2006). The specific process of thematic analysis used in interpreting the research data is illustrated in Figure 8 and is in accordance with the phases outlined by Braun & Clarke (2006) and Creswell (2009).

As a paradigm, thematic analysis is essentially impartial of theory and epistemology offering a theoretically flexible approach (Braun & Clarke, 2006). Accordingly, it is necessary to explicitly acknowledge that an inductive framework — which primarily involves literal interpretations — was used to code the data and identify themes. While the research data was collected specifically in response to the research question posed, an inductive method does not require the data to be coded into any pre-existing themes, or according to any analytic preconceptions (Braun & Clarke, 2006). As such, the themes themselves are identified at a semantic level, reflecting the surface meanings for each set of data codes.

Table 1: Participant Response Rates

<table>
<thead>
<tr>
<th>Participant Category</th>
<th>Number of Participants Contacted</th>
<th>Number of Participant Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Community Leaders</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Academics</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Government Employees</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Non-Government Employees</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>School District Employees</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>
Figure 8: Stages of Thematic Analysis

Source, adapted from, Creswell 2009.
6. Thematic Analysis

6.1. Systemic Barriers Impede the Delivery of Mental Health Education

6.1.1. Provincial Learning Outcomes Are Insufficient

Within the jurisdiction of schools, MEd and MCFD’s endorsement of the FRIENDS program marks the provinces most significant upstream strategy to address anxiety and depression in schools. Kelly Angelius — the program manager of FRIENDS at MCFD — discusses the FRIENDS program as a commencement undertaken by the province to raise the profile of mental health in schools:

With the Friends program it [is] a starting point, at least in our province, a medium or catalyst to introduce the concept … of child and youth mental health literacy … to our teachers and our students. So I can really only speak from that perspective. We’ve come a long way yet we still have a long way to go. We need to raise the profile of the importance of positive mental health in schools and our communities — that includes Aboriginal and all populations of students.

School districts have also established local initiatives to address mental health. Prince Rupert’s creation of the Loomsk project — a mental health program adapted from the Zuni Life Skills Curriculum (discussed in chapter 4.3) — is a notable example. The interviews explored the efficacy of options to further expand evidence-based culturally sensitive mental health programs for Aboriginal children and youth in schools. These were based on four considerations: (1) mental health education in underemphasized in BC schools, (2) universal school-based mental health programs have demonstrated potential for Aboriginal youth, (3) MCFDs Strong, Safe, and Supported framework recommends more programs for Aboriginal youth, and (4) the recognition of Aboriginal
enriched version of FRIENDS and the Loomsk project\textsuperscript{12} as a unique school-based initiatives appropriate for Aboriginal youth.

Through interviews with five participants the primary research sought to ascertain the efficacy of the Loomsk project as a model to be used in other school districts. Despite provincial government reports citing the Loomsk project as a progressive innovation, all participants knowledgeable of the project revealed that the program suffered widespread challenges with delivery. Participant 1 from Prince Rupert states, “[w]e put all this time and effort into [Loomsk] but I don’t know who is using it … I would probably say hardly anybody.” Participant 1 reveals a substantial barrier for implementing the Loomsk Project in the classroom:

If [teachers] don’t see the need right away, or the benefit [of Loomsk], then they are going to spend their time on what the government dictates as their core curriculum needs. I go around and try [to] support [teachers] learning, and get them excited about the idea, and I have, but it’s on a purely ‘I want to learn’ basis, or because ‘it sounds interesting and [it] aligns with [my] beliefs anyway’.

Roberta Edzerza adds, “some teachers are really ‘gung ho’ to use [Loomsk] in their classroom and be consistent about it, and [then] there are some who think it’s one more thing to add”. Participant 2 similarly states “[t]eacher’s often put [Loomsk] on the side of their desk — they don’t think it’s really important”. Joyce Dundas explains that many teachers view mental health programs as being outside their responsibility, with teachers expressing sentiments such as “I don’t teach that area” — especially [in] high schools — … ‘so there is no way on earth I am going to do the training,’ which is again unfortunate.”

\textsuperscript{12} The Loomsk Project was identified by the BC Child and Youth Officer and in the 2008 CYMH Evaluation as an innovative example of mental health programs for Aboriginal youth.
The same delivery barriers have also affected the delivery of the FRIENDS program despite FRIENDS being provincially led by MCFD and endorsed by MEd to fulfill the Health and Education K-7 curriculum. Kelly Angelius explains, “[b]efore FRIENDS came along as a mental health program that got into schools, it was, and still is to a certain extent, seen by some teachers/educators as an add-on.” Joyce Dundas illustrates this point by explaining how “[a] grade 4 class did the full [FRIENDS] curriculum last year and I was hopeful that [teacher] would want to do it again but [they] felt [their] current class didn’t really need it”.

All participants affiliated with the FRIENDS program, and the Loomsk project, expressed that the province’s provincial learning outcomes (PLOs) do not adequately integrate mental health education to support the delivery of mental health programs. Kelly Angelius explains:

> [m]ental health literacy and education needs to have just as much importance as academic subjects and teachers need to be taught first and foremost so they can model and infuse it within their teachings. It needs to be just as important and equally relevant and recognized as academic subjects. Policies and curriculum needs to change in order to support the shelf life of programs addressing mental health and social-emotional learning. Programs can have limited shelf life if not supported by wider curriculum and policy.

Participant 1 from Prince Rupert adds:

> It’s very difficult unless [a program] comes down from the government that this is the prescribed curriculum that they must teach. If it’s something local, the district has no authority to say you must do this because there is so much that teachers are expected to teach and it becomes just one more thing, and they don’t have time for it.

Many participants added that curriculum reform is important to preserve a program’s long-term sustainability to ensure that students develop skills in a linear manner and that those skills are adequately enforced. In discussing the significance of ongoing mental health education, Janit Doyle notes, “I think universal programs are really
beneficial. What I struggle with is [the] implementation [of it] in one room in one grade.” From Prince Rupert, Participant 3 further explains,

Mental health has to be implemented in the whole school where all the teachers are onboard and have to use it. If it’s not implemented in the whole school then the teacher doesn’t know where [students] are — what the students have, or have not done.

While participants discuss the challenges of locally developed initiatives and emphasize the need to amend the curriculum to support mental health education for all students in BC, there are pragmatic questions regarding the extent in which the provincial curriculum can incorporate cultural relevancy for Aboriginal students. Alex Berland — who facilitated the evaluation of MCFD’s CYMH Plan — explains:

It can be very, very, very, very expensive to try and adapt every single program to every sub-group. I’ve heard the criticism of a pan-Aboriginal approach. It’s tough to know where to go with that kind of argument. I accept that it’s valid of course.

As discussed in chapter 3.2.1, MCFD commissioned Miller et al., (2011) to enrich the FRIENDS curriculum to enhance its relevance for Aboriginal students. Given the cultural heterogeneity of BC’s Aboriginal population, the FRIENDS for Life enrichment incorporated cultural references common to many West Coast nations (Miller et al., 2011). Miller et al. (2011) found that the FRIENDS enrichment received strong social validity from participants in the pilot project. Participant 1, however, shares their concerns about the use of a culturally generic curriculum:

The [class] found the Aboriginal content valuable, although, they would have probably done the regular program. [The enrichment] was pan-cultural. It was non-specific. They had activities that were not culturally appropriate for the north coast. They tried to enhance [it by] chang[ing] the mascot and a few of the activities to have an Aboriginal theme but because they made the Aboriginal theme universal it no longer represented anybody. So we would have had to rewrite it again. So it might have been okay, maybe, in the Okanagan, but even then you would have to double check that.
In discussing culturally enriched curriculums, Alex Berland states:

[If] it’s a practical solution, I’m not so sure. There has to be some effort made and maybe it’s more around program delivery than the program’s content itself. For example, rather than spending a lot of money on researchers adapting, say Friends, it would be better to get a well-trained Aboriginal individual … [either] youth counsellors … [or] Aboriginal education workers [who] are well-trained in FRIENDS and ideally come from an Aboriginal [background] and are familiar with the culture. [They] can say, okay, this is what [FRIENDS] says, [but] we know what that means in our culture … this is the way we might interpret it. They can actually do the cultural modification live in the classroom.

With recognition of the complexities surrounding the cultural enrichment of FRIENDS, Kelly Angelius discusses MCFD’s future plans to expand the optional enriched version of FRIENDS to complement Fun FRIENDS (for K/Gr1), and the youth version (for Gr 6/7):

When the next edition of FRIENDS programming becomes available it is our hope to develop a plan to create culturally enriched supplemental activities and components that are relevant for teaching Aboriginal children and youth. This plan will include a range of professionals and Aboriginal peoples from the education system and communities to inform and guide the development of these culturally enriched components.

Members from the Aboriginal community, policy makers, and researchers strongly endorse the involvement of the Aboriginal community in designing and delivering mental health programs. An Aboriginal community leader from BC discusses the desire of Aboriginal communities to be involved in school-based mental health programs:

We always want to have some involvement [and] help design programs but it hasn’t happened to date. It would be nice if we had a part in it … if we are concentrating on depression and anxiety … we could have a talk and give our input on it. That would probably work and then we could give them some ideas [on] what we would like to see, and how it would work with the students.
In addition to the challenges and considerations associated with the design and delivery of culturally enriched programs, Alex Berland expresses an overall caution with respect to maintaining the empirical fidelity of a program’s original content — “it’s very hard to test the value in these adaptations”. Despite the challenges with maintaining a program’s evidence-based standard, Dr. Jennifer White, a leading expert on youth and suicide, discusses the importance of supporting cultural enrichments and involving Aboriginal communities:

Well I think I’m in favour of any adaptation that makes sense in the local context. The people that live there and work there and have an understanding of the cultural context make the adaptations — makes sense to me. It’s a great idea. I would prefer that actually instead of just importing something that was developed in some other context [and] saying that we must faithfully adhere to it, and do this particular way, and only this way. I find that more problematic … [Instead we] we can bring together the different kinds of knowledge: what does the research say, what does the community say? And then come up with something that fits … to discount indigenous knowledge or indigenous epistemology would be a huge mistake.

Mental health programs that are endorsed or mandated by the provincial government, must however, maintain evidence based standards. Such considerations must be taken into account when working with Aboriginal communities to develop culturally suitable curriculums.

6.1.2. **Teachers Require Knowledge on Mental Health**

Many participants identified the need to improve teacher’s knowledge on mental health topics in order to enhance the delivery of mental health programs. When discussing teacher’s role in delivering mental health curriculum, Roberta Edzerza explains, “[i]t can be a bit overwhelming for teachers to deal with those kinds of emotions and things that might come up in the classroom when they don’t have the background to deal with that.” Participant 1 from Prince Rupert adds, “you can have these great programs out there that are very worthwhile, and would be very beneficial,
but if the classroom teacher isn’t qualified to use them then they’re not worth much.” In discussing the significance of mental health training for teachers, Kelly Angeliu advises:

I think the training of teachers needs to be improved. Currently teachers receive very little, if any, mental health training. If teachers aren’t trained and educated and knowledgeable about mental health and mental wellness, it’s difficult to expect them to deliver mental health programming to students.

With respect to mental health training for school personnel Janit Doyle further adds:

[Schools have] more capacity than there seems [to address mental health] but I don’t think it’s … well developed in schools … From what I’ve seen in the school system, we as a community/society don’t provide the necessary training, direction, and support for some of the people working inside the schools for what it is they are going to be [dealing] with.

Dr. Jennifer White agrees that teachers should have the ability to identify possible mental health concerns in the classroom and connect students with school counsellours; however, she is also cautious in making any recommendation that places unrealistic expectations on teachers. Dr. Jennifer White states:

[teachers] have an awful lot on their plate … to demand that they are all of a sudden going to have some kind of competency and expertise in mental health seems like a lot to keep adding to what they are already doing … but we could help them know who [to] consult with.

Delivering culturally enriched mental health curriculum may pose additional challenges for teachers. A couple of participants expressed concern that some non-Aboriginal teachers may feel unqualified or uncomfortable teaching the cultural components of an enriched program. In relation to the Loomsk project, participant 1 from Prince Rupert explains “for a teacher that only has one class … and is not closely connected with the First Nations people, they might feel awkward about using [Loomsk], especially when they have a broader audience of people from many nations.” Most participants affiliated with the Loomsk project believe, however, that the Aboriginal
content of the program is constructed in a manner that is accessible for teachers. In addition, the district has the necessary supports for teachers are in place. Participant 3 states:

There might be a bit of fear [amongst] teachers using Aboriginal curriculum. If they are not Aboriginal they might at times be unsure of protocol or [be] unsure of what they can and cannot teach but it’s pretty user friendly and tells right in [the program manual] that they should get an elder or counsellor in the classroom to help them out and support them where necessary. I think it’s pretty user friendly.

Joyce Dundas from Prince Rupert states that many counsellors have iterated that they are available to assist teachers with the delivery of mental health programs in the classroom:

We have been abundantly clear that they need to ask people like myself, or a Child Youth Mental Health worker, to come and be available to either co-teach or support them while they are going through the material. So when they get to a difficult lesson they should make sure they [should access] th[ose] supports.

6.2. Cultural Sensitivity Training for Teachers is Necessary to Support Aboriginal Students

Nearly all participants from around the province discussed the importance of teacher’s acquiring a firm understanding of Aboriginal history and culture as a basis for fostering caring connections with Aboriginal children and youth. The ability for teachers to develop and maintain supportive ties with their Aboriginal students is an integral element in building school connectedness. Importantly, many of the provinces Aboriginal communities have articulated in their respective EA’s the need to improve school connectedness amongst Aboriginal children and youth. According to a report by Joe (2012) “[e]ach [EA] has set goals, most have three goals and the number one goal on most agreements is to create a sense of belonging for the Aboriginal learners” (p. 17). It is evident that the districts participating in this research project have undertaken various
initiatives to increase Aboriginal student’s sense of school belonging. Visible initiatives across school districts range from: artistic representations of Aboriginal culture, cultural rooms, a credited Aboriginal education course, employment of Aboriginal support workers, and an Aboriginal Hub that offers community events and a diverse set of services. An Aboriginal community leader from BC reflects on the notable progress that schools within their own district have undertaken to create an inclusive environment for Aboriginal learners:

A lot of the schools now have cultural rooms that the student [can] go into and they have the Education Support Workers that come in. Those students can filter through those cultural areas and overtime they get accustomed to the way things are, and operate, and they start to feel they are part of the school. So they can help that way.

Participant 6 from Gold Trail discusses many positive initiatives within her district:

[s]upporting cultural practices definitely comes through in our school. Like in art class they brought in Elders to do drum making and each class seems to bring in cultural aspects … We support[ed] students doing Pow wows on Vancouver Island just a few weeks ago … and there are field trips related to just First Nations cultural activities.

While many participants acknowledge the positive steps taken by their respective districts, participants equally discuss that more steps are necessary to further establish an inclusive and supportive environment for Aboriginal learners. Participant 3 states:

There’s been a lot of work done to make Aboriginals feel comfortable in the school but I think there could be more done. What that may be I’m not 100% sure. There’s been progress but more work still needs to be done so they feel a part of the school, that they’re important to the school, and not segregated.

Throughout the interviews, many participants discussed how significant portions of Aboriginal learners experience a lack of trust or connection towards the education system. Participants considered this emotional disconnect as a barrier to mental wellness
and academic success. Allaina Beljanski explicitly discusses how some Aboriginal students in her school district have difficulty connecting with school personnel:

A lot of times it takes the students a long time to trust you. They will trust you, and then they will pull back. A lot of times they will do things like constantly skipping school, constantly not handing work in, and they will test you – are you going to follow me? Are you going to give up on me? So that is always there.

Faye O’Neil also reflects on the challenges teachers face in building trusting relations with some Aboriginal students:

Unless you are totally connected with those kids and can show you are going to be there for them they won’t buy into you. That’s the hardest part. The one thing I find with the students [is that] if you commit to them, and you say you are going to do something and you do … they have bought into you. The moment you say it and you don’t follow through, you’ve burnt that bridge.

Participant 6 adds that the stereotyping of Aboriginal students in schools is a significant source of tension for students:

A lot of times they will show anger … they [will come see me to] discuss stereotyping. Then we’ll talk about that and they are able to debrief as to how that affects them. That’s usually what they are angry about – stereotyping or something culturally to do with their self-image. A lot of them have arched display, internalized depression, and have anger towards white people. They definitely approach Aboriginal Support Workers in school more regularly [than non-Aboriginal staff].

Not surprisingly, sources of mistrust and a lack of school connection amongst students are linked to student’s familial experience with the residential school system. Mariko Kage explains:

I believe when the kids have trust issues it usually, unfortunately, comes from the families. When the parents have a certain perspective and an outlook or judgment about a system — the school system — it is a huge obstacle for the children to cooperate with the teachers and with the staff.
In addition to the historical barriers that impede school connectedness, participants also reveal that the education system further perpetuates a lack of school connectivity for students. Some participants discuss how amongst school staff there still remains an overt lack of understanding and sensitivity towards Aboriginal peoples. Participant 4 from the Metro Vancouver area explains, “[w]e still have people today including counsellors who don’t know anything about residential schools, [they] don’t know the history of Aboriginal people … It’s like ‘really? And you’re working with our students! Okay!’ I was just dumbfounded … that’s so important. I’ve been here [for] 12 years now and I still deal with it.” Participant 1 explains that some staff also lack understanding on poverty and its effects for some Aboriginal students:

A lot of our students who struggle in school are challenged by their poverty … and I don’t think a lot of teachers understand the difference between the culture of poverty and the culture of [the] middle class. Most teachers are middle class and a lot of our kids come from a culture of poverty.

In illustration of this finding, participant 5 from the Metro Vancouver area states “I have had at times staff say to me well [the family] can’t be that poor because [the student] has new jeans on … or [because] I saw [the parent] buying a 6 pack of cider. It surprises me sometimes where that comes from.” Within schools, a lack of understanding on the cultural and social realities that affect a considerable portion of Aboriginal learners lends to racial based misconceptions and stereotyping. Participant 8 states that within their school, racism is alive and well and that Native students seem to be an easy target for it. Janit Doyle also reflects on the need to address the prevailing occurrence of racism:

There’s loads of systemic racism. People have a hard time looking into the mirror and really examining that. Having those kinds of things built into a teaching program I think is important — like down and dirty, in your face, let’s take a good hard look at it. [We] need to be aware of how [racism] manifests itself in our everyday life. We can be in charge of it rather than it being in charge of us.
Improving the emotional wellbeing of Aboriginal children and youth was consistently linked to increasing interpersonal relations and support from school personnel. One participant from Vancouver discusses the role of school staff in supporting the mental health of students

I’ve got to believe that the students we care for knows that we care for them. If we can provide a secure base where a child comes from a life that’s unstable or transient we can provide that holding place for them just to even feel connected and cared for. That’s the most important piece when you think of Maslow’s hierarchy of need.

A participant from Prince Rupert adds, “[i]t makes a big difference when you understand what the kids experience is outside of school. If a teacher isn’t willing to do that it’s going to be more difficult for them to get close to the kids.” Joyce Dundas adds that

I think programs can be a piece of an answer and if the program is taught well it helps. But kids need a caring community of people who are … culturally aware and know their family backgrounds and where they are coming from. There needs to be a whole culture around caring, being open, and non-judgmental.

On the topic of prevention strategies Dr. Jennifer White adds, “[i]f it is bolstering connection and creating opportunities for people to feel a sense of belonging — these are things that in my view are prevention programs. There needs to be a broad view of what [prevention programs] can include.” According to many participants, in order for teachers to establish connections with Aboriginal children and youth to increase their sense of belonging at school, teachers will strongly benefit from cultural sensitivity training. Janit Doyle states “[t]he people doing a lot of the work [in schools] are not necessarily Aboriginal, and although it’s not about having a brown face, it’s the real understanding of their world view and how things are prioritized and valued and what takes precedence.” Alainna Beljanski strongly emphasizes this point:

Personally I think all of the teachers need to be involved in Aboriginal teachings. Yes, they are a minority student, and yes, I think teachers do a
great job. I’m amazed at how hard they work, and the counsellors, and administration. However, I think there is not enough education. Students need to feel that they belong. Most of them don’t even connect. They don’t feel that they belong. So I would really like to see the staff being more Native-friendly like [being] aware of the issues and learning how to work with [Aboriginal students]. I think that would be extremely helpful.

Roberta Edzerza adds:

I’m hoping that teachers who start here have [a] good background knowledge of First Nations history, culture, and way of life. I know that doesn’t always happen. I would like to see more opportunities for teachers to go to Aboriginal based programs … there needs to be more mandatory professional programs [for teachers to] learn culturally based curriculum, history, way of life, and give [teachers] ways to connect to their Aboriginal students. [By] [getting] to know our Aboriginal students, where they come from, their history, [we can] make that a pride thing. Even non-Aboriginal students need to know what the history is … what the roots are … that kind of thing needs to be respected.

Joyce Dundas views cultural training for teachers as an important element in promoting student wellbeing. She describes a training session on cultural competency for teachers in her school district that was provided as a training component to deliver the Loomsk Project:

They had elders come in and talk about their history and culture to raise the awareness of non-Aboriginal staff. We haven’t done that for a number of years. I really think we need to get back to it. When we did the Loomsk training we [included] an elder every time [and they] came in to talk about what their education was like, the problems they faced, and what values [are] important in their families. That to me was a very valuable part of the training. I think every teacher desperately needs that.

Alainna Beljanski describes her own experience that exemplifies how staff can provide more supportive ties to students just through understanding and cultural competence:

I worked with a clinician last year — she was incredible. Her background was not Native her background was Korean … but … she just knew the
ways, and the kids can spot that right off the bat. She was really effective and came in and did a lot of one-on-one. I could tell the second time she came in [she was going to be effective] — I said ‘you need to be prepared because these kids are starting to trust you and they are going to start opening up and after class they are going to want to see you’. Sure enough it was like a steady line-up. So she was really, really, effective.

From the standpoint of marginalized youth, Dr. Jennifer White discusses the significance of policy opportunities, such as cultural competence training that reflects a social justice framework, rather than approaching the matter exclusively through a mainstream biomedical approach:

[I]n a school environment [we want to consider] what are we doing as a school to create a place that’s inclusive, what are we doing as a school to address issues around bullying, [discrimination against] gay/lesbian, transgender, and bisexual youth? What are we doing about racism? So it would invite a broader consideration of things that lead people to be distressed. So rather than saying being Aboriginal is a risk factor … perhaps what needs to be attended to is racism or exclusion as a risk factor … these kinds of things that we know contribute to peoples experiences of distress.

Despite the strong discussion around the importance of cultural sensitivity training, a couple of participants also spoke of associated challenges. After mentioning the importance of teachers receiving training and becoming more involved in school-based cultural events, Alainna Beljanski mentions:

[T]he BC Teachers Union offers courses for free to school districts. Lots of schools aren’t doing it. We — [Aboriginal support workers] — can come in and teach the teachers [and] bring them into our way of thinking — not to persuade anybody but [to] get them to open up and look at it a bit differently. So I think the staff really need that. A lot of times I hear — and I completely empathize with them — they’ll say I only have one Aboriginal student in my class though. I have to say that one Aboriginal student matters to me.

Faye O’Neil adds:
Cultural training is very important … especially with the truth and reconciliation and the healing of the Elders right now, but how do you do it? We can offer a course on Pro D day but if it doesn’t have any activity, like drum making, or whatever, we don’t have that big of an attendance.

6.3. Collaboration between Schools and Aboriginal Communities is Required to Provide Integrated Support

Schools can play a pivotal role in developing a foundation of mental health skills to strengthen intrapersonal resilience, and thereby, attenuate the prevalence and effects of anxiety and depression; however, several participants acknowledge that optimal development requires families and communities to further reinforce skills outside of the school environment. Janit Doyle asks, “[w]hat are we doing to ensure that the kids learning this have the opportunities to do it again and again, and the families do it again and again?” Trish Schachtel from Gold Trail advises, “[with regard to] some of the programs or interventions that are provided in schools, we need [to continue] some of those things when they are at home in their community.” The majority of school counsellors also raised discussion around the importance of involving Aboriginal families to design and implement collaborative strategies to promote the mental wellness of children and youth at home and in their communities. Participant 3 states:

There needs to be communication with the parents regarding what happens at home to ensure they are on the same page, and [that we’re] working together to make sure everything is going to work out for the student.

Participant 3 further expands on the necessity of taking an integrated approach with families to support the mental wellness of Aboriginal children and youth:

Unfortunately what I see for me, as a counsellor, is [that] I can work with the kids every day, and do certain skills, and work on [those], and they’ll catch on. The only difficult thing is they will go home and there won’t be any changes made … To make a huge change, the whole family [needs to be] involved in the process of mental health. They could be onboard helping their child just as much as they are helping themselves. That’s where I see there is a bit of difficulty — we can do anything possible in
the school system with the kids, which hopefully we are doing, but it just makes it a bit challenging when they go home where unfortunately their parents or guardians may be choosing not to take care of themselves. It’s just a process that repeats itself.

As participant 3 alludes to, some parents require support. Mariko Kage from Gold Trail explains, “[i]f we don’t support the families, but we do this and that to try and support the kids, then we are taking a bandage approach.” Mariko Kage further adds, “the biggest thing this community needs is support for parents — parenting groups or parenting support initiatives — a place where parents can gather. I’m looking at it holistically.” Participant 3 explains how her role as a school counsellor also involves supporting the family unit:

As a counsellor if the parent wants to come in and have a session with me – I would be absolutely open to that. That’s what I’m here for. I call parents and talk lots of times on the phone — it might be about their difficulties [or] what’s happening with their child. I would be willing to meet with just them, their child, or together — I would be open to that. I think most of my colleagues would be pretty open to that as well. My administrator would kind of encourage that … the more parental involvement the better.

Forming connections with the Aboriginal community is critical in order for schools to work collaboratively with parents to support the mental wellness of children and youth; however, most participants also acknowledged that there are considerable barriers in developing these working relations. As a result of residential schools many Aboriginal peoples continue to harbour strong feelings of mistrust and discomfort towards public education institutions. Perry Smith from Abbotsford discusses this reality “Aboriginal families aren’t always comfortable going into school buildings based on prior experiences with education systems, whether it’s because of residential schools, or [because of] what their own education was like.” Similarly, Participant 7 adds:

There’s a lot of historical stuff. A lot of the parents of students we have right now did not have a good experience in school in general. [For them], [i]he idea of school was [a] place where people made fun of them, put
them down, degraded them – horrific stories. We’ve got a lot of that kind of history to overcome and work through.

Participant 7 considers both the difficulties and necessity of improving trusting relations between the educational system and Aboriginal communities:

The barriers [are] communication, lack of mutual understanding, fear, trepidation, and anxiety for so many families that step into the building and hold their breath until they leave … I think we just have to keep doing the work of maintaining relationships with families, with communities, and encourage them to come in and be a part of the building and feel they have an impact in the building. Encouraging them to bring their stories, their culture, and their art into the building and integrate it with what the rest of us are doing. It becomes theirs as well.

Improving school connections with Aboriginal peoples involves both small and larger scale efforts. Participant 6 describes how small changes in communication have a large impact:

If I personally go to the band we can collaborate and gain so much information from them … Whereas, email and calling usually doesn’t work. There is a cultural aspect to it that when you are present you are taking time to do it — changing our ways of communicating has definitely helped to collaborate further with the bands.

When discussing opportunities to improve the wellbeing of Aboriginal students Participant 7 similarly describes the importance of working closely with the local communities to maintain relationships:

I think freeing up people to do more home visits would be helpful. Not even home visits but community visits — being able to have our Support Workers spend more time at the community offices. The difficulty of that though is that there are so dog-gone many of them and we also have work to do here.
Several of the participants reflected on their experience with initiatives to build and maintain meaningful connections between schools and Aboriginal families. Mariko Kage from Gold Trail states:

Somebody did research on providing a parents’ gathering once a month with a potluck meal — parents could come and do some fun things. [It was] [a] place where parents could link up with other parents and feel supported and find that community support. Their research found that families who participated for over a year in these monthly gatherings — where they shared food with some of the teachers — walked away feeling 100% more positive about the school, and it enhanced the relationship between the school and the community. That then created a working relationship. We [need to] work as a team — the school, the staff, and the parents in the home and the community — not one of us can do it alone.

Perry Smith discusses a similar initiative at the Aboriginal Community Hub that is run by the Abbotsford school district:

An activity that is very effective [here] is having family gatherings. On a bi-monthly basis we have dinners here in the gym where we invite the entire Aboriginal community to come out and share dinner and we usually have some kind of cultural event whether it’s a ceremony, or a group of dancers, or a presenter who will come in and do something cultural. We’ve been doing that for about 10 years now. We have about 250 people or so who will come out for dinner and participate in that. It’s very successful so we continue to do that and [we] hope to increase the number of times we do it because it is so successful.

Perry smith expands on the success of the Aboriginal Community Hub’s success in connecting with Aboriginal families.

We have been successful I think because the events we have are non-judgemental. I think the fact that we invite everyone, as they are, to come in and participate. We base most of our programs on celebrating who we are as Aboriginal peoples [instead of] going from a deficit model. At the core what we offer is a non-judgemental welcoming place to come and be a part of something. I don’t think people feel that at all times in a regular school setting where if you walk in the door you are there for a parent teacher interview or maybe [because your] child got into trouble and I’m
going for a meeting. Here we can just celebrate rather than having an agenda.

Joyce Dundas from Prince Rupert also describes successful initiatives within the Prince Rupert district designed to connect with Aboriginal families:

It’s [about] getting out into the communities and saying what can we do to make this easier? Is there any way we can help? This district has done a series of workshops… parents come and we can always get one or two points across. What I find so exciting is that when you start listening … they are already doing 100s of really good things. I think [too] often we go in like ‘this, this, and this isn’t happening’ instead of acknowledging you are already doing a whole lot of really good things … and now what’s one thing that we could do to help you? I found the parents abundantly willing to try something and come back and say — hey we took that activity and the kids loved it. So we get a lot of positive feedback.

6.4. Schools Must Partner with Service Providers to Facilitate Cross-Agency Coordination

Across the province, participants from both urban and rural districts specified there is a lack of effective service coordination. As a result, some participants — both school counsellors and Aboriginal support workers — discuss their confusion around what mental health services exist and what the prescribed client qualifications are to access specific services. Due to the lack of awareness around service provision, other participants also express their frustration regarding the underutilization of some existing services. Participant 6 discusses enhanced service coordination as a primary opportunity to enhance the mental wellbeing of Aboriginal students in her district

My number one recommendation is to further [the] facilitation of inter-agency meetings. We try to have [meetings] once a month where all the agencies related to the mental wellbeing of our children [including] MCFD, RCMP, counselling services, and bands come together. I think it’s such an integral part and a lot of times it falls between the cracks.
A couple of participants reveal that effective service integration and coordination is significant administrative concern both at the provincial and local levels. Megan Haggerty from Vancouver explains:

[I]t’s even hard for us to access what’s up and running and what’s not – you make phone calls and you hear that doesn’t exist anymore. With funding issues drying up, so are services, and there is not a lot in direct communication about changes.

Faye O’Neil from Delta adds

“My confusion is how every department works. If you find somebody they’ll go ‘oh that’s not my department.’ That’s [what] we are running into with Aboriginal Mental Health. So I go, ‘okay, what do you do? This is what I need for this student.’ They say ‘I don’t do that.’ Well then, okay, ‘who do I have to speak to?’ So those are the things we run into – whose role is what?

There needs to be better coordination of services, connection, and the knowledge that [services] are available [and] that we don’t have to deplete other avenues before we can utilize them. I think that’s the big thing right now is ‘what do you mean we have to do this, this, and this?’ We are scrambling here to try and find support for these students and when you tell us we have to jump through other hoops just to get to you then why are you here? What a waste of money! That’s what I’m finding it’s a waste of money, it’s a waste of our time, it’s a waste of their time”.

Mariko Kage from Gold Trail discusses how a lack of service coordination in her district contributes significantly to the underutilization of mental health services:

Sometimes there are services that just need better advertising. There were some great programs happening but they just weren’t going out to the schools. Like there was a program on anxiety, there was a program on depression, there was a program on self-esteem and self-care. This was being offered in the community; however, the schools didn’t get notices about it so it didn’t go to families. So sometimes communication is the key.

That’s where I find coordination is sometimes lacking in my community. I wish I could just step in say, ‘any notices, any programs, give them to me and I’ll fax it to everybody’. You almost feel you need a gopher. Groups and agencies are not communicating with each other and sharing
information enough to say ‘you know what this is happening, let’s get the notice out to every single household.

Perry Smith from Abbotsford shares a similar experience in his district with respect to service coordination. He explains how ineffective interagency collaboration provided the impetus for the Abbotsford school district to establish the Aboriginal Hub as central one stop shop for Aboriginal services:

The vision for the Hub was [shaped] by the Superintendent and myself to integrate services within the school district, the community, and outside agencies. We felt services were fragmented and we didn’t really know what other groups servicing the students were really doing.

Prior to the Hub, there wasn’t that opportunity for families to say I can go to the Aboriginal Centre and ask where to go or there is a community coordinator that could run programs here for us. There really wasn’t a central place for Aboriginal people to go. That’s where the dream continues to have a one-stop shop for Aboriginal families – to have it all here. That’s one thing we are doing now at our family gatherings is working with MCFD Mental Health, with the Fraser Health Authority and other groups to have them come and they set up tables down the hallway from [where] the [community] gathering [is taking place].

I think it has increased the profile and opportunities for families to access [services] because of the connection between mental health services and the school district. Particularly because the school district has access to the students on a daily basis and the community can really tap into that. For example, if mental health folks wanted to advertise an event they are having, they can do that through us. We can make sure it’s in every back pack of every Aboriginal child in the district rather than them advertising in the regular community manner or the mall – trying to get the word out rather than putting it in the hands of kids and having them take it home to their families.

I will admit that services are still a bit fragmented more so than we would like to see. If I was to see it working the way that we would like … it would be getting together on a regular basis and talking about: how are we integrating our service? How are we aligning? What we are doing? What are you offering so we are not duplicating service? That’s not happening right now. The community coordinator is basically there to connect with all those groups and ensure they have space to run their program so we can support them in running their program. To say that we are fully integrated and aligned – we are not there yet.
6.5. Summary of Research Findings

The analysis found four primary themes pertaining to improving the capacity of BC provincial schools to support Aboriginal students. The primary themes and main interrelated descriptions for each respective theme are summarized below in Table 2.

Table 2: Summary of Research Findings

<table>
<thead>
<tr>
<th>Primary Themes</th>
<th>Interrelated Descriptions</th>
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| Students in BC do not receive adequate mental health education. | • Mental health programs that are endorsed by MEd or at a school district level are not widely implemented in the classroom.  
• The current provincial learning outcomes within health related courses do not place enough emphasis on mental health to support teachers in the delivery of mental health education.  
• Teachers should have knowledge of mental health topics to facilitate primary and secondary levels of intervention.  
• Providing Aboriginal students with mental health curriculum that is relevant to their local culture is beneficial for students but challenging to undertake. |
| Social justice training is necessary for teachers to support Aboriginal students | • Through EA’s school districts have made noticeable progress towards increasing supports for Aboriginal leaners. Many Aboriginal students, however, do not feel connected to their teachers, which is an important shared protective factor.  
• Racial prejudice and misconceptions towards Aboriginal students continues to exist within school environments and must be challenged to improve Aboriginal students sense of school connectivity.  
• Teachers require knowledge of the sociohistorical context that impacts the wellbeing of Aboriginal peoples, as well as Aboriginal culture, values and appropriate strategies to support their Aboriginal students. |
| Schools and families must provide Aboriginal students with integrated support | • Schools and families need to work collaboratively on designing and carrying out support initiatives within the school and home environment.  
• Increasing school connectivity amongst Aboriginal families is necessary to facilitate working relationships. Building school community partnerships poses challenges because of the residential school era. |
| Schools and service providers must improve partnerships to facilitate cross agency coordination | • There is a lack of service coordination in both rural and urban school districts. Consequently there is uncertainty around existing services and student qualifications to access services.  
• With adequate resources, schools are effectively situated to enhance local service coordination and build social cohesion with Aboriginal students and families. |
7. Identified Policy Alternatives

Three convincing policy alternatives, located within the policy arena of BC provincial schools, are identified to attenuate the prevalence and impact of anxiety and depression amongst Aboriginal children and youth in BC. The interview data reveals that supporting the mental wellbeing of Aboriginal learners through provincial schools requires a broad-based policy approach that is not realized through the status quo. While the status quo is accordingly precluded from the identified set of policy alternatives, all of the alternatives are closely situated within the provinces current policy framework pertaining to the mental wellbeing of Aboriginal students. The most notable policy developments within this framework are closely affiliated with MCFD’s first CYMH plan and MEd’s Aboriginal Education Enhancement Agreements. MCFD’s and MEd’s policies are relatively recent in their development and remain to certain extents in their infancy. Accordingly, the selected policy alternatives are intended to compliment and advance the provinces existing policy framework.

The policy alternatives presented here are corroborated by the primary research findings and literature review that locate the necessary determinants for building the capacity of schools in BC to support the mental wellness of Aboriginal students. These determinants are situated as the primary objectives for each policy alternative and include: improving students’ knowledge and skills of mental health, fostering school connectivity for students and families, increasing service accessibility, and promoting cultural inclusion. To meet these policy objectives, each policy alternative is premised on a strengths-based approach and addresses, to varying capacities, the advancement of primary, secondary, and tertiary prevention, fostering positive relations with Aboriginal learners and their families, and the inclusion of Aboriginal culture. The policy alternatives listed below are identified for further analysis and are categorized by the institutional jurisdiction in which they are located for potential implementation.
Policy Alternatives at the School District Level

- Employ Aboriginal Community Coordinators

Policy Alternatives at the Provincial Government Level

- Reform Provincial Learning Outcomes
- Enhance Teacher’s Professional Development

7.1. Aboriginal Community Coordinators

The research findings locate ineffective interagency collaboration and distant relations between schools and Aboriginal communities as an unrealized policy development for supporting the mental health of Aboriginal learners. The policy alternative to employ Aboriginal community coordinators is devised to improve cross-agency coordination to facilitate the provision of services and resources while building partnerships between schools and Aboriginal communities. By enabling cross-agency collaboration, the Aboriginal community coordinator organizes a wide range of culturally appropriate services, programs, and resources — including those pertaining to mental health —, recreation, and cultural events, based on the needs of local Aboriginal learners and their families. This policy alternative is modelled after two current successful initiatives within the province: Abbotsford’s Aboriginal Community Hub (discussed in chapter 6.4 to 6.5), and community school models. The concept for an Aboriginal community coordinator is directly derived from the coordinator’s role at Abbotsford’s Aboriginal Community Hub. The second component of the alternative requires the establishment of community schools — which primarily take advantage of the school districts existing infrastructure — to serve as a platform for the provision of services and community events. The function of both the Hub’s Aboriginal community coordinator and the model of community schools are explicated below.
The Canadian School Board Association identifies the Aboriginal Community Hub\textsuperscript{13} as a truly unique best practice in Canadian public education. The Hub was established by the Abbotsford school district in response to the disjointed nature of programs and services for Aboriginal peoples. The Hub exists as an independent building to house a wide range of programs and services, including mental health, in one central location (Canadian School Boards Association, n.d.). A community coordinator, hired through a part-time service contract, is responsible for connecting with outside agencies and local Aboriginal communities to manage the coordination and operation of the Hubs services and events. Providing comprehensive programs and services through Abbotsford’s Hub is dependent on the coordination between the Abbotsford School District, MEd, MCFD, the local health authorities, the Fraser Valley Child Development Centre, the Fraser Valley Regional Library, and the United Way (CSBA, n.d.).

Currently the primary outside agency operating at the Hub is Aboriginal Mental Health through MCFD (Perry Smith, personal communication, May 22, 2012). Aboriginal Mental Health works with MCFD clinicians, outreach workers, and connects with the local Aboriginal communities and urban families to provide supports that are culturally appropriate for the Aboriginal community. Services provided at the Hub include a range of mental health supports including individual counselling and group workshops\textsuperscript{14}. In addition to service provision, the Hub serves as a non-judgemental

\textsuperscript{13} Perry Smith, District Principal of Abbotsford School District’s Aboriginal Programs, explains, “we recognize the social aspect of our community is part and parcel of academic success so providing these services we believe is going to carry over to see success in school” (CSBA, n.d., p.3).

\textsuperscript{14} Since the Hubs initiative, the Abbotsford school district has gained direct access to all Aboriginal children and youth in the community and knowledge of which students are at risk. Through this access, the Hub can disseminate information to Aboriginal students on behalf of service providers (Perry Smith, personal communication, May 22, 2012).
community space that positively affirms Aboriginal identity\textsuperscript{15} and provides a platform to expand and maintain relations between the Aboriginal community and the school district.

The community school model amends the concept of the Aboriginal Community Hub by placing Aboriginal community coordinators within the school districts existing infrastructure to reduce operating costs to increase the financial practicality of the policy alternative\textsuperscript{16}. The impetus of community schools models is synonymous to the Aboriginal Community Hub. Community schools serve to mobilize public education, service provision, recreation, and foster community cohesion by creating the opportunity to unite citizens, schools, agencies and institutions as active partners in addressing and responding to community needs (Association for Community Education in BC [ACEbc], 2011a). In a traditional community school model a community coordinator is assigned to organize and operate initiatives out of one school. In recent years, different variations of community schools have emerged across BC — including district-wide hub models and municipal partnership models — to suit the varying capacities of districts. At the core of all community school models ACEbc (2011a) identifies the following common functions:

- Schools operate after hours and year round
- Services, programs, activities, and events are beyond what is provided through a regular education program including resources for pre-school children, after school care, recreation and adult education
- Services are increasingly integrated and coordinated
- Responds to the needs of all community members

Since the early 1970’s, BC has witnessed the gradual integration of dozens of community school models of varying designs across the province. MEd has supported

\textsuperscript{15} On a bi-monthly basis, the entire Aboriginal community is invited for family gatherings typically featuring a dinner and cultural event attracting approximately 250 people (Perry Smith, personal communication, May 22, 2012).

\textsuperscript{16} Some existing infrastructure may require renovations. Additional space to accommodate community school approaches can be integrated into the design of new schools.
the development of additional community schools by making school districts eligible for capital funding to finance the development of infrastructure in new and existing schools to support community school approaches (MEd, 2011d). Between 2001 and 2009 the BC provincial government invested over $3.8 billion to complete new and replacement schools, extensive additions and renovations, and site acquisitions (MEd, 2010). As indicated by Figure 9, however, in 2011 only 25 out of 60 school districts have implemented a community school model, with the number of community schools per school district ranging from 1 to 25.

**Figure 9: Current Community Schools in BC**

![BC Community Schools by School District in 2011]

Distribution of Community Schools

Source, ACEbc, 2011.

Figure 9 additionally indicates that a large proportion of school districts in the interior and northern regions of BC — where large populations of Aboriginal peoples live — currently do not have community schools established. This alternative takes into consideration the provinces recent momentum and long term vision to increase the capacities of new and existing schools to transition into community schools; accordingly,
the alternative does not include additional requirements for incremental capital funding. Instead, the expansion of Aboriginal community coordinators is intended to further develop as the province continues to finance capital projects. In the short term, this alternative requires maximizing the use of existing school infrastructure. Accordingly, school districts must assess which community school model is most viable — based on the districts respective demographics and capacity — with MEd to provide the necessary funding to employ Aboriginal community coordinators.

By increasing the social cohesion between students, parents, schools and communities, offering cultural activities and recreation for children and youth, and increasing the provision for a wide range of services, the Aboriginal community coordinator alternative touches on several important protective factors to ameliorate anxiety and depression (Godfrey, n.d.; CDC, 2009).

7.2. Reform Provincial Learning Outcomes

The MEd sets the educational standards for the provinces kindergarten to grade 12 curriculums through the prescribed learning outcomes (PLO). The curriculum includes PLOs related to mental health according to grade level through the following subject areas: Health and Career Education K to 7, Health and Career Education 8 and 9, Planning 10, and Career and Personal Planning 11 and 12\textsuperscript{17} (MEd, 2011c). Through the primary research and a review of the current PLOs, it is revealed that while mental health education is addressed within the provincial curriculum, the PLOs are loosely defined and comprise a relatively small segment. Participants overwhelmingly viewed the status of mental health education as a curriculum add-on therefore existing as secondary in importance to traditional academic subjects.

\textsuperscript{17} For a detailed list of grade specific PLO’s regarding mental health see Appendix C.
This policy alternative entails the reformation of PLOs in order to alleviate the prevalence and effects of anxiety and depression for Aboriginal and non-Aboriginal students alike. Specifically, this alternative calls for the integration of the FRIENDS program, discussed in chapter 4 and 6, as a component of the Health and Career Education K-9 curriculum, Planning 10\(^{18}\). Prescribing the FRIENDS program within the curriculum replaces the use of discretionary learning tools by fulfilling PLO’s with an evidence-based best practice. This is highly congruent with the recommendations under the CYMH plan to implement empirically based practices.

To meet the specific educational needs of Aboriginal children, MCFD has future plans to expand the Aboriginal enrichment option of FRIENDS to supplement the kindergarten and youth versions (Kelly Angelius, personal communication, December 21\(^{st}\), 2011). Avoiding the deficits associated with inaccurate cultural representation or a pan Aboriginal approach will require practical and innovative solutions to increase the enrichment’s relevance to local cultures. Collaboration between MCFD, researchers, school districts, and the Aboriginal community is necessary to determine an appropriate solution without compromising the empirical integrity of the programs content. Consultation with Aboriginal communities is in accordance with best practices and consultation standards set by Aboriginal organizations and Federal health institutes (Rawana & Nguyen, 2010). Enhancing the FRIENDS program with Aboriginal knowledge also supports the curriculum standards set by MEd to ensure that the culture and contributions of Aboriginal peoples from BC are accurately and respectfully reflected in all provincial curricula (MEd, 2011c).

It is difficult to develop multiple curriculums that equally reflect the diversity of Aboriginal cultures within the province. As stated by Alex Berland, approaches to enrich

\(^{18}\) MCFD offers versions of the FRIENDS program for K to Gr. 1 students and Gr. 4 to 7 students. Currently the youth version of FRIENDS for students in Gr. 8 to 11 is not available through MCFD.
The curriculum can vary in terms of either augmenting how the curriculum is written or how the program is delivered to students. Approaches may involve school districts working with local Aboriginal communities to use the current Aboriginal enrichment version of FRIENDS as a template for integrating the representation of local culture. Alternatively, districts may use assistants to help deliver the curriculum by translating aspects to reflect districts local cultures. The success and sustainability of locally supported initiatives to enrich the FRIENDS curriculums requires the oversight of a designated liaison that serves as an administrative arm to connect school districts with either regional or provincial representatives from MCFD.

Mandating FRIENDS will serve to facilitate primary, secondary, and tertiary prevention (WHO, 2004) as the FRIENDS program equips students with intrapersonal skills to prevent and manage symptoms of mental illness, while building mental health literacy to assist in the early identification of illness (Alex Berland, personal communication, April 27, 2012). Developers of FRIENDS also encourage parental involvement in the program by arranging optional parent evenings run by a teacher using program manuals.

### 7.3. Professional Development for Teachers

This policy alternative is comprised of two components — mental health first aid training and Aboriginal cultural sensitivity training for teachers — that are designed to increase the professional development of future and current teachers to support the mental wellness of Aboriginal students. Both policy alternatives require MEd’s Teacher Regulation Branch to revise the current graduation requirements for a Bachelors of Education (BEd), and teacher recertification programs to include credited courses in mental health first aid and Aboriginal cultural sensitivity training. To maximize the reach of the policy alternative, the provision of adequate resources and workshops should be made available and accessible for all teachers in the province.
7.3.1. **Mental Health First Aid Training**

Teachers are uniquely positioned to identify emotional and behavioural changes that are indicative of mental illness. Requiring mental health first aid (MHFA) training for teachers’ supports secondary levels of mental health prevention for all students. The early identification of mental illness is critical to increase an individual’s chance of recovery. If left untreated, mental illnesses may increase in severity and become life threatening (Canadian Mental Health Association [CHMA], 2008). MHFA training provides non-professionals with the necessary awareness, knowledge and skills to support an individual who is developing a mental illness or experiencing a mental health crisis (Mental Health First Aid Australia [MHFA], n.d.). Mental health first aid training specifically covers:

- The signs and symptoms of mental illness
- Potential causes and contributors of mental illness
- Awareness of the medical, psychological, and alternative treatments available
- Skills to give initial help and support
- Skills to take action if a crises situation arises

Developing teacher knowledge in mental health is strongly aligned with the CYMH plan’s objectives to build capacity and reduce risk. Consultations held for the evaluation of the CYMH plan also found strong support amongst consultants to improve the capacity of teachers to identify mental health problems. Currently in BC mental health training is not a requirement for the completion of a BEd and is not available in all university programs as an elective.

7.3.2. **Social Justice Training**

As of September 2012, MEd’s Teacher Regulation Board mandated all BEd programs in the province to include a core course in Aboriginal education as a requirement for graduation. The primary research and literature review signifies that Aboriginal education courses for teachers should include a curriculum component that addresses social justice training in order to equip teachers with the knowledge and skills
to support Aboriginal learners (Harslett et al., 2000; Partington, 2003; Day, 1992). Supportive teachers are central for facilitating student’s sense of school connectedness, which is correlated with a lower incidence of mental illness including anxiety, depression and risky behaviours (Resnick et al, 1997; Shochet, 2006; van der Woerd, 2005). Importantly, increasing school connectivity for Aboriginal students is also a central goal within many of the school districts’ EAs (Joe, 2012).

Social justice training must serve to confront and challenge prejudiced attitudes, ignorance, and misinformation regarding Aboriginal peoples (Partington, 2003). “Ignorance of indigenous history, oppression, culture and expectations is likely to lead teachers to adopt strategies that compound the disadvantages Indigenous students experience and accelerate their departure from school” (Partington, 2003, p. 2). An integral component of social justice training includes the acknowledgement of how colonization has directly led to the marginalization of Aboriginal peoples in Canada, confronting racially based stereotypes and misconceptions, and developing skills and strategies for how teachers can better understand and support Aboriginal learners. Designing the specifics of a social justice curriculum should involve a universities Aboriginal education advisory board in a process of deliberation with local Aboriginal community members and teachers. Through a consultation process, teachers can identify the knowledge and skills they require to understand and support Aboriginal learners, and Aboriginal community members can provide input into what knowledge and skills teachers should receive. Based on feedback from the deliberation the universities Aboriginal advisory board can devise a relevant curriculum.
8. Criteria & Measures for Policy Evaluation

Table 3 represents the criteria and measures matrix that is used to assess each policy alternative in order to identify a policy recommendation that is best suited within BC’s provincial policy context. Six criteria: cost, policy effectiveness, community acceptability, equity, teacher workload, and administrative feasibility are identified as critical criteria to guide the analysis of each alternative to reach a viable policy recommendation. The selected criteria are intended to provide a comprehensive evaluation of each policy alternative to provide an indication of how each alternative ranks on policy effectiveness, feasibility, and stakeholder acceptability.

Each category is evaluated according to the specified measures, corresponding values, and weights. The standard values assigned to each measure are as follow: a score of three for a measure that scores highly, a score of two for a measure that ranks moderately, and a score of one for a measure that ranks as low. Each category is weighted in a manner that assigns a greater value to measures that are most salient in the analysis.

The cost criterion is carries a total value of six points. The cost-subcategories — (1) implementation cost and (2) maintenance cost — are worth a maximum of 1.5 points and 4.5 points respectively. The effectiveness criterion is comprised of four measures and carries a combined maximum weight of 30 points. Each effectiveness measure is worth twice the standard value, for a maximum possible score of 6 points, with the exception of the school connectedness measure, which carries a maximum weight of 12 points. The weight for school connectedness holds twice as much weight relative to the other effectiveness measures to equally acknowledge and account for the importance of both student and family’s sense of school belonging. The remaining measures are each worth a total of 3 points.
The total score a policy alternative can receive across all criteria and measures is 54 points. The higher the policy alternative is ranked on all of the categories the more optimal the alternative is assessed to be.

**Table 3: Criteria and Measures Matrix**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost (Total Weight: 6)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation Cost</td>
<td>The estimated incremental capital finances required to implement the policy</td>
<td></td>
</tr>
<tr>
<td>$1 million ≤ $5 million ≤ $10 million ≤ $15 million</td>
<td>= 1.5 = 1 = 0.5</td>
<td></td>
</tr>
<tr>
<td>Maintenance Cost</td>
<td>The estimated operational finances required per annum</td>
<td></td>
</tr>
<tr>
<td>$1 million ≤ $5 million ≤ $10 million ≤ $15 million</td>
<td>= 4.5 = 3 = 1.5</td>
<td></td>
</tr>
<tr>
<td><strong>Policy Effectiveness (Total Weight: 30)</strong></td>
<td>The extent to which students develop knowledge and skills to regulate emotions</td>
<td></td>
</tr>
<tr>
<td>Mental Health Knowledge and Skills</td>
<td>The extent to which students develop knowledge and skills to regulate emotions</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>= 6</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>= 4</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>= 2</td>
<td></td>
</tr>
<tr>
<td>School Connectivity</td>
<td>The extent to which students and their families feel a sense of belonging at school</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>= 6</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>= 4</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>= 2</td>
<td></td>
</tr>
<tr>
<td>The extent to which the presence of Aboriginal peoples and culture increases in the school environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource Accessibility</td>
<td>The extent to which students are connected to mental health services</td>
<td></td>
</tr>
<tr>
<td>Aboriginal Community Support</td>
<td>How well the policy is aligned with the mental health worldview of Aboriginal peoples</td>
<td></td>
</tr>
<tr>
<td>Very supportive</td>
<td>= 3</td>
<td></td>
</tr>
<tr>
<td>Supportive</td>
<td>= 2</td>
<td></td>
</tr>
<tr>
<td>Low Support</td>
<td>= 1</td>
<td></td>
</tr>
<tr>
<td>School &amp; District Support</td>
<td>The level of administrative support</td>
<td></td>
</tr>
<tr>
<td>Benefits for all Students</td>
<td>Positive mental health outcomes for all students</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>= 3</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>= 2</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>= 1</td>
<td></td>
</tr>
<tr>
<td><strong>Equity (Total Weight: 3)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Workload</td>
<td>Incremental workload required from teachers</td>
<td></td>
</tr>
<tr>
<td>No Change</td>
<td>= 3</td>
<td></td>
</tr>
<tr>
<td>Small Change</td>
<td>= 2</td>
<td></td>
</tr>
<tr>
<td>Moderate Change</td>
<td>= 1</td>
<td></td>
</tr>
<tr>
<td><strong>Teacher Workload (Total Weight: 3)</strong></td>
<td>Change in workload required from teachers</td>
<td></td>
</tr>
<tr>
<td><strong>Administrative Feasibility (Total Weight: 6)</strong></td>
<td>The number of cross agency coordination required to implement the policy</td>
<td></td>
</tr>
<tr>
<td>Cross Agency Coordination</td>
<td>1-2</td>
<td>= 3</td>
</tr>
<tr>
<td>3-4</td>
<td>= 2</td>
<td></td>
</tr>
<tr>
<td>5≥</td>
<td>= 1</td>
<td></td>
</tr>
<tr>
<td>Time Length (years)</td>
<td>The estimated number of years expected to realize the benefits of the policy alternative</td>
<td></td>
</tr>
<tr>
<td>5 ≤</td>
<td>= 3</td>
<td></td>
</tr>
<tr>
<td>10 ≤</td>
<td>= 2</td>
<td></td>
</tr>
<tr>
<td>15 ≤</td>
<td>= 1</td>
<td></td>
</tr>
</tbody>
</table>

\* This measure is based on the strategies outlined in CDC (2009) as discussed in 4.2.2. The weight for the school connectivity measure is doubled to reflect the significance of both student and family’s sense of belonging at school. A ranking of high receives a score of 12, moderate 8, and low 4.*
8.1. Cost

Assessing the relative cost effectiveness of each criterion is an essential component of the analysis, particularly in consideration of the provinces current climate of government austerity. The cost effectiveness criterion assesses the estimated incremental financial resources required for each policy alternative relative to the status quo. The status quo is established as a fixed cost as all the identified policy alternatives represent additions within the current provincial policy framework. The cost category is comprised of two sub-categories: the requisite budgetary resources required for (1) implementing the policy alternative and (2) maintaining the policy alternative on a per annum basis. All cost estimates are based on available information regarding salaries, resources, and materials to establish each alternative. The cost estimates are strictly intended to serve as a guideline for determining the rough scale of cost associated with each policy alternative.

This criterion holds a maximum weight of 6 points. The implementation cost is weighted at 1.5 points, while the maintenance cost is weighted at 4.5 points. A policy alternative that has an implementation cost of ≤ $1 million is ranked as high and receives a score of 1.5; an alternative with an implementation cost of ≤ $5 million is ranked as moderate and receives a score of 1; an alternative with an implementation cost ≤ $10 million is ranked as low and receives a score of 0.5. A policy alternative with an annual maintenance cost of ≤ $1 million is ranked as high and receives a score of 4.5; an alternative with an implementation cost of ≤ $5 million is ranked as moderate and receives a score of 3; and alternative with a maintenance cost of ≤ $10 million is ranked as low and receives a score of 1.5. The scores for each sub-category are combined for a total cost score.

8.2. Policy Effectiveness

The effectiveness category is evaluated on three sub-categories. The first sub-category is based on the extent to which student’s mental health knowledge and skills
increase. This measure is worth a total of six points. An alternative that ranks low receives a score of two; a moderate alternative receives a score of four; and an alternative that ranks as high receives a score of six. The second sub-category, school-connectedness, is comprised of two measures. The first measure — the extent to which student and families sense of school belonging increases — is evaluated on the strategies outlined in CDC (2009). As discussed in section 4.2.2 these strategies include:

1. Develop opportunities to facilitate engagement amongst students, family, and community members; foster academic achievement; and empower staff;
2. Enable families through education and opportunities to become active participants in their child’s academic and school life;
3. Equip students with academic, emotional, and social skills to become actively engaged at school;
4. Develop the ability of teachers to use effective techniques for classroom management to foster a positive learning environment
5. Enhance the professional develop of teachers and other school staff to meet the social, emotional, and cognitive needs of children and youth;
6. Establish trusting and caring relationships between students, families, teachers, administrators, and the broader community.

The extent to which each alternative increases students’ sense of school connectivity is based on the number of criteria the alternative meets. An alternative that meets up to two out of six criteria is ranked as low; an alternative that meets three to four criteria out of six is ranked as moderate; and an alternative that meets five to six criteria is ranked as high. The extent to which each alternative improves families’ sense of school connectivity is based on the extent to which each alternative meets criteria one, two and six. An alternative that meets one criterion is ranked as low; an alternative that meets two criteria is ranked as moderate; and an alternative meets three criteria is ranked as high. Collectively, the measure is worth double the average weight at 12 points as the measure accounts for school connectivity amongst both students and families.

The second measure for the school connectivity sub-category includes how well each alternative promotes the inclusion of Aboriginal peoples and culture in school
relative to the status quo. This measure is worth a total of six points. An alternative that ranks low receives a score of two; an alternative that ranks moderate receives a score of four, and alternative that ranks high receives a score of six.

The third sub-category included in the policy effectiveness category measures the extent to which the policy improves the accessibility for mental health services, programs, and resources for students. This category is also worth a maximum of six points. An alternative that ranks low receives a score of 2; a moderate alternative receives a score of 4; and an alternative ranked as high receives a score of 6.

Collectively, the three sub-categories that comprise the effectiveness category represent the determinants identified in the literature and primary research as being necessary to increase the capacity of BC provincial schools in order to support the mental health of Aboriginal students.

8.3. Community Acceptability

The community acceptability criterion assesses the extent to which each policy alternative is supported by those directly impacted by the policy. To measure community acceptability, the category is evaluated on two sub-categories (1) support from the Aboriginal community, and (2) administrative support from schools and school districts. Measuring the Aboriginal community’s acceptability of each alternative is based on how well each alternative aligns with the worldview and values of Aboriginal peoples with regard to mental wellness. Ascertaining the degree of support each alternative will receive from schools and school districts is measured on perceived support from teachers and administrators.

In total, the community acceptability category is worth 6 points so that each sub-category is worth a maximum of 3 points. A policy alternative that assessed as very supportive will receive a score of 3; an alternative measured as supportive will receive a score of 2; and an alternative evaluated as low support will receive a score 1.
8.4. Equity

The equity criterion captures the positive externalities for all students as a result of the policy alternative. Equity is specifically defined as the extent to which the mental health of all students can be benefitted. The equity category carries a total weight of 3. An alternative ranked high on equity is ranked at 3; an alternative ranked medium on equity is scored at 2; and an alternative ranked as low on the equity measure is scored at 1.

8.5. Teacher Workload

Teachers are continually required to undertake increasing responsibility as the field of education advances to recognize and respond to the social and developmental factors that are implicated in a student’s educational attainment. Accounting for the incremental workload resulting from each policy alternative is, therefore, an important element to analyze in recommending a policy alternative. The teacher workload criterion holds a total weight of 3. Teacher workload is measured on the incremental responsibility assigned to a teacher as a result of the policy alternative.

A policy alternative that results in a high incremental change to a teacher’s workload receives a score of 1; an alternative that requires a moderate increase in teacher workload receives a score of 2; and an alternative that requires a low increase in teacher workload receives a score of 3.

8.6. Administrative Feasibility

The administrative feasibility category is comprised of two subcategories (1) the level of inter-agency coordination required to implement the policy alternative and (2) the estimated length of time required to implement the policy alternative. To evaluate the level of inter-agency coordination necessary for each policy alternative, the required
involvement of multiple institutions will be assessed. For all the policy alternatives, the possible involvement of agencies may include several combinations of the following institutions: schools, school districts, MEd, MCFD’s six regional circles and/or provincial policy departments, provincial universities, and members from the Aboriginal community.

The administrative feasibility category is worth a total of 6 points and each sub-category is worth a maximum of 3 points. A policy alternative requiring the coordination of one to two agencies is ranked high on the cross-agency coordination sub-category and receives a score of 3; an alternative requiring the inter-agency coordination of three to four agencies is ranked as medium and is receives a score of 2; and an alternative that requires five or more agencies for cross agency coordination is ranked as low and receives a score of 1.
9. Policy Evaluation

9.1. Aboriginal Community Coordinators

9.1.1. Cost

Implementation Cost

There is no incremental implementation costs associated with this policy alternative. It is recommended that existing infrastructure be used to set up community schools while MEd continues to fund capital development for new and existing infrastructure to accommodate community schools across the province. This alternative’s implementation cost is $\leq 1$ million and ranks low for a score of 1.5.

Maintenance Cost

The cost figure is estimated by the number of community coordinators required based on the BCs Aboriginal student population multiplied by the annual earnings of a community coordinator. To provide a conservative cost estimate, the cost calculation for Aboriginal community coordinators is based on a traditional community school model, which employs one full time community coordinator per school. The average school size across BC is estimated to have 750 students. In BC during 2010/11 there were 63,899 students who identified as Aboriginal (MEd, 2011). To estimate the number of required Aboriginal community coordinators, BC’s Aboriginal student population is divided by the estimated average school size, which equals 85 Aboriginal community coordinators. The estimated annual salary for a full time Aboriginal community coordinator in 2012
dollars is between $43,809.00 to $52,592.00 annually. In total, the estimated annual maintenance cost of the policy alternative is expected to range from $3,723,765.00 to $4,470,320.00. This policy alternative’s annual maintenance cost is > $1 million and ≤ $5 million and is ranked as moderate for a score of 3.

9.1.2. Policy Effectiveness

Mental Health Knowledge and Skills

A large majority of community schools facilitate program delivery either directly or through community partnerships. Aboriginal Community Coordinators create a strong opportunity to increase access for a wide range of services, resources, and programs, including those related to mental health. For instance, in BC, community schools offer over 50 unique programs including addiction services, youth programs, wellness programs, and counselling and support programs (ACEbc, 2004). Additionally, the primary service provider operating through the Abbotsford Aboriginal Community Hub is Aboriginal Mental from MCFD. The Hub additionally sponsors mental health awareness programs for the community (Perry Smith, personal communication, May 22, 2012). The extent to which all students receive a deep understanding of mental health knowledge and skills through increased service accessibility, however, is uncertain as it depends on the form of resources available at each community school and the attendance of students. This policy alternative is accordingly ranked as low-moderate and receives a score of 3.

19 Salary estimates are based on salary information for an Aboriginal community liaison coordinator in BC with the the Human Early Learning Partnership.
School Connectivity

Identified Strategies in CDC (2009)

Aboriginal community coordinators have the potential to increase student’s sense of school connectivity on several important levels based on the strategies identified in CDC (2009). The Aboriginal community coordinator alternative meets four criteria: (1) increase student, family, and community engagement and academic achievement, (2) provide education and opportunities for parents to engage with their children’s academic and school life, (3) provide students with opportunities to improve academic, social, and emotional skills to become engaged members of their schools, and (4) create trusting and caring relationships. Many of these elements also align with the protective factors that Aboriginal youth in BC identified as being integral to supporting mental wellness (Godfrey, n.d.). Aboriginal community coordinators, however, do not necessarily provide clear links to increase teacher’s classroom management strategies, or develop teacher’s skills to meet the diverse emotional, social, and cognitive needs of students. For improving student’s sense of school connectivity this alternative is ranked as moderate for a total score of 4.

Aboriginal community coordinators are expected to have a significant impact on improving school connectivity amongst families and the broader Aboriginal community. The Aboriginal community coordinator alternative meets all three family related criteria and receives a score of 6. Collectively, this measure ranks as moderate-high and receives a score of 10 for improving school connectivity amongst students and families.

20 Research from ACEbc (2004) indicates that 40.7 percent of respondents regarded their school as being very effective in facilitating community development, which includes definitions such as as “being inclusive”, “enhancing social capital”, and “building partnerships” (ACEbc, 2004, p.5).
Cultural Inclusion

Introducing Aboriginal community coordinators into community schools will serve as a strong platform to further increase the inclusion of Aboriginal peoples and culture in the school environment. Through the community coordinator, cultural events and culturally appropriate services are accessible after hours year round for students and the rest of the community. Abbotsford’s Aboriginal Community Hub has witnessed strong community attendance at cultural gatherings and culturally appropriate services and programs. As a result of the success, the district is looking to increase the number of social and cultural events that take place (Perry Smith, personal communication, May 22, 2012). It is expected that other school districts that establish a community school models with an Aboriginal community coordinator will also serve to improve inclusion of Aboriginal culture and peoples in the school environment. This policy alternative ranks high on cultural inclusion and receives a score of 6.

Resource Accessibility

Aboriginal community coordinators will have a large impact on improving the availability and accessibility of culturally appropriate services, programs, and resources that support mental wellness. A survey of community schools across BC found that most respondents — 70 percent — reported that their respective community school was either very effective, or effective in increasing the availability and access of resources (ACEbc, 2004). Specifically, ACEbc (2004) found that community coordinators increased program offerings and community access, the facilitation of joint partnerships, improvement of service efficiency, and provided an integrated continuum of services. More generally, the literature suggests that community schools and community coordinators are highly effective for service coordination (Graves, 2011). Additionally, Perry Smith adds that since the development of the Aboriginal Community Hub, the school district has increased knowledge of which Aboriginal students are at risk and the district is able to disseminate information pertaining to services, programs, and resources for all students (personal communication, May 22, 2012). This policy alternative is ranked as high and receives a score of 6.
9.1.3. **Community Acceptability**

**School and School District Support**

According to research conducted on community schools in BC, 45.9 percent of respondents reported a broad level of acceptance and support for community development work within their respective school, and 31.1 percent of respondents reported that their respective school districts had a broad level of acceptance and support towards community schools (ACEbc, 2004)\(^{21}\). It is expected, however, that with provincial earmarked funds to specifically finance Aboriginal community coordinator positions, that levels of acceptance and support from schools and school districts will increase to supportive-very supportive, thus ranking as **moderate-high**, and therefore receiving a score of 2.5.

**Aboriginal Community Support**

The provision of a wide range of services, programs, and resources reflects a holistic and strengths-based approach for developing individual and community wellbeing. Such an approach is highly congruent with an Aboriginal worldview on mental wellness (Mussell, n.d). Additionally the alternative is aligned with the recommendation of Aboriginal youth in BC to create more teen and/or cultural centres to protect against suicide (Godfrey, n.d.). Experiential evidence from Abbotsford’s Aboriginal Community Hub also reveals a strong level of support from local Aboriginal communities (Perry Smith, personal communication, May 22, 2012). This policy option is evaluated as very supportive amongst the Aboriginal community and is ranked as **high** for a score of 3.

\(^{21}\) This research included participation from 80 percent of community schools operating in BC during 2003.
9.1.4. **Equity**

All services and programs organized and delivered through the Aboriginal community coordinator are available for all students and community members, although, some services or programs that have a strong cultural orientation may not attract significant numbers of students from the general population. Perry Smith, however, states that some programs provided through the Aboriginal Community Hub have a primary attendance of non-Aboriginal people (personal communication, May 22, 2012). This policy alternative ranks as **low-moderate** in equity and receives a score of 1.5.

9.1.5. **Teacher Workload**

Expanding the designation of community schools and the employment of Aboriginal community coordinators in a school district will not affect a teacher’s current level of responsibilities. This policy alternative is assessed to have no change on a teacher’s workload and is ranked as **high** for a score of 3.

9.1.6. **Administrative Feasibility**

**Inter-agency Collaboration**

Employing Aboriginal community coordinators entails increasing the number of community schools across the province particularly in jurisdictions with large Aboriginal populations. Any school in the province can become a designated community school by becoming a member of the Association for Community Education in BC. Establishing community schools requires interagency collaboration amongst schools, school boards\(^{22}\),

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\(^{22}\) School boards are encouraged to assist the development of community schools by creating policies to keep schools open after hours year round, incorporate the expansion of community schools into the districts long-term vision, and develop local level strategies to sustain interagency funding (ACEbc, 2012)
municipalities\textsuperscript{23}, MEd\textsuperscript{24}, non-government organizations and business sectors. The level of administrative feasibility for this policy alternative requires the coordination of at least five agencies and is ranked as low therefore receiving a score of 1.

**Time Length**

The rate at which school community schools are developed depends on a myriad of factors including funding, leadership, existing community resources, and community cohesion. Developing community schools is an ongoing endeavour to continually strengthen the quality of the services and programs. It is expected that the length of time it takes an Aboriginal community coordinator to develop a reasonable level of sustained services and programs is between five and years and is ranked as low-moderate for a score of 2.5.

**9.2. Reform Provincial Learning Outcomes**

**9.2.1. Cost**

**Implementation Cost**

The costs required to implement this policy alternative includes those related to the one-time purchase of curriculum manuals for teachers to implement the FRIENDS program. In 2012, MEd employed 27,800 full time teachers and 8,307 part time teachers (MEd, 2011f) for an average of 2,778 teachers per grade level. The average number of teachers per grade level is multiplied by the number of grades receiving the FRIENDS curriculum (9 grades) equalling a total of 25,002 teachers. The cost of each teacher’s...

\textsuperscript{23} Based on MEd’s grant model for the 2005 School Community Connections Program, municipalities and school boards are required to send joint proposals to receive provincial funding (MEd, 2011d).

\textsuperscript{24} To date MEd has made funding eligible for community school development and operation costs through the School Community Connections Program, and ongoing annual funding through CommunityLINK and the vulnerable student supplement (MEd, 2011d).
manual is $49.50 resulting in a total implementation cost of $1,237,599. Additional costs are anticipated to organize consultations between school districts and local Aboriginal communities. Implementation costs are overall estimated to be > $1 million and < $5 million. Implementation cost is ranked as moderate and receives a score of one.

**Maintenance Cost**

The primary costs associated with maintaining the delivery of the FRIENDS program includes the supply of workbook manuals for students. Across BC, there are 422,508 students between Kindergarten and Gr. 1, and Gr.4 to Gr.10 (BC Stats, 2011). The cost student workbook for children (under 11) is $15.84, and youth (12 to 16) is $18.70. The combined annual cost of workbooks is $5,885,273.67. Additional operating costs, including those associated with the delivering the cultural enrichment and managing administrative tasks — are also expected. The estimated cost to implement and maintain this policy alternative is estimated to be > $5 million and ≤ $10 million. This alternative ranks low-moderate for maintenance cost and receives a score of 2.25.

### 9.2.2. Policy Effectiveness

**Mental Health Knowledge and Skills**

The FRIENDS for Life program is the most extensively evaluated and validated anxiety and depression prevention program to date. Comprehensive international research demonstrates that in some trials, up to 80 percent of children showing symptoms of an anxiety disorder no longer displayed those symptoms for up to six years post intervention (Australian Academic Press, n.d.a). Mandating the FRIENDS program into the curriculum in elementary and secondary schools serves as a strong platform to

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25 Costs are in Canadian dollars, and reflect a 20 percent discount that is applicable to orders over 50 workbooks. A larger discount rate from publishers may apply for mass orders.
disseminate mental health knowledge and skills for all students. Providing a more specific culturally enriched version of FRIENDS will further increase the relevancy of the programs content for Aboriginal students. Although Miller et al. (2011) found that the Aboriginal enriched version of FRIENDS did not have any increased benefits for Aboriginal students, Miller et al. (2011) presents several explanations for this finding. This policy alternative scores **high** on the extent that it increases mental health knowledge and skills and receives a score of six.

**School Connectivity**

*Identified Strategies in CDC (2009)*

Based on the identified strategies in CDC (2009) to increase school connectivity, mandating FRIENDS into the curriculum will not have a substantial impact on school connectivity. The FRIENDS program teaches children social and emotional skills, which is an identified strategy to increase school connectedness as students improve intrapersonal capabilities to engage positively in their social environment. Through the FRIENDS certified teacher training, and the ongoing delivery of the FRIENDS program, teachers will also increase their professional skills to help manage the social and emotional needs of students. Additionally, mandating the FRIENDS curriculum may contribute to student perceptions of a more caring school environment in which individual wellbeing is given specific and adequate attention by teachers in addition to academic development. This alternative meets three of the identified criteria in CDC (2009) and is ranked as **moderate** for a score of four.

The FRIENDS program is likely to have some positive effect on family’s sense of school connectivity. This alternative increases opportunities for families to engage with schools and for family’s to be involved in their child’s education. Through community’s participation in enriching the FRIENDS curriculum and optional parent evenings, schools can create meaningful opportunities to involve parents in the FRIENDS program. In addition, MCFD and the FORCE Society also provide web-based resources for parents to reinforce the FRIENDS program at home. This alternative meets two out of the three
identified school strategies related to school connectivity and is ranked as moderate for a score of four.

Collectively, the school connectivity measure is ranked as moderate for improving school connectivity amongst students and families and receives a score of eight.

**Cultural Inclusion**

Mandating the FRIENDS program, and enhancing the Aboriginal version of the FRIENDS program will increase the inclusion of Aboriginal peoples and culture in the school environment through the health education curriculum. This alternative calls for the meaningful involvement of Aboriginal communities in developing and/or delivering a culturally appropriate enriched curriculum. As well, the universal format of FRIENDS exposes Aboriginal culture to both Aboriginal and non-Aboriginal students. The program length requires a minimum of 10 classroom-based workshops per grade level across 9 grade levels. While the program length is not excessively long, the inclusion of the program across 9 grade levels ranks the alternative as low-moderate for increasing cultural inclusion, and the alternative receives a score of three.

**Resource Accessibility**

The FRIENDS program represents a mental health resource in and of itself for anxiety and depression and applied in both a universal format and individual counselling. The FRIENDS program also functions to enhance secondary levels of intervention by increasing mental health literacy amongst students and teachers. Additionally, mental health programs provided to students have a positive small impact on reducing stigma that is associated with mental illness (Pinfold, V., Toulmin, H., Thornicroft, G., Huxley, P., 2003). The policy alternative scores high on resource accessibility and receives a score of 6.
9.2.3. Community Acceptability

School and School District Support

It was found that 36 percent of teachers asked to teach an additional course were unsupportive of the request, particularly if the assigned course was mandatory in which case dissatisfaction increased to 55 percent (Dibbon, 2004). From the primary research, school staff additionally revealed mixed feelings regarding the delivery of mental health programs with enriched cultural content. Some staff discussed how non-Aboriginal teachers might have concerns over not feeling qualified, or being viewed as unqualified by Aboriginal learners, to deliver an enriched program. Other school staff participants were more confident that if teachers were well resourced they would feel comfortable in delivering an enriched program. This policy alternative is expected to have high support from school districts as the alternative fits with many district’s EA goals and MEds mandate to meaningful integrate Aboriginal culture and knowledge into all curriculum. Collectively, schools and school districts are expected to be supportive of locally enriching and delivery the FRIENDS program. This alternative is ranked as moderate and receives a score of 2.

Aboriginal Community Support

For Aboriginal peoples, the provision of culturally relevant services and programs designed to prevent mental illness and promote mental wellness is a determinant of health. Amongst Aboriginal community members there is wide consensus that delegating the control and oversight of program design is an underlying premise for ensuring the success of mental health services and programs (Senate Committee of Social Affairs, Science, and Technology, 2006). As revealed in the primary research findings, an Aboriginal community leader discusses how the Aboriginal community always wants some level of involvement in developing programs. Based on the provincial governments standards for evidence based services and programs, the extent to which the Aboriginal community can dictate the programs core content; the cultural enhancements must not diverge from structure of FRIENDS the program but rather enrich the existing elements. Relative to the status quo it is expected that the Aboriginal community will be
supportive of the alternative. This policy option is ranked as **moderate** and receives a score of 2.

### 9.2.4. **Equity**

Mandating the FRIENDS program from K to Gr. 10 will have large positive mental health externalities for all learners. Teacher discretion enables teachers to decide which version of FRIENDS — the original version or culturally enriched version for Aboriginal students — is most appropriate in their classroom based on student demographics. Regardless of which version of FRIENDS is implemented, the all students receive mental health benefits. From the primary research, teachers revealed that when working with an Aboriginal curriculum, non-Aboriginal students are also encouraged to apply their own culture to the skills learned. The primary research indicated that Aboriginal and non-Aboriginal students both enjoyed receiving culturally enriched mental health programs. This policy alternative scores **high** on equity and receives a score of 3.

### 9.2.5. **Teacher Workload**

Reforming the provinces PLOs to mandate FRIENDS as a component of the Health and Career Education K to 11 curriculums will have some incremental effect on a teacher’s workload relative to the status quo. Assessing the incremental workload effect for teachers takes into consideration: (1) teacher training requirements, (2) professional time — including time for class preparation and marking —, and (3) the extent to which material in the FRIENDS curriculum is not reflected in the provinces current PLOs.

**Teacher Training Requirement**

MCFD requires all teachers to complete a one-day certified training workshop, lasting for 6.5 hours, in order to be eligible to teach the FRIENDS curriculum (MCFD, 2012).
**Professional Time**

The level of teacher preparation involved in the delivery of the FRIENDS program is minimal as the program has prepared lesson guides for each level, and a school liaison is responsible for obtaining and disseminating all FRIENDS related materials (MCFD, 2012). There is a small increase in a teacher’s required professional time, as the FRIENDS curriculum does recommend reinforcing the FRIENDS skills outside of the classroom, which may involve homework checks or evaluation.

Incremental Curriculum Resulting from FRIENDS: Delivering the FRIENDS curriculum requires a time commitment of 10 or more classroom-based sessions. An assessment of the FRIENDS program demonstrates that the FRIENDS curriculum corresponds strongly with a significant number of the PLOs in the current Health and Career Education K to 7. Currently, the extent to which the FRIENDS program meets the PLO’s for the Grade 4 Health and Education Curriculum is as follows: out of six PLO’s FRIENDS meets three PLO’s extensively, one PLO moderately, and one PLO slightly. For Grade 5, out of six PLO’s, FRIENDS meets three PLOs extensively, two PLOs moderately, and one PLO slightly. For Grade 7, out of 7 PLOs, FRIENDS meets three PLO’s extensively, three PLO’s moderately, and does not meet one PLO (MCFD, n.d, b).

As the number and diversity of PLOs increase at the high-school level, the FRIENDS curriculum meets fewer of PLO requirements within the Grade 8 to 10 curriculums. For Grade 8, the FRIENDS program meets 4 out of 13 PLOs pertaining to the health section of the Health and Career Education Curriculum. For Grade 9, the FRIENDS program meets 5 out of 10 PLOs pertaining to the health section of the Health and Career Education Curriculum. For Grade 10, the FRIENDS program meets 4 out of the 9 health related PLOs pertaining to Planning 10.

According to the assessed relevance of the FRIENDs program against the provinces current PLOs for elementary and high school health education the FRIENDS program represents a moderate increase. This alternative receives a score of 2.
9.2.6. **Administrative Feasibility**

**Inter-agency Collaboration**

The first component of the policy alternative requires MEd to adjust the Health and Career Education K to 7 PLOs to integrate the FRIENDS program into the curriculum. The administrative requirements associated with mandating the FRIENDS program is primarily associated with enhancing the culturally enriched versions of FRIENDS. Developing the enriched curriculum should involve active consultation between school districts and their local Aboriginal communities. To ensure program fidelity a school district representative should serve as a liaison to MCFD. This policy alternative requires the cross agency coordination of 4 institutions. This alternative ranks as **moderate** and receives a ranking of 2.

**Time Length**

The length of time associated with implementing this policy alternative is dependent on the time it takes for school districts to collaborate with local Aboriginal communities to determine an appropriate strategy for cultural enrichment. It is expected this policy alternative will take less than five years to implement and is ranked as **high** for a score of three.

9.3. **Teacher Professional Development**

9.3.1. **Cost**

**Implementation Cost**

The associated costs to implement this policy option is based on the amount of time it takes educational faculties to develop extra curriculum and integrate it into courses. Curriculum for both MHFA and Aboriginal cultural sensitivity training are available through various government and non-government organizations. It is estimated that integrating these components into mandatory curriculum of BEd programs will have
associated costs of < $1 million; this alternative is ranked as high and receives a score of 1.5.

Maintenance Cost

The costs associated with maintaining this policy option on an annual basis includes the delivery of MHFA training courses and cultural sensitivity training courses for all teachers across BC. The cost of maintaining this policy option is estimated to cost < $1 million and is ranked as high a score of 4.5.

9.3.2. Policy Effectiveness

Mental Health Knowledge and Skills

Jorm, Kitchener, Sawyer, Scales, & Cvetkovski (2010) found that MHFA training for teachers had a significant effect on increasing teachers knowledge of mental health topics. In Massey, Brooks, Burrows & Sutherland (2010) participants who received MHFA training also reported increases of 18 to 32 percent in their knowledge on a range of mental health issues. MHFA training also has a significant impact on increasing individual’s sense of self-confidence to provide helping behaviours (Jorm et al., 2010 & Massey et al., 2010). A review of the literature also found that MHFA training resulted in trainees having a significantly improved ability to identify mental health disorders, enhanced trainees level of agreement with professionals regarding appropriate treatment, reduced social distance from individuals living with mental health programs, and increased self-confidence for helping behaviours (Mental Health Commission of Canada [MHCC] 2012).

The extent to which these skills are transferred from teachers to students is less significant. Jorm et al. (2010) found that students with teachers who had participated in MHFA training were more likely receive information on mental health including classroom lessons, receiving posters, pamphlets, brochures, books, or website referrals. The dissemination of mental health knowledge to students, however, only increased by 6 percent from pre-test to post-test. Accordingly, this policy alternative is evaluated to
have a small effect on the extent to which student’s receive mental health knowledge from teachers. Additionally, Aboriginal cultural sensitivity training in and of itself is not expected to have an impact on the transference of mental health knowledge or skills for students. This alternative is ranked as low and receives a score of two.

School Connectivity

Identified Strategies in CDC (2009)

MHFA training and cultural sensitivity touch on four important strategies to build school connectivity: (1) empowering staff, (2) developing teacher’s ability to foster positive learning environments, (3) enhance the professional development of teachers to meet to social, emotional, and cognitive needs of students, and (4) establish trusting relations with students, families, and the broader community.

However, the extent to which MHFA training improves teacher’s ability to meet the emotional and cognitive needs of students is not certain. Jorm et al. (2012) demonstrated that MHFA training for teachers had no change in levels of teachers initiating helping behaviours towards students. Other studies have also demonstrated that MHFA training had little impact on trainees advising others to seek help (MHCC, 2012). In terms of explicit helping behaviours, MHFA training may not have a significant impact on improving students’ perceived sense of support from teachers. MHFA training may, however, have important implicit effects on student’s emotional and social needs. Massey et al. (2010) found that MHFA training had a significant impact on improving sensitivity and openness towards individuals with mental health problems. According to Massey et al. (2010) benefits stemming from increased sensitivity towards persons with mental illness includes: (1) developing greater understanding and compassion of the circumstances individuals with mental illness face, and (2) increases sensitivity and supports towards individuals that experience mental health concerns.

In addition to MHFA training, cultural sensitivity training for teachers is likely to have an important impact on school connectivity. Both CDC (2009) and Aboriginal youth in BC identified school connectivity — in terms of having supportive and non-
discriminatory teachers — as an important protective factor against mental health problems (Godfrey, n.d). Significantly, Partington (2003) identifies teacher development in cultural sensitivity as an essential first step to support Aboriginal students in feeling connected to school. Many participants in the primary research additionally support this finding. Participants overwhelmingly located cultural sensitivity as a critical factor for fostering a caring environment for Aboriginal students to support their wellbeing. The alternative for teacher professional development is strongly aligned with some of CDCs (2009) strategies to increase school connectedness including: (1) empowering teacher’s (2) enhancing teachers skills to meet the social, emotional, and cognitive needs of students, (3) establishing trusting and caring relationships between teachers, students, and parents, and (4) developing teachers use of classroom management strategies to foster positive learning experiences (CDC, 2009). Additionally, teacher professional development is expected to have long-term impact on student’s wellbeing.

Overall, professional development for teachers meets 3 to 4 of the identified strategies by CDC (2009) to foster school connectivity amongst students. This alternative is ranked as moderate and receives a score of four.

Improving teacher’s professional development has a less direct impact on improving school connectivity for families. The cultural sensitivity component may have an impact on (1) facilitating teacher’s engagement with parents, and (2) establishing more trusting and caring relations between families and teachers. Developing cultural sensitivity training may not in and of itself serve as a catalyst to initiate family’s sense of school connectivity. In the long term, however, cultural sensitivity training should also have a meaningful impact on family’s sense of school connectivity. This alternative is ranked as low-moderate and receives a score of three.

**Cultural Inclusion**

It is expected that teacher professional develop will in cultural sensitivity training will have some impact on increasing cultural visibility. Through cultural sensitivity training, teachers should develop a greater understanding on the importance of including
and respecting Aboriginal culture and history into the classroom. The alternative, however, does not necessarily create new opportunities to integrate Aboriginal culture in the classroom. Accordingly, this alternative is ranked as low for cultural inclusion and receives a score of two.

**Resource Accessibility**

Mental health first aid training is only effective if students see teachers as a trustworthy source and approach teachers for initial help (Jorm et al., 2012). In BC, 33 percent of Aboriginal male youth and 43 percent of Aboriginal female youth sought help from teachers for a personal problem over a one-year period (Van der Woerd, 2005). Of youth who obtained support from a staff member, 28 percent found school staff to be very helpful, and 22 percent found school staff not helpful at all (Van der Woerd, 2005). Ensuring that students feel comfortable approaching teachers, and that teachers have the necessary skills to assist youth, is therefore important in the school environment.

This policy alternative addresses both of those components. Improving teacher training in cultural sensitivity is identified in the literature review and primary research as an essential element to increase teacher’s capacity to improve student’s connections with teachers. Cultural competency training is expected to have a meaningful impact on student’s willingness to approach teachers for help. MHFS training has shown to have a significant impact on teacher’s knowledge and confidence to assist students with mental health concerns (Jorm et al., 2012). Because this policy alternative collectively increases student’s sense of connectivity towards teachers, and teacher’s knowledge of mental health issues, this alternative is expected to have a moderate-high impact on improving student’s accessibility of mental health resources. This alternative receives a score of five.
9.3.3. **Community Acceptability**

**School and School District Support**

Promoting the professional development of teachers is expected to garner strong support from schools and school districts. For current teachers attending mental health first aid training and cultural competency training is optional. Enhancing requirements for teacher induction at the university level holds no form of repercussions for schools and schools school districts. It is assessed that schools and school districts will be very supportive of this initiative; therefore, this policy alternative receives a score of three.

**Aboriginal Community Support**

Increasing teachers cultural sensitivity towards Aboriginal students in order to connect with students and build a supportive environment was a strong finding in the primary research, and discussed by both Aboriginal and non-Aboriginal participants. For Aboriginal peoples, mental health is relational in that strength is derived from family and the community. Building relational strength requires in part cultural sensitivity training for any individual involved in supporting the mental wellness of Aboriginal peoples (Mussell, n.d.). Additionally, community members who participated in consultations with Senate Committee on Social Affairs, Science and Technology to produce Canada’s first major report on mental health identified cultural competency training for teachers as a necessary step for cultural accommodation. It is expected that Aboriginal communities will be very supportive of this alternative as the Aboriginal community has revealed that cultural sensitivity training is strongly aligned with the values and knowledge of many community members. This alternative receives a score of three.

9.3.4. **Equity**

The mental health first aid training component of this policy alternative had no impact on students. The cultural sensitivity training will likely not have a large impact on the incremental wellbeing of the general student population. This alternative ranks low on equity and receives a score of one.
9.3.5. **Teacher Workload**

Improving the professional development of student teachers and current teachers requires additional training through BEd programs and elective teacher recertification programs. Current teachers are also encouraged to participate in knowledge development workshops. The cultural competency training and mental health first aid training both represent an additional segment to be integrated into the curriculum of a relevant course that is a requirement for fulfilling a BEd. The time requirements to deliver cultural competency training may range from five to nine hours (Provincial Health Services Authority, BC, 2012) and 14 hours for mental health first aid training (Mental Health Commission of Canada [MHCC], 2011). The alternative to enhance teacher professional development represent a one-time educational investment that is equivalent to approximately 20 hours of course instruction. The same time investment is expected for current teachers who elect to receive cultural competency and mental health first aid training. Accordingly this alternative represents a small change in the current workloads. This alternative is ranked as **moderate** and receives a score of two.

9.3.6. **Administrative Feasibility**

**Inter-agency Collaboration**

Enhancing teachers professional develop requires interagency collaboration between MEds Teacher Regulation Branch, all post-secondary universities that offer BEd programs and teacher recertification programs, and deliberation with members from the community, in particular, teachers and Aboriginal peoples. The participation of three institutions is required to implement this policy alternative. This alternative is ranked as **moderate** and receives a score of 2.

**Time Length**

The number of current teachers expected to participate in MHFA training and cultural sensitivity is low. According to one participant in the primary research, despite available programs available through the BC Teachers Federation not many teachers participate in them. Partington (2003) suggests that teachers and school districts often
view the implementation of cultural competency training workshops as unacceptable, as school staff primarily represent dominant members of society and do not see the justice in approaches that challenge their own values. It is expected, therefore, that a small portion of teachers will participate in such workshops, and the ones who do participate are likely to already be conscious of social justice issues. Much of the effects of teacher professional development will therefore be realized in the long-term through enhanced teacher training requirements. To have a substantial effect this policy alternative is estimated to take between 10 to 15 years. Accordingly, this alternative is ranked as low-moderate and receives a score of 1.5.

9.4. Evaluation Summary

Table 4 provides a summary of the policy analysis according to how each policy alternative ranked on the respective categories.
### Table 4: Evaluation Summary of Policy Alternatives

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Aboriginal Community Coordinators</th>
<th>Reform Provincial Learning Outcomes</th>
<th>Teacher Professional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>4.5</td>
<td>3.25</td>
<td>6</td>
</tr>
<tr>
<td>Policy Effectiveness</td>
<td>25</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Community Acceptability</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Equity</td>
<td>1.5</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Teacher Workload</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Administrative Feasibility</td>
<td>3.5</td>
<td>5</td>
<td>3.5</td>
</tr>
<tr>
<td>Sub-Total</td>
<td>42.5 (78%)</td>
<td>40.25 (74%)</td>
<td>35.5 (66%)</td>
</tr>
</tbody>
</table>

#### Policy Ranking: Colour Legend
- **Strong**
- **Moderate**
- **Low**
10. Policy Recommendation

The research and analysis identifies the policy alternative to introduce Aboriginal community coordinators within BC school districts as the strongest recommendation. The community coordinator alternative received a total score of 42.5 out of 54 points for an overall efficiency outcome of 78 percent. The analysis found the community coordinator alternative ranked highest overall on the policy effectiveness category — scoring 6 percentage points higher than the PLO alternative and 26 percentage points higher than the teacher professional development alternative. While the Aboriginal community coordinator alternative is comparable to the PLO alternative on the policy effectiveness category, the Aboriginal community coordinator alternative surpasses the PLO option on categories for implementation and maintenance cost, community acceptability, and teacher workload. These positive outcomes are significant to consider in the provinces current climate of financial austerity, ME’s increasing efforts to form collaborative relations with Aboriginal communities, and the growing responsibilities and expectations that are placed on teachers. The Aboriginal community coordinator alternative, does however, rank less favourably than the PLO alternative on criteria for student equity and administrative feasibility.

Based on the primary policy recommendation the analysis additionally supports the recommendation that ME’s Teacher Regulation Branch mandate all BEd programs within the province to integrate social justice training as a requirement for teacher induction and recertification. This additional recommendation is made on the basis that the existing literature and primary research identifies social justice training for teachers as a vital component for improving school connectivity amongst Aboriginal students. Importantly, while the Aboriginal community coordinator alternative is ranked as moderate for improving school connectivity amongst Aboriginal students, the Aboriginal
community coordinator alternative fell short on important components for building school connectivity including: (1) enhancing teachers professional development to support the social, emotional and cognitive needs of students, and (2) establish trusting and caring relations between students and teachers. Including cultural sensitivity training as a component of the policy recommendation will maximize opportunities for students to develop school connectivity, as the combined policy recommendations collectively meet all six of the strategies identified in CDC (2009) to support school connectedness.

Importantly, MEd’s Teacher Regulation Branch recently mandated all BEd programs in the province to include a core course in Aboriginal education. Accordingly, the policy recommendation to amalgamate social justice training requirements into core Aboriginal education courses is relatively feasible in terms of cost and administrative complexity. The MHFA training component of the teacher professional development alternative is not recommended for implementation, as MHFA training for teachers did not rank highly on the effectiveness criteria. While the provision of MHFA training increased trainee’s knowledge of mental health, improved trainee’s interactions with individuals living with mental illnesses and increased their confidence to help others, MHFA training has not been shown to significantly increase the initiation of helping behaviours or the dissemination of mental health knowledge to others (MHCC, 2012; Jorm et al., 2010).

The recommended policy alternatives are expected to be fiscally and socially pragmatic as well as effective in further developing the capacity of BC provincial schools to support the long-term mental wellness of Aboriginal students in BC.

10.1. Study Limitations and Considerations

An important constraint of this research is associated with the representation of the participant sample. Participants included an Aboriginal community leader, school district staff — primarily school counsellors and Aboriginal support staff —, government employees, and academics. Inclusion of Aboriginal children and youth and their families
would have provided valuable first hand insight into how the capacity of provincial schools can be enhanced to serve children and youth; however, obtaining ethical approval to interview this population was anticipated to be low. To accommodate for this gap the study design identified Aboriginal community leaders as a participant group to represent the views of Aboriginal community members. Despite efforts to interview community leaders only one leader was recruited.

Nevertheless, valuable second hand information on the experiences of Aboriginal students was garnered from interview participants. All of the participants from school districts — a third of which self-identified as Aboriginal — interact closely with Aboriginal children and/or youth and were knowledgeable of the mental health concerns currently impacting Aboriginal students. In addition, secondary data from a focus group conducted with 150 Aboriginal youth in BC on topics relating to suicide and mental health provided important information to supplement the interview findings.

10.2. Suggestions for Future Research

The traumatic legacy of colonial policies and practices continues to marginalize Aboriginal peoples today. Accordingly, situating provincial schools as locations to foster the mental health of young Aboriginal peoples presents both important opportunities and challenges. Future research efforts should focus on directly identifying the views of Aboriginal students and their families to provide first-hand insight into how schools can specifically improve supports to ameliorate anxiety and depression amongst Aboriginal students. In addition, much of the current literature addressing the mental health of young Aboriginal peoples is overshadowed by the topic of suicidality. While suicidality is strongly correlated with anxiety and depression, the prevalence of anxiety and depression represents a larger public health concern. As two of the most common and debilitating forms of mental illness, future research should focus on framing discussion and analysis around prevention and intervention initiatives to address anxiety and depression.
11. Conclusion

This study investigated the policy problem that Aboriginal children and youth in BC live with disproportionate levels of anxiety and depression. Ameliorating the prevalence and severity of mental illnesses though public policy requires a broad-based ecological approach that is supported by the Aboriginal community. Enhancing the capacity of provincial schools represents one vital component in developing a comprehensive provincial policy strategy to support BC’s Aboriginal population. Schools serve as important locations to foster and protect the mental wellbeing of Aboriginal children and youth. Importantly, school-based mental health interventions also result in positive externalities — such as improved school attendance and academic achievement —, which are critical health determinants to support the long-term mental wellness of Aboriginal peoples.

The primary research involved 22 semi-structured interviews with an Aboriginal community leader, school district employees, government and non-government employees, and researchers, all of whom provided valuable insight into viable policy alternatives to support Aboriginal learners. To promote mental wellness of Aboriginal students, participants identified specific determinants that are necessary to develop the capacity of provincial schools including: (1) ameliorating systemic barriers that impede the delivery of mental health education in the classroom, (2) foster supportive relations between teachers and Aboriginal students, (3) improve cohesion with Aboriginal communities to provide an integrated approach to support Aboriginal learners, and (4) schools must function as partners in facilitating interagency coordination. This research locates a tenable policy recommendation for the Ministry of Education based on the identified policy objectives.
References


Appendices
Appendix A: Profile of Depression and Anxiety

Definition and Diagnosis of Depression

In North America, the Diagnostic Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, is the leading authority in the clinical assessment of mental illness (Butcher, Mineka, Hooley, Taylor, & Antony, 2010). Under the current version of the manual, the DSM-IV-TR, mood disorders are differentiated as a unipolar or bipolar subtype, in which both diagnostic categories feature a substantial dysregulation in mood, cognition, and psychomotor activity, to the extent that daily functioning is impaired (Health Canada, 2006). Unipolar disorder is considerably more common than bipolar disorder and is thus the focus of mood disorders in this research.

Unipolar depression features two diagnostic categories: dysthymic disorder and major depressive disorder. A diagnosis for Dysthymic disorder under the DSM-IV-TR requires that children or adolescence present with a depressed mood for a minimum one-year period and the presence of two additional symptoms listed in Box 1. The hallmark of dysthymia is its chronicity of mild to moderate depressive symptoms, in which intermittent periods of normal mood may present for a maximum period of two months (Butcher et al., 2010). Dysthymic disorder often emerges in adolescence and typically lasts for a period of 5 years, but may persist for 20 years or longer. Dysthymia is fairly

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26 Unipolar disorder features major depressive episodes characterized by extraordinary sadness and dejection

27 Bipolar disorder features major depressive episodes, manic episodes (elevated, euphoric mood, often interrupted with aggression), or hypomanic episodes (increased energy, high self-esteem, racing ideas, and pressured speech) (Butcher et al., 2010).

28 According to the Statistics Canada 2002 Mental Health and Wellbeing Survey, the Canadian lifetime prevalence of unipolar and bipolar disorder is 12.2 versus 2.4 percent respectively (Health Canada, 2006).
common disorder affecting three to six percent of Canadians at some point in their lifetime (Butcher et al., 2010).

**Box 1: DSM-IV-TR Criteria for a Dysthymic Disorder**

- Poor appetite or overeating
- Sleep disturbance (insomnia or hypersomnia)
- Fatigue or loss of energy
- Poor self-esteem
- Diminished capacity to concentrate and/or indecisiveness
- Feelings of hopelessness


Under the DSM-IV-TR, a clinical diagnosis of a major depressive episode requires the presence of five or more symptoms listed in Box 2, which must include a depressed mood and/or loss of interest or pleasure. The individual must experience clinically significant symptoms and must not meet criteria for a mixed episode. Major depressive disorders commonly emerge in late adolescence, although the average age of onset has decreased over the past few decades (Butcher et al., 2010). It is believed that 2 to 3 percent of school aged children experience unipolar depression, while 15 to 20 percent of adolescents experience a major depressive disorder during their adolescent years. Early diagnosis and intervention is critical as the likelihood for a full recovery from a major depressive disorder is diminished if the initial episode is severe and long lasting (Butcher et al., 2010).

**Box 2: DSM-IV-TR Criteria for a Major Depressive Disorder**

- Depressed mood for a majority of the time over a minimum two-week period.
- Marked loss of interest or pleasure in most or all activities.
- Significant and unintentional weight loss or weight gain.
- Sleep disturbance (insomnia or hypersomnia).
- Restlessness or slowness of movements.
- Fatigue or loss of energy.
- Feelings of worthlessness or excessive or inappropriate guilt.
- Diminished capacity to concentrate or indecisiveness.
- Recurrent thoughts of death or suicide or suicide attempts.

Definition and Diagnosis of Anxiety

The level of comorbidity between clinically significant depression and anxiety disorders is greater than any other psychiatric disorders in both self-reports and clinical ratings. More than half of individuals diagnosed with depression also receive a diagnosis for an anxiety disorder at some point in their lives, and vice versa (Butcher et al., 2010). The DSM-IV-TR identifies seven categories of anxiety disorders (see Table A1), in which each diagnostic category varies with respect to severity, the presence of anxiety or panic, and the conditions that elicit negative affect. Collectively, the symptoms of anxiety disorders are manifested by prolonged feelings of intense fear and distress that is unrealistic, irrational, and causes impaired daily functioning (Health Canada, 2006). Anxiety disorders may cause individuals to either avoid circumstances that instigate anxiety or cause individuals to develop compulsive rituals to subside anxious feelings.

Table A1: Categories of Anxiety Disorders

<table>
<thead>
<tr>
<th>Category</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agoraphobia</td>
<td>Apprehension about being in situations or places that may result in embarrassment, where escape may be difficult, or help is unavailable.</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>Excessive and general apprehension that persists for most of the time for a minimum of six months, and is accompanied by fatigue and poor concentration.</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder (OCD)</td>
<td>Persistent and intrusive thoughts causing marked distress. Individuals with OCD commonly engage in ritualistic behaviours to suppress unwanted thoughts.</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>Repeated occurrence of unexpected panic attacks, followed by a month of persistent apprehension about the reoccurrence of a panic attack.</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>In response to situations where physical or emotional harm occurred, individuals experience intrusive and persistent flashbacks, anger, or irritability.</td>
</tr>
<tr>
<td>Social Anxiety Disorder</td>
<td>Debilitating fear or avoidance of social situations in which an individual may be observed or embarrassed.</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>Marked and persistent fear of a specific situation or object.</td>
</tr>
</tbody>
</table>

Appendix B: Risk and Protective Factors Associated with Depression

Table B1: Risk Factors Associated with Depression

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Middle Childhood</strong></td>
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<td></td>
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<tr>
<td>• Negative self-image</td>
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<tr>
<td>• Apathy</td>
<td></td>
<td></td>
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<tr>
<td>• Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dysthymia</td>
<td></td>
<td></td>
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<tr>
<td>• Insecure attachment</td>
<td></td>
<td></td>
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<tr>
<td>• Poor grades</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Poor social skills: impulsive, aggressive, passive, and withdrawn</td>
<td></td>
<td></td>
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<tr>
<td>• Poor social problem-solving skills</td>
<td></td>
<td></td>
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<tr>
<td>• Parental depression</td>
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<tr>
<td>• Poor parenting, rejection, lack of parental warmth</td>
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<td></td>
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<tr>
<td>• Child abuse/maltreatment</td>
<td></td>
<td></td>
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<tr>
<td>• Loss</td>
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<td></td>
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<tr>
<td>• Marital conflict or divorce</td>
<td></td>
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<tr>
<td>• Family dysfunction</td>
<td></td>
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<tr>
<td>• Peer rejection</td>
<td></td>
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<tr>
<td>• Stressful life events</td>
<td></td>
<td></td>
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<tr>
<td>• Poverty</td>
<td></td>
<td></td>
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<tr>
<td>• Stressful community events such as violence</td>
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<td></td>
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<tr>
<td><strong>Adolescence</strong></td>
<td></td>
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<tr>
<td>• Female gender</td>
<td></td>
<td></td>
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<tr>
<td>• Early puberty</td>
<td></td>
<td></td>
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<tr>
<td>• Difficult temperament: inflexibility, withdrawal, poor concentration</td>
<td></td>
<td></td>
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<tr>
<td>• Low self-esteem, perceived incompetence, negative explanatory and inferential style</td>
<td></td>
<td></td>
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<tr>
<td>• Anxiety</td>
<td></td>
<td></td>
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<tr>
<td>• Low-level depressive symptoms and dysthymia</td>
<td></td>
<td></td>
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<tr>
<td>• Insecure attachment</td>
<td></td>
<td></td>
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<tr>
<td>• Poor grades</td>
<td></td>
<td></td>
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<tr>
<td>• Poor social skills: communication and problem-solving skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Extreme need for approval and social support</td>
<td></td>
<td></td>
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<tr>
<td>• Parental depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Parent-child conflict</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Poor parenting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Negative family environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child abuse/maltreatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Single-parent family (girls only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Divorce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Marital conflict</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family conflict</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Peer rejection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Stressful events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Community-level stressful events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• School-level events that are stressful or traumatic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [www.samhsa.gov](http://www.samhsa.gov)
## Risk Factors Associated with Anxiety

**Table B2: Risk Factors Associated with Anxiety**

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Middle Childhood</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Shyness</td>
<td>• Parents with anxiety disorders or anxious childrearing practices</td>
<td>• Community violence</td>
</tr>
<tr>
<td></td>
<td>• Parental over control and intrusiveness</td>
<td>• School violence</td>
</tr>
<tr>
<td></td>
<td>• Parents model, prompt, and reinforce threat appraisals and avoidant behaviours</td>
<td>• Poverty</td>
</tr>
<tr>
<td></td>
<td>• Marital conflict; poor marital adjustments</td>
<td>• Traumatic events</td>
</tr>
<tr>
<td></td>
<td>• Negative life events</td>
<td></td>
</tr>
<tr>
<td><strong>Adolescence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Low self-esteem</td>
<td>• Parents with anxiety</td>
<td>• Community violence</td>
</tr>
<tr>
<td>• Shyness</td>
<td>• Parental/marital conflict</td>
<td>• School violence</td>
</tr>
<tr>
<td></td>
<td>• Family conflict</td>
<td>• Poverty</td>
</tr>
<tr>
<td></td>
<td>• Parental drug/alcohol use</td>
<td>• Traumatic events</td>
</tr>
<tr>
<td></td>
<td>• Parental unemployment</td>
<td></td>
</tr>
</tbody>
</table>

Source, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [www.samhsa.gov](http://www.samhsa.gov)
# Table B3: Protective Factors Associated with Depression and Anxiety

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Childhood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mastery of academic skills</td>
<td>• Consistent discipline</td>
<td>• Healthy peer groups</td>
</tr>
<tr>
<td>• Following rules for behaviour at home, school, and public places</td>
<td>• Language-based rather than physically based discipline</td>
<td>• School engagement</td>
</tr>
<tr>
<td>• Ability to make friends</td>
<td>• Extended family support</td>
<td>• Positive teacher expectations</td>
</tr>
<tr>
<td>• Good peer relationships</td>
<td></td>
<td>• Effective classroom management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Positive partnering between family school and family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• School policies and practices to reduce bullying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• High academic standards</td>
</tr>
<tr>
<td>Adolescence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Positive physical development</td>
<td>• Family provides structure, limits, rules, monitoring, and predictability</td>
<td>• Presence of mentors and support for development of skills and interests</td>
</tr>
<tr>
<td>• Academic achievement/intellectual development</td>
<td>• Supportive relationships with family members</td>
<td>• Opportunities for engagement within school and community</td>
</tr>
<tr>
<td>• High self-esteem</td>
<td>• Clear expectations for behaviour and values</td>
<td>• Positive norms</td>
</tr>
<tr>
<td>• Emotional self-regulation</td>
<td></td>
<td>• Clear expectations for behaviour</td>
</tr>
<tr>
<td>• Good coping and problem solving skills</td>
<td></td>
<td>• Physical and psychological safety</td>
</tr>
<tr>
<td>• Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [www.samhsa.gov](http://www.samhsa.gov)
### Appendix C:
Provincial Learning Outcomes Pertaining to Mental Health

#### Table C1: Grade Specific Provincial Learning Outcomes Related to Mental Health Education

<table>
<thead>
<tr>
<th>Grade</th>
<th>Provincial Learning Outcome</th>
</tr>
</thead>
</table>
| Kindergarten| • Identify practices that contribute to health  
• Identify caring behaviours in families  
• Positive expression of feelings  
• Relationship skills |
| Grade 1     | • Identify practices that contribute to health (e.g. physical exercise and healthy relationships).  
• How families provide support and nurturing  
• Positive expression of feelings  
• Friendship skills  
• Managing interpersonal conflict |
| Grade 2     | • Describe practices that contribute to emotional health (e.g. physical exercise and healthy relationships). |
| Grade 3     | • Describe practices that contribute to emotional health (e.g. physical health, talking to a trusted adult of friend when sad or confused).  
• Building positive relationships  
• Nature and consequences of bullying |
| Grade 4     | • Describe the choices an individual can make to attain and maintain emotional health  
• Develop interpersonal skills in relationships  
• Strategies to respond to bullying |
| Grade 5     | • Identify factors influencing healthy decisions  
• Physical, emotional, and social changes during puberty  
• Assessing own interpersonal skills  
• Contribute to safe and caring school |
| Grade 6     | • Benefits of healthy lifestyles  
• Influences of peers on behaviour  
• Responding to stereotyping, discrimination, and bullying |
| Grade 7     | • Analyze factors that influence personal health decisions.  
• Accessing resources and community supports  
• Knowledge of healthy and unhealthy relationships  
• Influences on relationships  
• Prevention of stereotyping, discrimination and bullying |
| Grade 8     | • Set personal goals for attaining and sustaining a healthy lifestyle  
• Assess the importance of health relationships  
• Locate school and community resources for information and support to respond to unhealthy relationships  
• Identify ways to contribute to a safe and caring school environment |
<table>
<thead>
<tr>
<th>Grade 9</th>
<th>Provincial Learning Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify characteristics of healthy lifestyles and how to maximize personal potential</td>
<td></td>
</tr>
<tr>
<td>• Strategies to build and sustain health relationships (communication, expressing emotions, setting personal boundaries)</td>
<td></td>
</tr>
<tr>
<td>• Skills to avoid unhealthy, abusive, exploitative relationships</td>
<td></td>
</tr>
<tr>
<td>• Effective responses to bullying, discrimination, and intimidation.</td>
<td></td>
</tr>
<tr>
<td>• Promote empathy, standing up for others, responsibility, and accountability.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade 10</th>
<th>Provincial Learning Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ability to analyze validity of health information</td>
<td></td>
</tr>
<tr>
<td>• Demonstrate knowledge and skills for building and sustaining relationships</td>
<td></td>
</tr>
<tr>
<td>• Analyze how to contribute to a safe and caring school</td>
<td></td>
</tr>
<tr>
<td>• Analyze effects of health-related decisions on self and others</td>
<td></td>
</tr>
</tbody>
</table>