

**Defragmenting the System: Inter-Professional
Collaboration for Meeting the Needs of
Adolescents with Learning Disabilities and
Mental Health Issues in British Columbia**

by

Scott Robert Ireson

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Name: Scott Robert Ireson
Degree: Master of Public Policy
Title of Thesis: *Defragmenting the System:
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of Adolescents with Learning Disabilities and Mental
Health Issues in British Columbia*

Examining Committee:

Chair: Firstname Surname, Position

Firstname Surname
Senior Supervisor
Assistant/Associate/Professor

Firstname Surname
Supervisor
Assistant/Associate/Professor

Firstname Surname
Assistant/Associate/Professor
Supervisor

Firstname Surname
Supervisor

Firstname Surname
Internal Examiner
Assistant/Associate/Professor
School/Department or Faculty

Firstname Surname
External Examiner
Assistant/Associate/Professor, Department
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Abstract

Mental health issues and learning disabilities are common problems faced by adolescents. The intersection of mental illness and learning disabilities leads to multiple complex problems that cannot be easily addressed by any single professional or agency. This report focuses on how schools and educators can play a role in improving cooperation for meeting the needs of these students. Many policies need to go into creating a well-established inter-professional collaboration framework. In-depth interviews and review of best practice documents resulted in recommendations of a handbook and community service directory as well as steering committees to be formed in each school district in order to create a better foundation for inter-professional collaboration in the communities in BC.

Keywords: Mental health; Learning disability; secondary school; inter-professional collaboration; education

Executive Summary

A review of services available to adolescents in the British Columbia (BC) secondary school system with learning disabilities (LD) and mental illnesses (MI) prepared for the learning disability association of BC (LDABC) revealed key barriers to providing effective supports to these students:

Insufficient training in both mental health and learning disabilities for educators and other school staff, lack of effective coordination between educators, learning disability professionals and mental health professionals in the school system and the community, limited staff time and resources available for schools to address learning disabilities and mental health issues and negative attitudes and stigma towards both mental health problems and learning disabilities that limit self-identification and cause discriminatory treatment (Ireson, 2011).

This capstone expands on the LDABC paper by focusing specifically on inter-professional coordination and collaboration while continuing to center around the role of BC's secondary school system due to the large role schools play in the well-being and learning needs of youth. The focus is on people with LD and MI because people with LD are at a higher risk of developing MI (Wilson, 2009).

Overarching themes were identified from prevalent topics and ideas presented by in-depth interview participants in the LDABC study (Ireson, 2011) supplemented by additional in-depth interviews for this capstone which focused on collaboration:

- Variation in quality of collaboration
 - Collaboration depends on individuals rather than collaborative systems
 - Regional differences in available services and practices
- Capacity
 - Overloaded caseloads
 - Lack of human resources to meet current demand
- Barriers to collaboration and communication
 - Negative attitudes and stigma
 - Classroom teacher's lacking in understanding of MH and LD
 - Professionals are nervous about confidentiality

- Inter-professional understanding of practices, bureaucracy and jargon
- Effective collaborative practices
 - A structured process for team oriented planning with regular inter-professional meetings
 - Case managers
 - Maps of community resources and services

Policy Recommendations:

Community Map and Handbook

This option proposes that each school district creates a directory of services for youth along with a handbook outlining processes for addressing the needs of students who require additional supports. This quick reference guide would remove some of the uncertainty of who to call when a situation arises with a student that requires outside expertise. The handbook would clarify the process an education professional must take when additional help is needed for a student and could help streamline and speed up the process of referrals and inter-professional consultation.

Steering Committee

While the community map would identify service providers in the community, a school district led steering committee of stakeholders in the care of adolescents would ensure there is regular contact between key service providers. The steering committee would be an important tool for coordinating service delivery between various agencies and planning broader structural changes. The committee would also serve the valuable function of providing educators a forum to bring difficult cases that may require additional insight or a coordinated approach.

These options could be implemented in the short to medium-term as they are practices that can be introduced within the current system. The policy options recommended are the first steps towards improving inter-professional collaboration in BC and represent a foundation for the creation of a well-established collaborative framework.

Meghan,
Your love and support have kept me going.

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I would like to thank my supervisor for all of her patience, insight and guidance throughout this process. You have driven me to improve in many ways and I have learned a lot from this process.

LDABC provided me a direction to focus my studies on and the motivation to keep working towards creating a better experience for people with learning disabilities in school.

I wish all the best to all the participants in this capstone and the LDABC study. Your contributions were fantastic and it was a genuine pleasure to talk with each and every one of you. Keep up the good work.

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List of Acronyms

LD	Learning disability(ies)
PWLD	People with learning disabilities
MH	Mental health
MI	Mental illness(es)
IEP	Individual education plan
LDABC	Learning Disability Association of British Columbia
BC	British Columbia
CYMH	Child and Youth Mental Health
FTE	Full time equivalent
WHO	World Health Organization
BCTF	British Columbia Teacher's Federation

1. Mental Health, Learning Disabilities and Adolescence

Mental health (MH) is an important part of everyone's wellbeing. Waddell et al. (2002a) define MH as, "all aspects of human development and wellbeing affecting emotions, learning and behaviour" (p. 6). Providing care and services to people with mental illnesses (MI) is a vital aspect of ensuring there is good population health and vibrant communities. Steep et al. (2001) provide a broad definition of MI, "a disturbance in thoughts and emotions that decreases a person's capacity to cope with the challenges of everyday life" (p. 47).

It is important to address MI early. If left without treatment when an individual is young, MI typically worsens into adulthood (Anderson, 2005). Adolescence is a particularly important time to address MH as the onset of many MI are commonly seen between the ages of 12 and 24 (Patel et al., 2007) with 80% of all MI emerging in adolescence (Leitch, 2007). The Standing Senate Committee on Social Affairs, Science and Technology (2004) estimates the prevalence of MI among children and adolescents in Canada is approximately 15% at any time. The most common being anxiety disorders which affect 6.5% of children and adolescents, followed by conduct (3.3%), attention deficit (3.3%), depressive (2.1%) and substance use (0.8%) disorders.

Some sections of the population are at greater risk of developing MI. This capstone investigates one of these groups: people with learning disabilities (PWLD). PWLD are at a higher risk of developing MI (Wilson, 2009). The Learning Disability Association of BC (LDABC) and the British Columbia (BC) Ministry of Education (2011) jointly define learning disabilities (LD) as:

A number of disorders that may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. (p.46).

In 2006, nearly 30,000 people aged 5-24 in BC self-identified as having a learning disability (Statistics Canada, 2006).

A review of services available to adolescents in the BC secondary school system with LD and MI prepared for LDABC revealed key barriers to providing effective supports to these students:

Insufficient training in both mental health and learning disabilities for educators and other school staff, lack of effective coordination between educators, learning disability professionals and mental health professionals in the school system and the community, limited staff time and resources available for schools to address learning disabilities and mental health issues and negative attitudes and stigma towards both mental health problems and learning disabilities that limit self-identification and cause discriminatory treatment (Ireson, 2011).

This capstone expands on the LDABC paper by focusing specifically on one of these issues, inter-professional coordination and collaboration. Many academics identify inter-professional coordination and collaboration as an area that needs improvement in order to provide the best services to youth with MI (Anderson and Doyle, 2005; Fothergill, et al., 2011; Heathfield and Clark, 2004; Joint Consortium for School Health [JCSH], 2010; Meldrum et al., 2009), particularly those with LD and MI (Browne et al., 2004; Carpenter and Morgan, 2003).

Following the direction of the LDABC paper, emphasis will continue to be placed on the role of BC's secondary school system due to the large role schools play in the well-being and learning needs of youth. With the large amount of time adolescents spend within schools, the education system acts as one of the primary bodies that are involved with the lives of adolescents. This focus on the education sector does not discount the important roles played by families, health services, government and other related institutions. Instead it acknowledges that collaboration is important for schools due to the fact that educators are faced with identifying and meeting the needs of individuals other agencies are trained to address (Anderson-Butcher and Ashton, 2004).

When seeking to address the needs of adolescents with LD and MI, poor inter-professional collaboration can leave professionals with a number of problems in providing the supports and services they specialize in. Supports and treatment plans may be confounded by other existing issues that a lone professional is not qualified to

address. Poor coordination is a contributing factor to fragmentation of service delivery, which can seriously affect the effectiveness of supports and retention of clients. A lack of collaboration also may hinder the identification process as an individual with multiple complex issues may be difficult to interpret without sufficient expertise to draw upon. These deficits can have a negative impact on an adolescent's success and well-being as well as negative impacts on society in general.

In this capstone, I will investigate how improvements in inter-professional collaboration can address the policy problem defined as follows; **the current processes for inter-professional collaboration are insufficient to meet the needs of adolescents with learning disabilities and mental illnesses within the British Columbia secondary school system, resulting in negative impacts on the success and well-being of these students.**

1.1. The Link between Learning Disabilities and Mental Health

Numerous researchers have suggested that PWLD have a higher risk of MH problems, including a particular risk of high levels of stress, anxiety and depression (Wilson et al., 2009). Canadians with LD have significantly poorer MH outcomes compared to Canadians without LD (Wilson et al., 2009). In an earlier study, "Putting A Canadian Face On Learning Disabilities (PACFOLD)" (Learning Disability Association of Canada [LDAC], 2007), researchers spoke with parents of children with LD and found that 33.1% of the participants indicated their children had a MH diagnosis compared to only 1% of parents of children without LD. In the same study, 34.3% of youth with LD age 16 to 21 rated their MH as fair or poor compared to 8.8% of youth without LD. Indeed, learning difficulties have been identified as a risk factor that predisposes children to develop MI due to the negative environmental stressors and adversity caused by learning difficulties (Canadian Institute for Health Information, 2008).

In a meta-analysis of 15 studies, Maag and Reid (2006) concluded students with LD rate significantly higher (at the 95% confidence level) on depression measures compared to students without LD. The effect size was calculated at 0.35, indicating that

the depression scores reported by students with LD are moderately higher when compared against an equivalent peer group without LD (Maag and Reid, 2006). Along with LD, all special needs categories have been shown to have higher rates of reported MH problems compared to students without a special needs designation (Pastor and Reuben, 2009; Talbot and Flemming, 2003). Pastor and Reuben's study (2009) concluded, "Compared with youth not in special education, students in special education for non-MH problems were 4 times more likely to have serious emotional/behavioral difficulties" (p.82).

In addition to the higher prevalence of MI, there is also a higher risk of suicide for PWLD (Wilson et al., 2009). Adolescents with LD demonstrate a greater likelihood of emotional distress as well as higher levels of suicidal thoughts and behaviour (Svetaz, Ireland and Blum, 2000; LDAC, 2007). A common symptom of many PWLD, poor reading ability, is associated with greater amounts of suicidal ideation and suicidal attempts as well as greater risks of school dropout (Daniel et al., 2006). These variables are also strongly interrelated. Higher rates of suicide may be, in part, explained by frustrations and negative self-image emerging from academic difficulty.

The number of adolescents with LD who also have a MI is difficult to estimate. Waddell et al. (2002) indicated there are three major reasons for difficulty in child and youth MH epidemiology: 1) there is no agreement on how to assess impairment and define the threshold for clinically significant symptoms and impairment (a major cause of disparities in estimated prevalence rates), 2) disparities on reports from children versus their parents and 3) a lack of standardization among studies on the topic (Waddell et al., 2002b).

However an approximation can be made using available information. In the 2006 Participation and Activity Limitation Survey (PALS), 29740 people aged 5-24 in BC indicated they have a LD (Statistics Canada, 2006). As indicated above, 34.3% of PWLD aged 16-21 rated their MH as fair to poor in the PACFOLD study, while in the same study 33.1% of children aged 6-15 had been diagnosed with MH difficulties (LDAC, 2007). Assuming these figures represent at least a 30% prevalence rate of MI among PWLD, it can be estimated that in 2006 at least 8922 of children and adolescents in BC had LD and MI. Attention should be paid to providing support to this population due to

the detriments to these individuals and society at large if their issues are not adequately addressed.

1.2. Negative Impacts of MI and LD on Individuals

Case studies (Price, Johnson and Evelo, 1994) and other literature have clearly shown not only incidence rates of MI for PWLD are disproportionately high but MI has a significant negative impact on their lives. Many MH issues have a number of negative influences on the academic performance of students. MI can be a barrier to learning and students with MI may have trouble with producing work that meets the expectations of their teachers (Meldrum, Venn and Kitcher, 2009). These students also may have difficulty with being productive at school (Anderson, 2005). Due to the impact MI has on the educational performance of adolescents, MI can compromise students' ability to have a successful and complete academic career (Repie, 2005), which jeopardizes their future employment opportunities.

Educational outcomes are strongly linked with both physical and mental health (World Health Organization [WHO], 2003). The relationship between school performance and MH is bi-directional (Powers et al., 2011). Poor school performance can also help precipitate the onset of MI (WHO, 2003) and students with MI are more likely to do poorly in school.

LD can also play a role in creating major challenges for students. The difficulties caused by LD often make it necessary for students with LD to work much harder than students without LD on the same amount of work (Denhart, 2008). This corresponds with studies which have shown PWLD generally take longer to complete educational programs as compared to people without LD (LDAC, 2007). This restriction on performance caused by the processing difficulties of LDs continues on to negatively affect PWLD throughout their lifespan (LDAC, 2007).

Higher risks of academic failure, failing or not completing courses, and higher rates of school dropout are associated with both LD and MH issues (Anderson-Butcher and Ashton, 2004; Denhart, 2008; Meldrum et al, 2009). In BC, students with LD and students identified with behaviour disabilities, a category that encompasses MI and other

issues that affect student behaviour, have a lower 6-year dogwood completion rate, compared to students without disabilities. 6-year dogwood completion rates is defined as, “The proportion of students who graduate, with a *British Columbia Certificate of Graduation*, within six years from the time they enrol in Grade 8, adjusted for migration in and out of British Columbia” (British Columbia Ministry of Education, 2010a, p. 56). In 2004/05, students with LD had a completion rate of 68%, students with behaviour disabilities, a category which includes many MH designations, 26%, and students without disabilities, 84%. Poor psychosocial functioning has also been attributed to LD as well as depression and anxiety (Wilson et al., 2009). Depression has been associated with interpersonal problems and a greater need for social support (Giaconia et al., 2001) while anxiety and LD have been attributed to poor peer relationships and friendships (Vaughn and Hogan, 1994). These factors can have a serious impact on the lives of these individuals through less social support and greater social isolation.

1.3. Negative Impacts of MI and LD on Society

Both MI and LD, when not effectively addressed in childhood or adolescence, have been associated with costs to society in the form of increased medical costs, unemployment, crime rates, incidences of violence and other risky behaviours (Crawford, 2002; Svetaz et al., 2000; WHO, 2003). Difficulty and lack of success within the education system can lead to fewer employment opportunities later in life and a greater likelihood of developing dependence and patterns of underachievement. Supports earlier in life gives students a greater chance of being equipped with the abilities that will allow them to be productive members of society as they grow into adulthood.

To demonstrate these trends we can look at the basic incremental costs of LD, calculated using health, social, education, criminal justice and community services along with reduced earnings and indirect costs to families. The costs have been estimated at \$1.982 million per person from birth to retirement. These incremental costs are a calculation of the costs above those that would be accrued by someone without a disability. The present value of the incremental costs is \$445,208 per person with LD if we use a discount rate of 5% (Crawford, 2002).

The costs associated with MI are also noteworthy. The *Healthy Minds, Healthy People* report produced by the BC Ministry of Health Services and the BC Ministry of Children and Family development (MCFD) (2010) noted that in 2008/09, BC spent \$1.3 billion on services directly associated with MH and substance use. In this same period the indirect costs of MI in Canada were estimated at \$51 billion in lost productivity, with \$6.6 billion representing BC's share of these costs. Improving inter-professional collaboration would help to improve the current services available to adolescents and would be one step towards reducing these costs.

1.4. Service Provision for Adolescents with Mental Illnesses and Learning Disabilities

Education, health and community agencies provide a variety of services that may be used by PWLD and MI. They represent a range of supports that enter into different aspects of the lives of people who require them and are each part of a broader framework for addressing MI and LD in a holistic manner.

MH services available to children and adolescents are provided through the British Columbia Ministry of Children and Family Development. They have a range of directly staffed and contracted out community based services (British Columbia Ministry of Children and Family Development, 2011). These services are divided into two categories, direct clinical services and targeted community support. Direct clinical services provide intake, screening and referral, assessment and planning, treatment, case management, and clinical consultation, while targeted community support aims to provide assistance to other service providers through consultation, planning and coordination, education and health promotion. There is also the Maples Adolescent Treatment Center located in the Lower Mainland that provides some residential and outreach assessment and treatment services.

Non-profit organizations also provide a wide range of services. For example, LDABC provides tutoring services to PWLD while CMHA-BC provides a range of health promoting services, employment support and education. Available services tend to vary

from community to community based on the local needs, resources and individuals involved.

As for schools, the document *Special Education Services: A Manual of Policies, Procedures and Guidelines* (British Columbia Ministry of Education, 2011) outlines the roles and responsibilities of schools when it comes to meeting the needs of students with special needs. Generally the planning process is characterized by five steps: identification/assessment, planning, program support/implementation, evaluation and reporting. This process results in an individual education plan (IEP) for the student which details an agreed upon plan for meeting the student's academic needs and is a basis for reporting on their progress. Guiding this process is a school based team, which consists of a small group of regular members. They are typically a school principal, a learning assistance or resource teacher, a classroom teacher and a counsellor and can include other professionals on a case-by-case basis. This team assists in planning for interventions, provides case management and referrals to outside services. Interventions are carried out by classroom teachers, learning assistance services and other professionals as applicable.

Students also have access to school counselling and psychology services. School counsellors “provide a continuum of preventative, developmental, remedial, and intervention services and programs and facilitate referral to community resources. The school counsellor's role includes counselling, school-based consultation, co-ordination and education” (British Columbia Ministry of Education, 2011, p. 26). School psychologists provide a range of supportive services including: collaborative consultation, assisting with pre-referral interventions, psycho-educational assessments, ongoing support with planning, assisting with IEP design and evaluation and in-service training in the area of assessment (British Columbia Ministry of Education, 2011, p. 29).

Clearly, schools have the potential to have a significant impact on the lives of adolescents. The following section provides further exploration of this potential for adolescents with MI and LD.

1.4.1. ***The Role of Schools***

There is increasing international recognition that schools play a critical role in the development and maintenance of the psychological well-being of adolescents (Evans et al., 2004; Foundation for People with Learning Disabilities, 2005; JCSH 2010; WHO, 2003). Due to students spending over 6 hours a day and over 180 days a year in school, the school environment can potentially have a substantial effect on their health and well-being (JCSH, 2008; Kidger et al., 2010; Rowling, 2009). For most adolescents in British Columbia, school is an integral part of their lives.

Schools are a common place people gain access to MH services (Suldo, Friedrich and Michalowski, 2010). This is because educational institutions can be a crucial link to treatment in the community (WHO, 2003) through the staff's ability to provide initial identification and referrals. Schools may also play a much more prominent role as they have the potential to be the primary location for the provision of MH services as locating services where a student has regular access reduces the barriers to accessing services as well as increasing awareness of services that are available (de Jong and Griffiths, 2008; Splett and Maras, 2011; WHO, 2005; Zirkelback and Reese, 2010).

School personnel can provide support to professionals who provide treatment to students through observations of their behaviours and academic performance, monitoring the student's progress with their treatment, implementing interventions and accommodations in the classroom and by providing referrals to students (Foy, Kelleher and Laraque, 2010). This can provide a valuable complement to the information parents can relay to professionals about behaviours at home.

While schools play an important role in the mental health of adolescents, the primary role of schools is to educate. They are pivotal in providing services or access to services for PWLD. With both of these roles in mind, schools are in a unique position to be an important part of services for students with LD and MI as well as a potential link between the professional communities that provide services to these students. However, there are a number of barriers to collaboration that need to be addressed in order for schools to effectively act as this link.

1.5. Barriers to Collaboration

An analysis of academic research and policy documents along with reviews of school district and mental health services revealed a number of factors which impede inter-professional collaboration and service provision for adolescents. These include a number of general and systemic issues as well as factors specific to collaborative approaches. Barriers identified by the literature include:

- Lack of inter-professional understanding
- Lack of time and resources
- Insufficient capacity for service provision
- Large caseloads
- Little training in LD and MH
- Stigma
- Professional power dynamics
- Confidentiality concerns.

The following sub-sections expand on each issue in turn and explain how they act as barriers to inter-professional and inter-agency collaboration.

1.5.1. *Lack of Inter-Professional Understanding*

School staff are often unaware of the agencies that can provide services to their students as well as the co-occurrence of different problems (Reddy and Newman, 2009), such as LD and MH issues. Along with this lack of understanding from educators, MH professionals have a difficult time connecting with school administration, relating with school staff and understanding where they can fit into the organizational structure of the education system (Massey, et al., 2005). This illustrates how different institutional structures and cultures contribute to barriers to integrated approaches between schools and MH service providers by making it difficult to effectively communicate and understand how to operate in differing bureaucratic structures (Swerdlik, Reeder and Bucy, 1999). In order to have effective communication between schools and various service providers, an understanding of the different cultures in which they function is crucial, including understanding of organizational procedures and commonly used jargon (Foy and Perrin, 2010).

There is a trend of organizations being defensive about their jurisdiction and role being infringed upon or, put another way, a tendency towards guarding one's 'turf' (Kirby and Keon, 2006). Professionals may feel their roles are being inappropriately infringed upon by other individuals who may not have the same type or level of expertise regarding the topic in question. Other agencies can be seen as undermining an expert's authority and niche within the professional world.

These jurisdictional difficulties are compounded by differences in occupational prestige and power and the resulting political dynamics. The struggle for professional legitimacy can lead to healthcare professionals retreating to the safety of their professional interests rather than engaging in inter-professional collaboration in order to hang onto their portion of influence (Salhani and Coulter, 2009). Salhani and Coulter (2009) found that even when engaging in collaborative MH efforts, professionals involved who are not in a leading role tend to experience unwelcome levels of supervision and feel as if their particular expertise is not given sufficient recognition. On a similar note, a study by Rice et al. (2010) on inter-professional collaboration in Canadian hospitals found that primary care physicians expect their directives to be carried out without question or discussion while nurses and other staff feel their professional knowledge is subordinated so they attempt to passively work around existing power structures. Struggles for legitimacy and dominance within health care create adversarial conditions and form barriers to individuals looking to engage in collaborative strategies. These factors undermine trust and willingness to communicate and lead to professionals and organizations operating alone, in silos.

Limited available time and underfunding also cause schools, MH service providers and other interested parties to focus primarily, or even exclusively, on their specific areas of interest while looking to engage other groups' time and resources for their priority activities (Foy and Perrin, 2010). Schools focus mostly on behavioural problems, and academic success while MH service providers tend to be most focused on people with severe MH conditions (Foy and Perrin, 2010). Without available resources for collaborative approaches, agencies can see collaboration as a strain on resources that are already stretched thin by their primary activities.

1.5.2. ***Lack of Time and Resources***

Schools in BC do not fare well when it comes to capacity to provide supportive services to students with special needs. In BC there were 4051.47 full time equivalent (FTE) special education teacher positions in 2001/02 as compared to 3403.37 FTE positions in 2009/10 (British Columbia Teacher's Foundation [BCTF], 2011). This represents a 16% reduction of special education teachers in 8 years. There are low numbers of MH workers in the school system as well (Kirby and Keon 2006) and MH specialists in general often lack training in working within a school context (Suldo et al., 2010). There is also insufficient numbers of other specialist staff, such as social workers and speech therapists. Further contributing to teachers feeling greater amounts of time stress is a reduction in teaching staff in general combined with greater bureaucratic responsibilities. Between 2001/02 and 2009/10 the number of educators in public schools in BC decreased by 10.3%, representing 3796 fewer teachers (BC Ministry of Education, 2010a). In part due to this reduction of educators and support positions, many teachers do not feel they have the time to implement inclusive practices (Naylor, 2002). With fewer specialists and support positions along with a strain on educator's time, there is less opportunity for professionals to consult formally or informally with each other during the course of the day.

This erosion of funding for teaching and support positions has been justified by the BC Ministry of Education by decreased enrollment in the past decade. However, this approach is in stark contrast with the approach taken by the rest of Canada. White (2011) observes, "student enrolment decreased in BC (-8.8%) and Canada (-4.4%) between the years 2001–02 and 2007–08, yet over the same period, the number of educators in public schools increased by 9.8% in Canada as a whole but decreased by 7.8% in BC" (p. 2-3).

The BC Ministry of Education (2012a) funds schools primarily based on enrollment levels. This funding formula has been criticized due to the fact that lower enrollment numbers do little to decrease the cost of education as "there are a number of fixed education costs regardless of the number of students enrolled in a district" (Beresford, Fussell and Warner, 2009, p.8). Further compounding this problem, funding levels have not kept pace with inflation and new costs have been introduced to school

districts, such as carbon offset fees and higher BC Hydro rates (White, 2011; BC Education Coalition, 2010). This has translated to increasingly tight budgets, tough decisions on programs and services to cut and difficulty meeting standards for class size and composition.

In a national survey of teachers performed in 2011 (Canadian Teachers' Federation), teachers identified class size and composition, along with providing the necessary supports and services in order to effectively teach students with special needs, as priorities. Composition refers to the number of students in a classroom who have special needs, measured by the number of students with an IEP. Class size and composition is an issue that has received a lot of attention in BC.

The School Act lays out standards for class size and composition in section 76.1. It states, "A board must ensure that the class size of any class for any of grades 4 to 12 in any school in its school district does not exceed 30 students" (British Columbia Ministry of Education, 2012b). In 2006, Bill 33 introduced an amendment to section 76.1 in regards to class composition which reads, "A board must ensure that any class in any school in its school district does not have more than 3 students with an individual education plan" (British Columbia Ministry of Education, 2006). However, in 2010, out of 64,909 classes, 3627 or 5.6% of classes contained over 30 students while 21% of these classes contained 4 or more students with an IEP (BC Ministry of Education, 2010b) due to the School Act allowing exceptions to class size and composition rules with the consent of the superintendent and school principal (British Columbia Ministry of Education, 2012b).

Class size is important as smaller classes promote greater classroom equity because they allow teachers the time to address the needs of all of their students, particularly the needs of the most disadvantaged students (Froese-Germain, Riel and McGahey 2012). Smaller class sizes also leave more time for collaborative efforts. Bascia (2010) states, "[With smaller classes, teachers] may spend out-of-classroom work time on more creative planning (and less on routine marking), and they may interact more frequently with other teachers and adults in support of classroom teaching." Without attention to class size, class composition and appropriate levels of support, teachers may have difficulty addressing the needs of all their students.

Teachers and educational support staff in BC have reported that they regularly do not have the time necessary to communicate and collaborate with one another due to unmanageably large caseloads (School District #35, 2008; School District #38, 2008). Itinerant staff are also overwhelmed with their caseloads (Zigler, 2007). Timetables and working hours leave little room for professionals to work together in the current way the school system in BC is being run.

Teachers are also facing increasing bureaucratic and administrative responsibilities (Winzer and Mazurek, 2011). Documentation that is required to establish student eligibility and access funding is complex and time consuming. This takes away from time that could be used to work directly with students and work with other professionals to meet the needs of students (Zigler, 2007).

Lack of time has led to many teachers feeling highly stressed. Teachers in BC have expressed that they are frustrated with the loss of time to collaborate effectively (School District #38, 2008). There has also been a sense of disillusionment and demoralization seen among teachers in BC (School District #35, 2008). These issues of time and capacity have caused significant emotional distress to educational staff and have contributed to higher rates of burnout, which represents a loss of skilled educational professionals (School District #38, 2008). Stress and frustration also have an impact on educators' emotional health which can make it difficult to address the emotional needs of students and engage with MH initiatives (School District #35, 2008).

MH services in BC also face capacity issues. A BC review of Child and Youth Mental Health (CYMH) services done in 2008 (Berland, 2008) concluded that there was a significant gap between capacity for service provision and the level of need. Berland's (2008) report indicated that in 2008, 20,000 people under 19 were served by CYMH services yet, with Berland's conservative estimate of a 10% incidence rate of MI, there were 97,343 youth with MH issues. The estimate is lower than the figure of 15% which is generally agreed upon by researchers as the prevalence rate of MI among children and youth (British Columbia Ministry of Children and Family Development, 2003). This means 79% (77,343) youth under 19 were left without access to services. Those results match the figures in a report by Leitch (2007), which stated only 1 in 5 (20%) of children and youth in Canada who need MH services actually receive them, leaving 80% without

access. The high caseloads of MH workers and increasing demands on teachers can leave these professionals in a situation where they are always dealing with immediate issues and crises, leaving less time for everyday quality care for the young people they work with and collaboration with other agencies.

1.5.3. ***Little Training in LD and MH***

Current levels of training for teachers can significantly restrict the level and quality of care adolescents receive. Studies show that teachers are not trained well enough to meet the needs of children with special needs (Winzer and Mazurek, 2011). A cross Canada review of special education services (McBride, 2008) indicated there is no jurisdiction in Canada where training in special education, which includes LD and MH, is required for teacher certification. However, some teacher training programs, such as the program at the University of British Columbia, do require coursework on special education for graduation. In a study by Naylor (2002) 43% of a sample of BC teachers felt they were not prepared to teach the diverse range of students in their classroom.

It is common for students with LD to be met with a lack of knowledge and negative attitudes from teachers who believe these students are not putting in enough effort and see LD as an excuse to get out of work (Denhart, 2008). Some teachers also may wish to segregate students with learning difficulties in order to avoid addressing diverse learning needs in the classroom, effectively robbing these students of the opportunity to work alongside their peers and have an inclusive educational experience (Ho, 2004). The prevalence of standardized testing seems to confirm the prevalence of this attitude as this method of assessment suggests that all students learn the same things at the same rate (Ho, 2004). The LD label is still not generally well understood despite being in existence for over 40 years (Muskat, 2008). This lack of understanding also impedes special education specialists from being able to communicate and work effectively with classroom teachers.

Many teachers feel ill prepared to and uneasy in dealing with MH issues in the classroom and some do not see it as their role (Anderson, 2005; Evans et al., 2004; Kidger et al., 2010). School staff does not receive adequate training in MH (Powers et al., 2011; Rose et al., 2009). In BC, MH service providers and parents have reported that

teachers lack knowledge of children and youth MH and recommended that teacher training and professional development address these issues (Berland, 2008). Without this training, educators are not prepared to address the needs of the diverse range of students they will have in their classrooms, nor are they prepared to work with MH specialists.

The traditional training programs for MH service providers do not address developing competency for working collaboratively to solve problems (Fuller et al., 2009). This restricts their ability to provide comprehensive and holistic care and leaves them lacking the framework to gain insight from other professionals on co-occurring problems that have an influence on the MH of their patients.

1.5.4. **Stigma**

Stigma is a considerable issue faced by a range of people with disabilities and it results in negative impacts on individuals and their families (Green, 2003). Stigma can be defined as adverse responses to negative perceptions of difference (Susman, 1994). LD and MI can be, and frequently are, seen as negative differences, leading to LD and MI being constructed as stigmatized identities.

Generally, children and adolescents possess little accurate information about MH but are highly aware of the stigma it carries (Burke, Kerr and McKeon, 2008). Their lack of knowledge contributes to negative attitudes and towards MI, due to inaccurate assumptions and negative stereotypes (Andersson et al., 2010), which reinforces MI as a stigmatized identity. Stigma has numerous adverse effects on the students who are subjected to it and can negatively influence both the course and outcome of MI due to discriminatory attitudes and behaviours which can lead to fewer opportunities to gain assistance or treatment as well as greater amounts of stress (Andersson et al., 2010).

Students with LD also feel the effects of stigma. They have fears of being misunderstood or discriminated against (Denhart, 2008; Ho, 2004). These fears are frequently justified through students with LD being seen as stupid or incompetent and receiving poor treatment from instructors (Denhart, 2008). They also receive disproportionately high amounts of poor treatment from peers through greater amounts of social exclusion and bullying by other students (Ho, 2004).

Negative attitudes towards LD and MH issues can hinder or even prevent inter-professional collaboration. The adverse responses due to stigma can cause teaching staff to avoid assisting students with MH issues (Kidger et al., 2010; Andersson et al., 2010) and LD (Denhart, 2008; Ho 2004). This can also cause students to avoid identifying themselves or seeking assistance (Denhart, 2008; Burke et al., 2008). Without a commitment by educators to assist these students, collaboration will be limited or may not occur at all.

1.5.5. Confidentiality Concerns

When addressing MH issues, confidentiality is a key concern. In accessing MH services in the school setting, such as visiting the school counsellor or school psychologist, students risk having their service use noticed and the stigmatized label that can result (Browne et al., 2004). Collaborative efforts also entail risks of breaching confidentiality as sensitive information is shared with a wider number of people (Anderson and Doyle, 2005). Legal issues also need to be carefully considered in terms of who can access information in which contexts and how consent is obtained from service users, particularly when it comes to children and youth (Kirby and Keon, 2006).

Collaborative efforts must effectively address confidentiality concerns in order to be successful. According to Anderson and Doyle (2005), "Integration of services can best be achieved when records from different professionals can be shared and integrated into a coordinated treatment plan" (p. 231). There needs to be agreement between agencies on how sensitive information can be released, who gains access and what level of access is appropriate for the different professionals involved. Professionals are understandably cautious about confidentiality so collaborative efforts must come with a well thought out and trustworthy system of privacy protection with clear protocols for obtaining consent from adolescents and their parents, preferably in writing (Anderson and Doyle, 2005).

1.6. The Importance of Collaboration and Coordination

Creating and maintaining effective collaborative systems and practices are met by many challenges as outlined above. However, these systems and practices are necessary for meeting the needs of adolescents with multiple complex problems. This is illustrated by the fact that PWLD and MI often require services from a variety of different agencies, such as education, health and non-profit agencies (Browne et al., 2004; Carpenter and Morgan, 2003). According to Waddell et al. (2002),

Children and youth with serious emotional and behavioural disturbances often require an array of services, including from sectors traditionally viewed as being outside of mental health such as public health, early child development, primary care, education, social services, youth justice and child protection. An emphasis on integrated care through the establishment of coordinated inter-agency systems is urgently required". (p. 24)

Collaboration between education, health, social services, youth justice and community services is required in order to provide the best services to young people with MH problems due to the complex and multi-faceted nature of MI (Fothergill, et al., 2011). In the case of educational institutions, an effective school-based MH approach requires collaboration between all levels of the school system as well as between schools, health services and service providers in the community (Anderson and Doyle, 2005; Heathfield and Clark, 2004; Joint Consortium for School Health [JCSH], 2010; Meldrum et al., 2009).

It is important that MH service providers coordinate with LD specialists in order to provide appropriate services (Wilson et al., 2009). Psychological and social issues are often complex and interwoven with the academic lives of PWLD (Price 1994). A MH service provider may encounter issues relating to their client's LD that affect the client's psychological well-being while an educator may encounter difficulties in assisting a student in coping with their LD due to a MI. Without this coordination, on their own, service providers may not have sufficient information or skills outside of their specialties in order to engage with the student in a holistic and sensitive manner.

1.7. Fragmentation of Service Provision

This lack of coordination also contributes to MH services being disjointed and difficult to follow. This is seen in Canada as researchers have indicated that Canadian MH services are often supplied in a fragmented manner (de Jong and Griffiths, 2008; Kirby and Keon, 2006). Fragmentation refers to different service providers working in isolation, services lacking timeliness and continuity, poor communication between service providers, poor linkages and referrals to additional services and a lack of standardized best practices. Manion (2010) asserts that throughout Canada “there is no systematic approach to child and youth mental health across the full continuum of care”. Instead, services are often fragmented and partnerships between service providers face a number of barriers, including high levels of needs and limited funding (Manion, 2010). In BC, despite some good examples, there have been reports of inconsistent collaboration between school district and staff from the Ministry of Children and Family Development (Berland, 2008).

A lack of cooperation also leads to services that lack continuity and makes them less accessible. People have reported confusion when trying to navigate the MH system in Canada due to information about services being disjointed (Kirby and Keon, 2006) and referrals difficult to obtain due to clients having difficulty expressing their needs and some potential referrers being unaware of the services available in the community or unwilling to provide referrals to some clients (Strike et al., 2006). High amounts of variability of services and programs also contribute to confusion and difficulty in accessing MH services in Canada (Leitch, 2007). Without a clear pathway of services, people can fall through the cracks.

1.8. Problems with Identification

However, fragmentation is not the only way in which people fall through the cracks. Many individuals are not provided supports in the important developmental years of their lives due to their issues not being identified or not being identified early enough. Identification of either LD or MI can be impeded by a lack of collaboration between the professionals that work with the student and their knowledge of the full range of

concerns a student can experience. Symptoms of MH problems can be mistaken as signs of LD. For instance, depressive symptoms can cause academic underachievement leading to a diagnosis of a LD (Colbert, et al., 1982). Emotional issues resulting from MH conditions often affect academic performance so it can be difficult to assess whether a LD is present in an individual who experiences emotional disturbances (Rock, Fessler and Church, 1997).

LD can also mask MH needs as atypical behaviours can be attributed to the individual's LD rather than being recognized as symptoms of a MH problem (Rose, et al., 2009). Taking depression as an example again, the low emotional states caused by depression may be seen merely as the student being sad about academic difficulty or failure, rather than as a sign of a serious medical issue (Goldstein, Paul, and Sanfilippo-Cohn, 1985). The LD label can constitute the whole of a student's identity (Ho, 2004). These factors can lead to the MH needs of students with LD being neglected. Without an official identification of MI, the student will not qualify for supports, and it will be difficult for the student to obtain referrals to outside treatment options. School professionals should be aware that LD can be associated with significant emotional distress along with the learning difficulties it may present (Nelson and Harwood, 2011). Effective systems of collaboration can help minimize these difficulties in identification and subsequent problems that can arise in providing treatment and supports.

1.9. Problems with treating MI in PWLD

Further difficulties can arise in providing MH treatment and support to PWLD. Poor psychosocial functioning seen in PWLD (Vaughn and Hogan, 1994; Wilson, 2009) can make it difficult for PWLD to effectively articulate their needs. People who have difficulty in expressing their issues have a hard time obtaining referrals to appropriate MH services (Strike et al., 2006). MH treatments also rely heavily on communication as MI does not have as obvious of manifestations as physical illnesses have. It is important for the patient to accurately state their concerns and the service provider must be able to establish good communication and rapport with their client. Social difficulties, seen in some PWLD, can confound the MH treatment process if the MH service provider does not have the skills to recognize and appropriately respond the difficulties caused by LD.

1.10. Benefits from a Collaborative Approach

In light of these barriers and issues in service delivery as case must be made for creating and improving collaborative systems in Canada. Collaborative approaches have the potential to be beneficial to all stakeholders (Anderson-Butcher and Ashton, 2004). Systems of inter-professional collaboration have been noted for their academic benefits. School centered collaboration has resulted in increased students' academic achievement and attendance (Oppenheim, 1999) and decreased levels of problematic behaviours (Smith, Armijo and Stowitschek, 1997). These approaches have also been associated with a number of additional positive results (Anderson-Butcher and Ashton, 2004):

- Less duplication of services
- More effective use of community resources
- Better communication between service providers
- Enhanced professional skills sets through sharing of knowledge
- More availability of resources, services and opportunities for pro-social activities
- Broader range of intervention and prevention activities available
- Shared accountability between agencies
- Students and parents feel supported, appreciated, validated and empowered
- School staff feel supported and have lower rates of burnout
- School staff know who to call when there are concerns

School-community initiatives and collaborations have shown positive results. These approaches have contributed to better student test scores for students in general, better attendance rates, less school suspensions, better experiences for parents, students and teachers as well as higher quality learning experiences (Alameda-Lawson and Lawson, 2000; Hatch, 1998).

1.11. Best Practices in Collaborative Care

While there are a range of benefits from collaboration, effective collaboration requires careful planning and implementation. Reviews of numerous studies have revealed a range of best practices for establishing and maintaining a system of inter-

professional collaboration designed to enhance the provision of health care in the community (Craven and Bland, 2006; Fuller et al., 2009; Wood et al., 2009). These practices include:

- Time for preparation and implementation of collaborative approaches
- System level supports and resources for collaboration
- Service restructuring designed to support the movement towards collaborative approaches
- Pairing collaboration with treatment guidelines
- Good patient education
- Patient choice of treatment modality
- Facilitation of joint involvement in partnership forming
- Communication systems (such as regular meetings and a common care plan)
- Guidelines for crises, referrals and follow-ups
- Development of an inter-professional competency framework to embed in training curriculum and practice

1.12. Policy Implications

The issues highlighted above stress the importance of collaboration between professionals in order to meet the complex needs of students with students with LD and MI. Providing effective services to adolescents with LD and MI falls under the purview of government bodies at the provincial level (the Ministry of Education, Ministry of Children and Family Development and Ministry of Health Services), municipal level (School Districts) as well as non-profit organizations and other agencies in the community. Due to the multi-faceted nature of LD, MI and the complexity running effective collaborative systems with the number of agencies and professionals involved in the lives of these adolescents, solutions too must be multi-faceted. Policies need to address multiple areas, which include: inter-professional understanding and relationships, information sharing, attitudes and awareness as well as training. Without a systematic approach to creating a well-established collaborative framework, many students will be left with inadequate services leading to negative impacts on both themselves and society

2. Methodology

The problem addressed by this capstone is: **the current processes for inter-professional collaboration are insufficient to meet the needs of adolescents with learning disabilities and mental illnesses within the British Columbia secondary school system, resulting in negative impacts on the success and well-being of these students.**

In order to explore this issue, with the consent of LDABC, I utilized in-depth interview data from my previous work on services for students with LD and MI in the secondary school system of BC (Ireson, 2011) supplemented by additional in-depth interviews focused on collaboration in order to clarify and expand on issues raised in the LDABC interview study. Participants in both sets of interviews included stakeholders in education, educational administration, non-profit organisations and health care. These findings build on the information supplied in the literature review in section 1 while providing greater insight into the British Columbian context. All interviews were analyzed through thematic analysis.

The key questions that guided my research are:

1. How well do professionals communicate and cooperate within the secondary school system in BC, within the community and between schools and community MH and LD service providers?
2. What are gaps and barriers to effective collaboration?
3. What are effective practices for inter-professional and inter-sectoral collaboration for education, MH and LD professionals?

These methods allow for an analysis of the current systems of collaborative care in BC that serve adolescents with LD and MH issues from the perspective of those who

work with these individuals and make organizational decisions that affect such individuals. The methods also allow for a comparison of policy against accounts from people who work within this policy framework.

2.1. In-Depth Interviews

With permission from LDABC, I re-analysed data from 18 in-depth interviews which had been conducted between the dates of July 15th and August 9th, 2011 for the purpose of reviewing services available to adolescents in the BC secondary school system with LD and MI (Ireson, 2011). Additionally for this Capstone, twelve in-depth interviews were conducted, between November 22, 2011 and January 26, 2012. Nine of these interviews were follow up interviews with participants from the LDABC study aimed at clarifying and expanding upon their views on inter-professional collaboration. Participants were professionals from education, government, healthcare and non-profits. Table 1 lists the professional role of the interview participants from both the LDABC study and this capstone. As described by Gubrium and Holstein (2002), an in-depth interview is an “open-ended exchange, focused on particular topics and the related subject matter that emerges in the interview process”. These interviews were recorded and transcribed for further analysis.

Table 1: Professional Role of Participants

Professional Role	Number	Percentage
Teacher	4	19%
Special Education Teacher	3	14%
School Principal	1	5%
School District Employee	6	29%
University Professor	1	5%
Non-Profit Employee	3	14%
Healthcare Consultant	1	5%
MCFD Employee	1	5%
Government Watchdog Employee	1	5%
Total	21	100%

The interviews were conducted both in-person and over the phone, depending on what was feasible for the participant. In-person interviews were preferable as they avoid the disadvantages of telephone interviews which include: loss of visual cues which leads to difficulty in building rapport and interpreting nuances in communication, extra demands on the interviewer to keep engaged and keep the interview focused and the likelihood of the participant becoming distracted by things around them (Glogowska, Young and Lockyer, 2010). However, telephone interviews have the advantage of allowing for greater flexibility for both the interviewer and participant as well as being a cost effective and convenient way of reaching people from a variety of locations. In-person interviews were not viable for many of the participants due to location. Thirteen and 10 interviews were conducted over the telephone for the LDABC study and this capstone respectively. The remaining 5 for the LDABC study and 2 for this capstone were conducted in person.

Interviewing was chosen as a methodology as opposed to wider reaching methods such as questionnaires and surveys due to the complexity of the issue and the difficulty in exploring it fully without an interactive approach. According to Boyce and Neale (2006), “The primary advantage of in-depth interviews is that they provide much more detailed information than what is available through other data collection methods, such as surveys” (p. 3). This style of interviewing allows for a more fluid conversation between the interviewer and the interviewee, with new ideas arising through the development of the discussion (Griffiths, 1996). The flexibility of this methodology to include new ideas from participants allows the data to better reflect the experiences of professionals rather than being framed by my understanding gained from reviewing the literature.

An interview schedule consisting of themes, rather than specific questions, was used to guide the interview process. This approach was used as it facilitates the conversation without dictating its structure or flow. I considered this to be a more effective approach as the professionals I worked with have strong views on their roles in the lives of youth and tend to need little questioning to reveal their perspectives. I also wanted to have my participants to express to me what they felt was most important, without leading them in any particular direction with my inquiries. This has limitations as the people these professionals serve may have differing views that the professionals being interviewed so it is important to keep in mind that not all perspectives are being represented in this capstone due to the limitation imposed by the scope of a graduate project. People with LD or MI may have views on how to improve collaboration between their service providers or concerns about how they or their information is treated which the professionals in question may not be aware of. However, the professional perspective is important in order to reveal systemic factors that facilitate or hinder professionals in their daily work tasks as well as issues they feel take priority.

The topics explored in these interviews are as follows (see the appendix for the full interview schedule):

- Professional role of interviewee
- Existing systems for communication and collaboration
- Barriers to effective collaboration

- Best practices
- Views on government role

These topics were chosen based on a review of the literature, with particular attention paid to studies that employed a similar methodology such as the report by the Joint Consortium for School Health (2010), *Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives*. These topics also reflect the methodology used in collection for the data provided by LDABC. These themes were useful for my capstone as they focused on systemic issues relating to inter-professional collaboration that could be addressed through policy changes while being broad enough to allow participants to indicate their concerns and priorities.

The biggest challenge encountered during the interview process was keeping the conversation focused on the topic of collaboration and communication. Many participants would delve into general complaints with the school or healthcare systems. While many of these points had relevance to collaborative systems, some participants needed regular prompting in order to relate their concerns to issues of collaboration.

2.2. Analysis

Thematic analysis was employed to interpret the interviews. Braun and Clarke (2006) describe thematic analysis as “a method for identifying, analyzing and reporting patterns” (p.79). It involves coding data into themes which consist of key observations from the interviews that are of importance to the research questions.

Following the guidelines of Braun and Clarke (2006), there are six steps I employed in conducting the thematic analysis:

- Familiarizing myself with the data: initial review of interview recordings followed by transcription
- Generating initial codes: recording basic ideas of what is in the data and what is interesting about them

- Searching for themes: focusing my analysis into a set of broad themes
- Reviewing themes: ensuring the themes accurately reflect the data
- Defining and naming themes: Organizing themes into a coherent flow and writing detailed analysis of each theme
- Producing the report: Writing the final report in order to tell the complex story the data represents

Thematic analysis was chosen as a research methodology due to its advantages of accessibility of the results to the general public and its suitability to informing policy as well as the participatory nature of forming narrative utilizing statements from participants (Braun and Clarke, 2006). The analysis has a range of intended audiences, including policy makers, education professionals, mental health professionals, parents, students and so on, so delivering results in an accessible and easy to read format is important. Using the statements of participants as a central focus of the analysis allows me to honour their contributions and give voice to their concerns. Themes are also easily translated into identifiable policy areas which should give this analysis direct applicability to the policy analysis seen later in this capstone.

2.3. Ethics

There are no identified risks to participation in this study. Participants were informed that they may withdraw from the study at any time without negative consequences and without providing a reason.

Participants have been identified only by their professional role. Any other personal identifying information about the participants has not been included in the final capstone report and will not appear in any other report that may result from the study.

All data collected for use in this study has been transferred to a USB key or hard copy. It will be stored for a period of three (3) years in a locked, fire-safe cabinet. Three

years after the completion of the study, all data will be deleted from the USB key and any hard copies will be shredded.

Permission to conduct interviews has not been sought from school districts and other employers. The study entailed contacting professionals from regions all across BC, from a variety of school districts and other organizations. Seeking permission from each of these employers would be time consuming and would not be practical within the timeline of a graduate capstone project. Permission was obtained from LDABC to use data I collected while employed as a researcher for LDABC. This data was collected for a study, "Intersections in Care and Well-Being: Mental Health, Learning Disabilities and Secondary Schools in BC" (Ireson, 2011).

3. Findings

The following is a thematic analysis of the data obtained from LDABC with additions made based on the interviews done specifically for this capstone. In line with points raised in section 1.5, many issues raised by participants that affect collaboration are general and systemic so it is difficult to have a discussion about collaboration without reflecting on what can be seen as standard grievances in education and healthcare. Nevertheless, participants made it clear that these general issues have consequences specific to inter-professional collaboration.

Overarching themes were identified from prevalent topics and ideas presented by participants. These include:

- variation in quality of collaboration
- capacity
- barriers to collaboration and communication
- effective collaborative practices

These main themes are divided up into subthemes which are explored in turn, using pertinent quotations from the interview participants, in the following sections.

3.1. Variation in Quality of Collaboration

Participants indicated that the quality and level of collaboration is dependent on a number of factors. In particular, they referred to the influence of the personnel involved, including those in leadership roles, as well as regional differences. It was clear that there is no coherent pattern of collaboration amongst various regions, school districts and schools. Each district has developed their own approaches to communication and organization.

3.1.1. *Personnel*

The nature of collaborative work depends highly on the individuals involved. Participants indicated that there is much more connection when individuals involved are highly motivated, see the value of collaboration and have the organizational skills to build and maintain contacts. Without a clear will to create a collaborative system, it is difficult to keep people engaged.

"When it comes to providing services to adolescents, it depends on who yells the loudest. Right, so it depends on who is the LRT (learning resource teacher) and how organized they are and how passionate they are. And even a general classroom teacher, it comes down to those individuals." - A Teacher

Participants stressed that amongst personnel, the influence of those in leadership positions is crucial. Those individuals need to be motivated and have the leadership and negotiation skills to pull other people together and get them excited about collaborative efforts. These individuals can act as a centralizing figure to implement a regular system of communication as well as providing the main push to engage in collaborative efforts.

I guess what I'm saying it's personnel dependent. A person has to have so many skill sets and contacts. That is not something you can expect for a general group of people to do it. You need to have the individual in there that pulls those things together and makes the contacts happen and interfaces in with the various groups as part of their job. I don't see it happening any other way. If it's not a major part of their job it can't happen, there are too many other things that happen. - A Teacher

This teacher went on to say that the person in a leadership position needs more than just organizational and administrative skills; they need to be a teacher as well so they are grounded in the daily activities in the classroom. This leads to a balanced approach to leadership that is responsive to the needs of teachers. It allows the administrator to form closer links with teachers and the knowledge of what works for education professionals in situations where they need to collaborate with outside professionals.

I think you really have to care. It has to be something that. Also too, as a principal or vice principal, I think it comes top down. If you are passionate as

an administrator or even your superintendent is passionate, it's the trickledown effect, right? But if you have an administrator who couldn't give a flying leap, they're about to retire or, then it's really the attitude - A Teacher

The quotation above highlights how it is important for individuals in leadership positions to have passion and commitment to their role, the professionals they work with and the students. Without this the drive and morale of other staff suffers. It is difficult to establish collaborative practices if leaders are not committed to the process.

3.1.2. ***Regional Differences***

While the people involved vary from place to place, different regions have other factors that influence the framework in which professionals engage with each other. Some participants indicated there is no coherent system of collaboration and communication that spans the province nor is there any standard framework of inter-professional collaboration. There is variation at all levels of the school system and community services.

When I look at it on a district level I see some schools where people work very closely. I see other places where it's quite dysfunctional - A School District Employee

Dysfunction can be seen in a variety of ways. This participant noted areas where high turnover make it difficult to have consistent working relationships, instances where professionals lack qualifications or are under qualified and regions where services are not available at all.

I think it's very mixed depending where you are. There are some places where, because of geography and good will, people are extremely effective at communicating back and forth and willing to step in and work collaboratively. I think though that, certainly there is no blanket approach that I can say is working extremely well everywhere or extremely poor everywhere. - A Government Watchdog Employee

Regional differences also mean that policy and practice regarding collaboration needs to be mindful of context. Place based, contextualized solutions are required, even if this means greater variation in quality across regions.

Geographic variations, such as population size, have a significant impact on the process and effectiveness of collaboration. Smaller districts make it easier to identify and know the key individuals in the community. It also makes planning, decision making and implementation of programs easier as there are less people involved in these processes.

I know that in the Arrow Lake SD which is in the Kootenays, which is only a handful of schools, maybe 7 or 8 schools in the district. That's why geography is important. They decided to focus on reading and they saw the behaviour challenges in their schools dropped basically to zero. They were able to do that because they decided to do that. They made a conscious decision that that was important to them. They went out and applied the necessary resources and gave the kids the necessary assessments and made a reading plan. Whether you can do that in a large district, I don't know. - A Government Watchdog Employee

However, smaller communities also have some major disadvantages in providing MH and special education services. Specialized resources are harder to come by or do not exist at all in smaller communities. This can limit the scope of collaborative efforts outside of larger urban centers.

That is the difficulty of providing specialized services if you don't have critical mass. I found that some of the best programs are in the Fraser valley. Trying to do programs like this in a small city or town is difficult. Workers in smaller areas may not have the knowledge or experience to deal with problems that require specialists. In some cases it may be necessary for some families to consider moving. It's a very big problem and I think it's going to get worse over time. Resources are concentrated in larger centers, particularly new treatments and technology. - A Healthcare Consultant

3.2. Capacity

The most common complaint from participants was a lack of time to engage in their professional duties and for engaging with other professionals, students and parents. Numerous comments from participants indicated that the education system, MH services and social services in BC lack the capacity to handle the current level of need. Professionals have caseloads that are often too large to effectively manage and address the needs of the students under their care adequately. With such full schedules, it is

difficult to find the time to meet with other professionals who have equally hectic timetables.

People are exceedingly busy, time is short, everyone is overworked, everyone's caseload is huge. - A School District Employee

The quote above from a participant in the interviews for this capstone sums up the sentiment expressed by many of the professionals interviewed in both interview studies. This section will explore the subthemes of caseloads and the lack of human and financial resources.

3.2.1. **Caseloads**

A common complaint among participants was a lack of time, funding and staffing available to them. Increasing needs among students along with increasingly tight budgets has resulted in increasingly large caseloads. This was particularly highlighted in larger districts. This makes it difficult for professionals to find the time to engage with each other, or even perform their own duties.

I think when you get into big centers where you have, for example in Vancouver a colleague of mine has 124 special needs on her caseload in a big high school. How does she ever get to know them first of all, and secondly how they ever be able to sift through all that information unless somebody prior has given them a really good grounding? I don't think in some districts it's working very well. - A Special Education Teacher

This teacher explained the importance of educators having the time and willingness to get to know their students personally in order to provide appropriate and effective services due to the learning process and the variety of issues experienced by students. Overloaded caseloads take away that individual attention.

The bigger your caseload, the more of this you have to do and if you look at the number of IEP students that are being placed in the classroom, they're much higher now that the contract was changed and the collective agreement was taken away. If you have 3 or 4 IEP children in the classroom and that doesn't count someone who's a gifted child and they have real learning needs as well, and those aren't factored into what a regular classroom teacher needs to deal with. - A Special Education Teacher

Current caseload levels do not take into consideration the level of need that exists, nor do they afford teachers the level of support in order to address the unique learning needs of the variety of exceptional students in their classrooms of which students with LD or MI are only two groupings among many.

3.2.2. *Lack of Human and Financial Resources*

Another key reason for the large caseloads is a lack of sufficient professionals to cover the existing level of need. Participants complained that the lack of human resources has professionals constantly busy with their day to day concerns and crises, leaving little time for planning and coordination.

The main challenge is there isn't enough to go around, there aren't enough people and if there were more therapists, more humans for resources there would be more communication because people would have more time to talk to each other. - A Teacher

Due to these factors, some participants indicated that it is difficult to get everyone around the table to create a team based collaborative approach.

Are we always successful? No. Because our clinicians are busy, MCFD is busy. They can't always be present but we do the best job we can to pull them in. - A School District Employee

In this work we're all about collaboration and team building but it's really hard for me to get people from the community to attend some of the meetings. On occasion we've certainly gone to the pediatrician, gone to the child psychologist, gone to the community organizations and we've met about students, child and youth mental health workers, we've met with them. But that's rare Scott, it's not a standard practice and it needs to be. Maybe it talks about the limited number of children who are able to access these resources. It also talks about their caseloads, they're ridiculous. So, how can we find time to meet about these important issues? - A Special Education Teacher

Participants from interviews for this capstone reinforced this theme by speaking to the large number specialists and support positions that have been cut from the education system, leaving those left to pick up the slack the best they can. Educators have fewer bodies present to handle the workload and fewer resources at their disposal.

Over ten years we have lost over 700 learning assistance teachers yet the needs grow. Our student body today is more complex than it was 10 years ago so we're going the wrong way in those two directions. - A Special Education Teacher

Certainly in the education system we are so short on our itinerant professional staff who have expertise that is hugely relevant and helpful to our classroom teachers and our learning resource teachers and yet our ability to employ an adequate number of individuals to work with teens and schools, such as our speech and language pathologists, our occupational therapists, those individuals who with a larger full time equivalence to provide their expertise and collaboration for programs with many of these students I think outcomes could be substantially better. We're just so thin on those related professionals, which can have a huge impact on how a child is able to learn and achieve. - A School District Employee

Even when the commitment and desire is there, professionals can be hindered or even blocked from providing services by the financial strain faced by school districts and MH service providers. Most services carry a financial cost so limited budgets can act as a hard limit for what professionals can do. It is hard to talk about working together when there is not enough money to do the work. So, when busy professionals are engaged with, participants felt that limited funding significantly limit the scope of projects and collaborative service provision that they can provide.

My experience is that although I have very close relationships with the organizations, government and non-profits in our community, we're kind of at the same level of struggling to provide services without the money being available, without the desire from above for the money to be spent in this area. I meet with the person in the same role as me in West Van and our community organizations work with both school districts so I meet with Ministry of Children and Families, etc, etc, regularly and we wrack our brains of how to provide the services required and how we can collaborate and how we cannot duplicate services, on and on and on. It's like trying to provide services with no money. - A School District Employee

Some participants in the interviews for this capstone made a point to note the trade-offs they are constantly faced with when making decisions about service provision.

I don't create the funding but I don't have enough resources to go around. So, I'm always playing that game, you rob Peter to pay Paul. - A Special Education Teacher

Pressures caused by a lack of human and financial resources contribute to instability and high rates of turnover in special education positions, which creates more deficits in human resources. Without a degree of consistency, it is difficult for professionals to form effective working relationships and maintain a team based approach.

The problem too it's a kind of burnout job so people don't stay in it because it's an impossible situation to provide the services and have your services limited by time, by money, by what you're able to do if a kid doesn't fit into a specific box you can't really work with them. - A School District Employee

Collaboration suffers when there are high rates of turnover. A lack of consistency among personnel means that professionals continually need to re-establish working relationships with various positions. Different professionals may bring different approaches and projects that others need to adjust to in order to work collaboratively. Professionals working directly with students also need to get up to speed with the characteristics of their students and take time to establish trust and effective communication with them which is a process that takes time. If time is continually spent on re-establishing links, less time will be available to work together. A participant in the interviews for this capstone went into detail about this problem.

There has been quite the high turnover of professionals in some of the ministries and changing of roles and regions and things. That has been a challenge getting to know the new people to create relationships and we've talked a lot at the inter-ministerial meetings about that, the establishing of relationships and a comfort with different roles and different individuals and accessing information and services. There's a piece of that that belongs to the establishing of relationships and so when we have that kind of high turnover or a periods when there are services that are. They haven't been able to attract or they don't have staff available for particular services that we're used to having. That's been a challenge. - A School District Employee

3.3. Barriers to Communication and Collaboration

Participants noted there are some factors that impede collaborative efforts when they look to communicate with other professionals. Attitudes of those involved, confidentiality, understanding of different professional cultures and organizational

mandates and bureaucratic elements as well as understanding of LD and MH all play a role in creating challenges for professionals who seek to implement collaborative strategies.

3.3.1. ***Attitudes***

Collaboration with regards to LD, MI and other related topics can be difficult due to the stigma attached to those labels. Participants noted that it is difficult to work with professionals who uphold this stigmatization. Without a deeper understanding of LD, MI and other special needs designations, professionals are less likely to respond appropriately, to be willing to engage in collaborative efforts to accommodate or even recognize that there is an issue deeper than poor student behaviours.

I think that it's really the biggest barrier is attitudes and values. Again they get so hyper-focused on we can't teach all these kids, it'll take away from these other kids. And that just drives me nuts. It's really about why it's important that we include all kids learning together, and celebrating their differences and abilities together. - A Non-Profit Worker

Is it working? Why is the child in that, why is the child not completing the assignments. Have you dug a little deeper? Have you taken the time, there we go with the time word again, to find out what's happening in that child's life? Maybe there's a roadblock, they can't complete those assignments? Or that they've got emotional or mental things going on or there is a learning disability. - A Teacher

Stigma also can cause students and parents to be reluctant or unwilling to disclose information. This stigma and taboo around LD and MI causes these issues to be hidden and makes it difficult to establish and maintain a dialogue aimed at aiding the students and their families.

We're handicapped in some ways in that we only know there's community care if parents advise us of that...there's a lot of stigma sometimes that parents feel so they might not inform us...How can you be a team when you're not being told the truth? - A Special Education Teacher

Stigma causes people to be afraid to, unwilling to or even against talking about an issue that has been stigmatized. The lack of open dialogue about LD and MH in

general further reinforces the stigmatization of these identities and holds an implication that there is something shameful about them. A lack of dialogue and apparent stigma allows parents and students less opportunity to feel comfortable disclosing about LD and MH and reaching out to educators and service providers in order to negotiate strategies for support.

3.3.2. *Understanding of MH and LD*

Participants in the interviews for this capstone extensively expanded on this issue by looking at the level of understanding of special education issues demonstrated by their colleagues and expressed their frustrations with the lack of knowledge evidenced by their colleagues. It is difficult to cooperate with a classroom teacher when they do not understand the nature of the problems that are to be addressed or the sensitive ways to address them. This can also cause resistance to collaborative efforts and implementation of adaptations from some teachers.

Probably one of the biggest barriers I see, especially at secondary, is lack of understanding from teachers. Teachers not having even a basic understanding of what a learning disability is or what a mental health disorder is and as a result not having the empathy or the understanding required to implement adaptations. - A District Level Special Education Teacher

When you're talking mental health, it's hard to get everyone on the same page. It's hard for everyone to recognize what mental health is, what the symptoms can be. So yes, it is difficult. - A School District Employee

Some participants indicated that a lack of understanding of MH is illustrated by the practice of exclusionary punishments for students with MH issues. The surface level behaviour is reacted to and seen as intentional bad behaviour rather than as a result of a deeper issue. Students who have externalize their MH issues or frustrations can be difficult to interact with and it can be easier to suspend them than to attempt to address the, often complex, underlying issues. This practice of suspending students can make it much more difficult, if not impossible, to engage them with supportive services or keep them engaged with the education system.

It's much easier to suspend the student than do the work to support them. So, I think that gets in the way a lot. - A School District Employee

There are a whole variety of ways to keep these kids close so they remain attached because you lose them as soon as they're gone. You'll often lose them once they're suspended or they're gone. It's how do we keep them close enough to let them know that we care and that there's always somebody from one of these agencies who hopefully has a relationship or has the ability to establish a relationship so that connection can continue so that we have an opportunity to have this student reintegrated into whatever it is. - A School District Employee

Some participants went on to express a desire to see more accountability in the professional development of teachers. With the large degree of autonomy that educational professionals enjoy in terms of their professional development activities, it can be difficult to direct teachers towards areas that need improvement in their communities. These participants saw a need to look beyond the politically sensitive subject of professional autonomy for teachers. They framed it instead as a matter of professional standards and the need to keep up to date with best practices to address the needs of today's classroom.

They need to stay current in medicine and yeah I don't know many people who would want to go back to the old farm doctor. Everyone wants to know, are you the best in the class? Are you the best heart surgeon? And yet in education we take a very different view altogether on our professional development. I think there are some things we need to study when it comes to professional development. I think education is lacking, I know education is lacking and yet I don't mean to put down teachers in general. There are some great teachers who are on cutting edge, they're moving forward. You have a lot of people who are not. That's a concern to me. - A Principal

When it comes to teachers gaining knowledge about special needs, participants perceived a resistance to learning more about these issues from some classroom teachers. Many teachers do not have special needs knowledge in their background and may not see it as their responsibility. This lack of interest in the topic makes it difficult for other professionals and educators to work with some classroom teachers.

I would say that especially now because kids are all mainstream, they're all in those classes so every teacher is going to have a class with at least one or

two and maybe way more students with some kind of exceptionality and if they don't have any clue and some of them have no interest in learning it either once they become professionals, that is a huge challenge - A District Level Special Education Teacher

If it's not part of your background and you certainly haven't been educated about that in your teacher education programs, then how do you get that knowledge about how you should or shouldn't interact and so you have to be informed but there hasn't been a lot of professional development around it. - A Special Education Teacher

This resistance to professional development around special needs may also be compounded by reluctance by some teachers to have any variance from their set lesson plans. A couple participants noted that there are new teachers who come from their education programs with a structured approach based around orderly completing lesson plans one after another in accordance with the curriculum. In reality, teaching requires flexibility and ability to accommodate the differences of the students. Participants lamented that there are not enough new teachers coming into the workforce that have a flexible approach, such as differentiated instruction.

It needs to start with teacher education to understand that you don't need to do the curriculum from chapter 1 to 12, and all the exercises in between. There is flexibility allowed to engage students and to help teachers understand that so it's not about the curriculum, it's about the kids. They're going to get the skills when they can, when they're engaged, when they can focus. That they're not freaked out, anxious, or unable to focus due to attention deficit. So, I think it comes down to teacher ed. and it really really comes down to personality. How comfortable staff is with variance from their safe lesson plan or whatever. - A School District Employee

So, we talk about differentiated instruction and different teaching that do honour and allow for all of those differences. But I don't see students coming out of the pre-service programs as a focus. So if you're still coming out thinking you're going to give everybody a work sheet and everybody is going to finish it then you'll move on the next one, yeah, that's not happening in any classes I have looked at.- A District Level Special Education Teacher

The institutional culture of the education system is also a factor in creating this inflexible approach according to some of the participants. They liken the education system to a factory or a business. The goal of this model is to push through as many

children as possible at the lowest possible cost. This does not leave as much room for flexible and responsive educational experiences that students with complex issues, such as LD and MH, require.

Part of the difficulty is we're very very good at being the McDonalds, cranking out a million deformed widgets. We're not very good at dealing with unusual situation. That's the nature of learning disability; it's a whole lot of individual situations. - A Healthcare Consultant

3.3.3. **Confidentiality**

When working with students with special needs there is sensitive information that needs to be protected. Some participants felt that confidentiality concerns, while highly important, impede their ability to work with other professionals and provide the best services to students.

Often for counselors you don't share very much because you have to maintain confidentiality but too often at the cost of the well-being of the child. It becomes like a sacred cow, you know confidentiality. And then counselors are much less effective in the school system because they must always protect what they know. Quite often I find this questionable because there are real advantages to principals, to some teachers, to specialists to know what might be going on with the child without sharing too many details, but sharing enough to help get a better picture of what's happening for the child. - A School District Employee

The "sacred cow" mentality can leave little room for flexibility and compromise between professionals. Establishing systems for information sharing is difficult in such circumstances. However, without allowing for adequate amounts of information to be passed back and forth, professionals can be left without key pieces to the puzzle. There can be little to communicate about when inflexible ideas around confidentiality lock up essential details. Participants in the interviews for this capstone indicated that part of the problem is varied definitions of confidentiality among different agencies. A standard approach across agencies would help simplify the process of sharing sensitive information.

We're really finding an issue with the confidentiality piece is each partner group has their philosophy on what can be shared and what can't be shared and whether names can be shared and stuff - A School District Employee

3.3.4. *Inter-Professional Understanding*

Professionals from various disciplines have differing ways of approaching issues and can lack an understanding of the roles and working frameworks of other professional bodies. This can lead to misunderstandings and ineffective recommendations as one professionals' standard approach can be incompatible with the framework another type of professional works within.

Then there's a difference I see between what I see people are clinical and people who are working educationally. Clinicians tend to look at everything very black and white and don't factor in what it takes in the education system to pull some of this off. Some of their recommendations aren't really workable or feasible. Mental health professionals don't have knowledge of school based approaches. I'm really lucky I am with a lady who I can have that conversation with. - A Teacher

The bureaucratic elements of the various organizations involved in care for students with LD and MI can be difficult for professionals to engage with, whether it is their own organization's system or that of outside organizations they are seeking to work with collaboratively. Participants expressed frustration with the slow pace of bureaucracy and how it makes it difficult to provide students with identifications and interventions. Multiple layers of bureaucracy can exponentially exacerbate wait times as steps in one bureaucratic process are often contingent upon the completion of another process. For example, establishing a special needs designation is necessary in order to craft an IEP and establish systems of support but the designation often requires assessments or diagnoses from professionals outside of the education system. Differences in organizational systems and jargon may also hinder the identification process as the methods for administering and reporting on assessments may not match the bureaucratic requirements of the school district for the special needs designation.

We all have to deal with our own bureaucracy and each of us has to deal with the other peoples' bureaucracy, slow moving decision making and whatnot. It's a horrific situation in BC. Our social services are in such bad shape but we do our best. - A School District Employee

This can be very detrimental to some students as involvement from outside agencies is necessary for some special needs designations. Participants in this

capstone lamented that if educators are not able to engage with these outside agencies in a timely manner and obtain the correct input to fulfill the bureaucratic requirements from the Ministry of Education, students can be left without support.

The inter-agency requirements that are necessary for some of the student designation, for example student who's designated as a category H, which is severe behaviour, you have to have interagency involvement, like an outside agency involved. It's very hard to get them at the table. However, if you are not able to get the table then you're not able therefore to claim them in that category, so it's a real catch 22. It's often outside of our ability. - A School District Employee

Participants in the interviews for this capstone talked about how school district employees spend a fair amount of their time facilitating communications between educators and other professionals. They need to ensure there is a sufficient level of shared understanding in order to fulfill bureaucratic obligations and communicate the needs of educators and students. Without effective facilitation misunderstandings can occur, even when the channels of communication are open.

I'm basically saying about the medical community and the education community and using similar language and understanding each other, that's really in the role I play, the area of concern and it takes a lot of work and diplomacy on how do we understand one another and how do we talk with the medical community about what the education community suggests is the language of the diagnoses or the combination of things we need to have consistent or need to see in a report so we can access supports for our students. - A School District Employee

Understanding and communication between agencies can also be hampered by their internal politics and bureaucracy. Agencies are often inconsistent in their methods depending on the individual personalities involved. For example, in some schools the special education department cooperates with the counselling department for case management while in other schools only one of these departments is involved with case management. This makes it difficult to find a common approach or standardized methods of engagement. Additionally, with inter-agency collaboration engaging with an unfamiliar bureaucratic system can be frustrating and time consuming.

There's political stuff that goes on amongst the organizations that offer support to the students so it can get really frustrating for us as well as the staff in the schools having to fight through their bureaucratic stuff. - A School District Employee

Coordinating a variety of different schedules was also noted as a difficult task necessary for collaboration through meetings. Meeting in person has been regarded by many participants as the most effective way to communicate but it is often a challenge to get professionals in the same room together. Communications technology offers a range of other options for meetings that are utilized to reduce commute times and enable individuals to participate in meetings they are unable to attend physically. However, this also suffers from scheduling issues.

That's really a challenge to be able to coordinate those outside agencies because their schedule is different than ours. And then can we get together, can we physically get together? And that is a huge challenge because of what we call of the windshield time of having to travel to a central location, wherever that would be. So, that becomes a challenge because you may be dealing with 3 or 4 different agencies and who knows where they may be and what their schedules are and where's a common meeting place. - A Principal

Sometimes pinning down the meeting date is a difficult one based on everyone's busy schedule but people do make it a priority to attend and we work hard making something that can mutually work for people. - A School District Employee

3.4. Effective Collaborative Practices

While the participants spoke most about frustrations and challenges with implementing collaborative approaches, many of them also offered suggestions that they believe would improve the connectivity of services for students with LD and MI. These suggestions involved a structured process for team oriented planning with regular inter-professional meetings, case managers, and maps of community resources and services. A strong sentiment among participants was the need for professionals involved in the lives of students to work as a team in a structured way in order for collaborative approaches to be successful. Professionals need to come together in order to agree

upon and develop systematic methods of collaboration. All parties involved must be committed to creating and actively maintaining methods to ensure effective communication.

It's not good enough to rely on a variety of different parts of the system to have consistent coordination. It's important that there is some sort of structured process. It doesn't need to be super formal or use a lot of resources but there needs to be some way to say we're all agreed that this person's primary presenting problem. - A Healthcare Consultant

I think what's critical in all of that is the willingness of all the people in that student's life to make the commitment to sit down and meet together so we are aware of what everyone else is doing. I call it a wraparound process. That's critical. Without that we're all going in our own directions, thinking of just what I am doing versus what we as a team are doing. It's that team approach that needs to be so so important. - A School Principal

In this capstone's interviews, one participant noted a pitfall to avoid in establishing collaborative systems. One must avoid having the practice dependent on select individuals involved who have the skills and initiative to bring people together, rather it should be developed as a clear systematic process to ensure the practice continues even when key individuals move on.

More of the processes from year to year have to be built into what is done in that system because otherwise it's personnel dependent and so when that person leaves if there's one person that's in charge of it, if that doesn't get shifted over when that person leaves or if their role changes then it just kind of drifts away. - A District Level Special Education Teacher

A lack of familiarity with the resources available in the community was a concern raised by some participants in the LDABC study and one participant in particular spoke highly of having a simple document in the district that has those resources mapped out to make it easy for teachers to know who to contact in any given situation.

People don't know what services are in the community. We, every year get a student services brochure. All the people who are involved in the schools, LRTs, counselors, they're all listed; their phone numbers are all in there. Then we have all the district people and what they do and how to contact them but then we have another page which is community services and it's all broken down exactly and from that you can phone someone and find out and

they'll tell you, okay yeah well that needs to go to that person. It's updated every year for new people. It's not common in other districts, but it is invaluable to me. - A Special Education Teacher

Participants in this capstone stressed that identifying the individuals and agencies that need to be around the table is a crucial first step to take. Creating a map of the key stakeholders not only gives people a clear picture of the resources available to their community, it also allows for the identification of the individuals who are necessary to include in creating a collaborative strategy.

It is, getting people to really see the value of that time is one thing and identifying who they are as well. - A Non-Profit Employee

Having a map for consumers and their families to understand what services are available, when they're available, how to navigate the system, that's enormously important. - A Healthcare Consultant

Formal meetings between different professionals and organizations were noted as an important part of maintaining working relationships and an open dialogue. They ensure regular contact between professionals and provide a structured environment in order to air concerns, hear the different perspectives of those involved and brainstorm solutions.

I think that maybe we need to house a more general meeting once a year where we get all of the special ed. teachers in the same room at the same time and have some of these agencies come and present. - A School District Employee

Participants in this capstone went into further detail about inter-professional meetings. Regular meetings, monthly or bi-monthly, of a steering committee comprised of key stakeholders in education, government and healthcare was a practice seen in some school districts. This was seen as a valuable use of time by those who participate in the process and those who receive information from the committee. With this regular dialogue, participants can bring concerns to the table and plan joint efforts. It also enables them to keep up with existing local practices and organizational changes.

What's great about meeting regularly is even if we don't have a specific case to discuss we can sit down at the table and just share what's going on, share

if they have new initiatives. Those ministries are continually reorganizing, they never stay the same so it's been really helpful to have those because they can keep us posted on who's where and what they're doing now and what the latest reorganization is so we can kind of try to keep track of who's there. - A School District Employee

What happened was one of the gentlemen from the Ministry of Children and Families just suddenly went, "oh my goodness, we are so meeting to death, wouldn't it be wonderful to have all the players in the same room at the same time to talk about how we can move forward as a community and better service kids." So, it was sort of his thinking, also I think he had heard of it being done in another district and thought this would be a really good idea. - A School District Employee

In order to retain regular participation in meetings it is important that the meeting is well run and purposeful. Professionals often do not have much patience for activities they perceive as a waste of time. Meetings that have a set agenda, clear start and end times and a skilled facilitator have the most chance of continuing to be a regular occurrence.

If I'm going to sit on a committee, then it has to be a committee that has got an end in mind and we're working in partnership with an end in mind in how we can deliver better service to children as opposed to well this is what I'm doing, and that's what I'm doing and that's what I'm doing, okay goodbye it's lunch time sort of thing, right? - A School District Employee

While information technology is providing an increasing variety of methods to communicate, participants stressed that face to face meetings are the most effective method of communication. This applies to both formal meetings and the informal encounters that occur in day to day work life. Talking face to face allows those involved to communicate with all the nuances of body language, tone and inflection in order to better understand each other and avoid miscommunications or a lack of comprehension. Communicating in person also avoids lag time between responses.

You have to be there for someone to talk to you. Those kinds of communications aren't going to happen in emails or over the telephone. They're one on one; they have to be face to face. - A Special Education Teacher

I can read a sentence and someone else may read the same words and we may both come away with a different understanding of those words because of the different context that we're working in. So, that's why it's important to have some means of face to face dialogue, being able to clarify right now. What is it you mean, is this what you're saying? - A Principal

Along with a structured team-based approach, many participants in the study for LDABC noted the need for dedicated case managers to facilitate information sharing and coordinate service provision for the student.

There needs to be some agreement around where home base is for that person. And that's where their primary case worker would be, a person who coordinates their care, a go-to person. - A Healthcare Consultant

If there was a process that somebody was case managing and coordinating all of these services I think a lot of better decisions can be made. Ten heads are better than one kind of thing but it's that coordination piece. That is the piece that needs to be identified. - A Non-Profit Worker

Participants in this capstone also stressed the importance of case workers. They act as a central hub for information and facilitate the team oriented process. Having this role well defined and supported gives the student a home base and creates the valuable synthesis of expertise provided by the school based team. Case workers are essential to maintaining a coherent plan for the care of students.

The case manager I see is someone who is going to be the overall facilitator for that student. They're going to keep that information, the keeper of the files, the keeper of the minutes. They're going to be that communication person who's going to be bringing the group together. - A Principal

Another structural element some participants in this capstone had positive experiences with was collocating staff. This is a practice which involves professionals who are employed by multiple agencies. They can serve as a conduit between these organizations on a day to day basis. This allows them to keep up to date with developments in other organizations and important data they would not regularly have easy access to. Collocating staff also gives staff ready contact with expertise that they may otherwise need to spend more time seeking out.

We have a child and youth mental health liaison worker who is a school district employee but part of her salary is paid by CYMH and she goes and sits in on their rounds and sort of has access to more information than we typically would so we have a liaison with them and that's really helpful. - A District Level Special Education Teacher

In this capstone, a shift to recognizing the importance of collaboration appears to be one of the recent changes in institutional culture in BC according to some of the participants.

So that's what I'd say is the biggest shift that I've seen that there's a real willingness and a desire for the other ministries to work with us. I think they finally clued in that we have the kids most of the time so we know what's going on. They finally realized, "Oh this must be valuable information" and so now they're asking for it. That's great, been helpful. - A District Level Special Education Teacher

I think in our particular community there is certainly inter-ministerial and outside agency collaboration is seen as an important piece in providing wrap around supports for students. - A School District Employee

Many participants in this capstone expressed excitement at the topic being explored. They view collaboration as an important part of providing services to students with special needs. There was a sense that there are so many complex issues a teacher can be faced with that no single individual would have the expertise to address each different problem. By working together and sharing skills professionals can help each other have the tools available for a wide variety of situations. This has the potential to ensure fewer students fall through the cracks and get the support they need to continue in the education system.

You don't have to know the answer, you just have to know you have to get together to talk about it and see if people can shed some light, especially to the specialist or the school teacher or counsellor or anybody. Just try to figure out what's going on. Sometimes someone else will have a piece of the puzzle. - A Non-Profit Worker

There's always somebody from one of these agencies who hopefully has a relationship or has the ability to establish a relationship so that connection can continue so that we have an opportunity to have this student reintegrated into whatever it is - A School District Employee

A number of the educators who were interviewed stressed that a large part of the teaching job is developing and maintaining relationships with both the students and the professionals they work with. Without establishing good relationships, it is very difficult to work as part of an educational staff and to engage students on a substantive level.

If we build relationships whether it is with colleagues or students, that is an investment in time and that is important, that is critical - A Principal

This investment of time, which can make collaboration seem unattractive to busy professionals, was nevertheless ultimately seen as a time saving exercise by some participants.

It's a time saver rather than a time eater - A Non-Profit Worker

At the school level, there was a sense conveyed by educators that communication within schools was often very active and effective. Teachers were noted as being highly dedicated to their careers and are hard pressed to not discuss their work with their colleagues regularly.

What I see from my point of view at a school level there is good flow back of information - A Principal

Teachers share all the time. If anything, that's one of their faults with them. Whenever they get in a group of teachers they keep talking teacher talk. - A Teacher

3.5. Discussion

In developing policy, the diversity of personnel, practices and communities in BC is important to keep in mind. Different school districts will have variations in available services and expertise. Participants made it clear that these services need to be identified. This will allow districts to build on existing strengths and engage with individuals with essential leadership skills and build a collaborative framework that fits the local context. Policy development can give tools to these districts but the substance of everyday practices requires engagement with local stakeholders in order to be effective.

Throughout this capstone and the work for LDABC, a few points were raised frequently and pointedly. The word time, or the lack thereof, was prominent in both sets of interviews that were analyzed in this section. Policy development in the education and health sectors must keep in mind the increasingly difficult to manage caseloads faced by today's professionals. Policies must aim to streamline and simplify tasks rather than add more to what is seen as an already unmanageable workload.

Along these lines, participants made it evident that educators are sensitive to the increased recognition of the diversity of needs but are wary of having greater expectations placed on them with fewer resources available to address these needs. However, it is important that teachers, and other professionals that work with adolescents, have an understanding of the fundamental facts about MI, LD and other forms of diversity. They will have to engage with people with these issues and professionals that specialize in providing services for MI and LD.

This understanding is particularly important due to the stigma that MI and LD carry. Any policy development in this area must be mindful of the barriers posed by lack of understanding. Unless this stigma and deficit of knowledge is addressed, some professionals will be worlds apart when it comes to individuals with special needs.

All of the participants in this capstone spoke passionately about their work and they agreed that collaboration was an important topic to address. While there is a culture of teamwork within education and healthcare, participants gave the impression that communication and collaboration between agencies is increasingly seen as important. There appears to be a shift in institutional culture towards cross-sectoral cooperation. Coordinated approaches to planning and service delivery should enjoy support as a priority for policy development.

4. Policy Analysis

This section presents and describes the policy options and criteria for assessing these options that have been derived from the empirical findings presented above in order to meet the objectives as described in the sub-section below. The criteria, as well as the method of measuring these criteria, are outlined before applying them to each option in order to obtain an overall assessment.

4.1. Objectives

1. Ensure regular contact between professionals and agencies concerned with service provision for adolescents
2. Establish clear lines of communication and paths for referrals
3. Enhance the quality, continuity and timeliness of service

4.2. Criteria and Measures

In order to assess the merit of each of the following policy options, a set of criteria has been developed in order to rate and rank them in terms of cost, equity, administrative complexity, effectiveness, political feasibility and time use. Excepting effectiveness, each criterion will be ranked from 0 to 2. Effectiveness is ranked by three different criteria which each receive a rank from 0 to 1 in order to assess how well each option meets the objectives that have been outlined. This also gives a higher weight to effectiveness in this analysis due to the importance of establishing practices that work well rather than further clogging up the system with additional layers of complexity. Each ranking will be summed up in order to determine the final assessment of each option. The following sub-sections detail the proposed criteria followed by a summary of the criteria and measures in table 1.

4.2.1. ***Affordability***

The affordability criterion determines whether the option will incur costs to the school districts and other agencies involved above what would already be covered by their operating expenses. A low rating indicates that the option would entail significant costs which would require a new dedicated source of funding or a notable increase to the budget. A medium rating indicates less significant costs that could be met by reorganizing the current budget to meet the new priority or utilizing discretionary funds. The rating of high for affordability is given to options which represent overall cost savings or can have their costs easily met through existing resources. Ratings for this criterion will be established through analysis of the costs of similar practices in other jurisdictions, and estimates from relevant professionals.

4.2.2. ***Administrative Ease***

Administrative ease focuses on determining how simple or complex an option is to organize, implement and maintain. The rating is determined by looking at the complexity of the system proposed by the option, the number of bodies to coordinate with in order to implement the option and the number and complexity of barriers to implementation. A rating of high is given to options that are relatively simple and do not require contact with many agencies. A medium rating is for options that include one of the factors named above while a rating of low is given for options which evidence two or more of these factors. Evidence from studies and participants with relevant experience will be used to determine the ratings for this criterion.

4.2.3. ***Effectiveness***

As noted above, effectiveness is divided into three distinct measures in order to give the criterion more weight and represent the different aspects of service provision which the options are seeking to improve. These are represented in the objectives stated in section 4.1. With objective 1 this analysis will look at how well a policy option addresses the level of contact needed in order to implement collaborative approaches which are required in order to provide the best services to students with multiple complex needs (Fothergill, et al., 2011). Objective 2 was generated to determine how well a policy option addresses the fragmentation of service provision which is described

in section 1.5 as well as the lack of inter-professional understanding and stigma towards LD and MI as described in section 1.3. The final objective will be used to measure how well an option is predicted to improve the quality of service provision and the academic, social and personal well-being of students with LD and MI.

For each of these objectives a rating of low is given if the option does not meet the objective at all, medium if the option contributes to an objective but does not meet it alone while a rating of high is given if the option is evidenced to meet the objective. Evidence will be drawn from best practices in other jurisdictions, literature and professional consultation.

4.2.4. *Political Feasibility*

Political feasibility gauges the level of support and opposition an option is likely to receive. A rating of high will be given to options which have little opposition. When there is mixed opinion, division between stakeholders and potential controversy the option will receive a rating of medium. A rating of low will be given to options that are unpopular with most, if not all, stakeholders. Stated positions from professional associations, historical data on reactions to similar initiatives in the past and evidence from the literature will be used to determine the ratings for this criterion.

The main stakeholder groups considered in this analysis are education professionals and other professionals that work with students, such as those involved in mental health or non-profit organizations. These groups are considered due to their direct involvement with students and/or their expertise in LD or MH. Other major stakeholders, such as students, parents, are not included in this analysis due to the scope of this project and difficulties in accessing minors for research purposes. Refer to section 5.2 for a further discussion of the limitations of this capstone.

4.2.5. *Time Effectiveness*

The time effectiveness criterion looks at the time required to implement and maintain an option. With oversized caseloads and increasing demands on the time of professionals it is important to consider how an option will impact their schedules. Options that would create efficiencies and ultimately time savings or at least not make

major changes to professional schedules receive a rating of high. A medium rating indicates a small to moderate investment in time for professionals which would put an additional strain on their schedules but could conceivably be accommodated within existing staff time. When there is a major time demand, which would require employing more personnel or significant reductions to time spent on other tasks, the option will receive a rating of low. An analysis of existing similar practices or estimates from knowledgeable professionals will be used in order to determine the time demands created by each option.

Table 2: Criteria and Measures

Criterion	Description	Measure	Methodology
Affordability	Costs of establishing and maintaining the policy option	High [2]: Cost savings/minor costs, little to no adjustment to budgets	Analysis of estimated costs (if available) as well as costs of similar initiatives in other jurisdictions
		Medium [1]: Moderate costs, need to redirect funds or provide new sources	
		Low [0]: Major costs, requires dedicated funding/significant increases to budget	
Administrative Ease	The level of complexity of the option, including the amount of coordinating bodies, complexity of the option and degree of barriers to implementation	High [2]: Simple and easy to implement option that has few coordinating bodies	Analysis of jurisdiction and agencies involved, reviewing evidence of potential barriers using international comparisons and academic literature and analyzing the scope of the option
		Medium [1]: Includes one of: complex option, many barriers to implementation or many coordinating bodies	
		Low [0]: Two or three of the previously mentioned elements	
Effectiveness	<p>The degree to which the option meets the objectives</p> <p>Objective 1: promotes contact between professionals</p> <p>Objective 2: provides structures for communication and referrals</p> <p>Objective 3: improves the quality, continuity and timeliness of service</p>	High [1]: Substantial improvement, contributes a substantial resource of instrument for completing the objective	Analysis of available evidence in international best practices and academic literature, professional estimates of potential effectiveness
		Medium [0.5]: Some improvement, contributes to the objective but is not sufficient to meet it alone	
		Low [0]: Little to no improvement, does not contribute to meeting the objective	
Political Feasibility	Level of acceptance amongst key stakeholders	High [2]: Little opposition	Review of positions taken by various agencies, consultation with key stakeholders
		Medium [1]: Mixed opinions on option	
		Low [0]: Broad opposition, few supporters	
Time Effectiveness	Effects of the option on the time demand on professionals	High [2]: Little change or time savings	Analysis of practices to estimate the time necessary for implementation
		Medium [1]: Minor or occasional time use	
		Low [0]: Major or regular demand on time	

4.3. Policy Options and Analysis

The policy options contained in this capstone have been created through extensive review of the literature, including examples of international best practices, as well as suggestions that came from in-depth interviews. Policy options have been selected that fit within the BC context and address gaps in and barriers to effective service provision for students with LD and MI.

4.3.1. *Policy Option 1: Community Map and Handbook*

According to participants in the LDABC study, a fundamental step in creating effective support systems for students with multiple complex needs, such as LD and MI, is awareness of the resources, such as programs and agencies that provide services to adolescents with LD or MI, available within schools and the community (Ireson, 2011). A map of local resources allows an assessment of capacity within the region of supports for students and is a key first step towards building effective partnerships with community service providers (Anderson, 2005). The map also helps inform the design and evaluation of programs targeted towards supporting these students (Reddy, 2009).

This policy option entails identifying and creating a directory of community resources, relevant professionals and agencies. Administrators would need to be identified and assigned the role of creating and maintaining this resource. Having it produced as an online database would allow for easy accessibility by educational professionals and would allow for easy maintenance of the resource. The responsibility for maintaining this resource would need to be defined and allocated to a team member for the administration of special services in each district.

Supplemental to this directory, as suggested by one participant, would be simplified guides of key procedures such as identification and referrals. Flow charts and diagrams that detail the steps to take in commonly found situations (such as referrals to community MH service providers) would reduce the confusion sometimes experienced by professionals when looking for further supports for a student and potentially save time for all involved.

An online map of community resources and quick reference guide would address a number of the concerns raised by participants in this capstone and the LDABC study as well as in the literature. It would help reduce the fragmentation seen in service provision and facilitate communication by providing better linkages between the school system and professionals in the community. Confusion in engaging with supports would be lowered by providing clear guidelines for crises, referrals and follow-ups. Regional differences would be accommodated for through professionals who are familiar with their own community working to establish and maintain this resource. This resource would represent an important element of good communication systems and would lay the foundation for a well-established collaborative framework.

4.3.1.1. Analysis

Affordability: High (2)

This resource would ideally be hosted on school districts' websites as it should not take up much space and would take advantage of pre-existing online resources. This would keep the costs of hosting low. School district employees would be tasked to periodically update the list as part of their duties. One participant noted that in their school district the secretary to the Student Support Director spends approximately a couple of hours in September on updating the resource. With an average wage of \$23.34 for educational clerical staff in BC (Make a Future, 2011), the employee cost associated with periodic updates to this resource would be under \$50 a year.

Administrative Ease: Medium (1)

This option would require coordination with a wide variety of agencies and professionals at the time of implementation and would require periodic contact with professionals to ensure the list is kept up to date. Staff tasked to create and maintain the resource will require good networking skills and knowledge of their local community. The real challenge with this option will be establishing and maintaining good working relationships with a wide variety of individuals and agencies. According to Adelman and Taylor (2002), clear roles and responsibilities along with mechanisms for performing tasks and

problem solving are essential elements for maintaining working relationships between organizations and individuals. This option would provide a foundation for these relationships by clarifying and listing the roles of community agencies and individuals while providing clear guidelines for dealing with crises, referrals and follow-ups.

Effectiveness: High (2.5)

Objective 1 - Regular contact between professionals: High (1)

This resource would promote occasional contact between agencies through the process of creating and maintaining the directory. It would also create the potential for more substantial regular contact due to education professionals being aware of the services available, and how to access these resources.

An example of this in practice is the gateway developed for the Manchester Partnership for Older People (Sixsmith, 2009). The gateway involves the creation of a directory with the intent of a single point of access for existing services. Enhancing contact between professionals from a range of services was considered a noted success of the gateway.

Objective 2 - Clear lines of communication: High (1)

This option would address problems of fragmentation and information about services in the community, such as those that cater to MH needs, being disjointed (Kirby and Keon, 2006). A directory is a basic element of a good system of communication and would be a first step towards creating the foundation of effective working partnerships between agencies (Anderson, 2005). The guidelines suggested as part of this option should also clarify the referral process at schools by providing easy to follow flow charts of the steps required for referrals and other collaborative efforts.

Objective 3 - Quality, continuity and timeliness of service: Medium (.5)

A directory and handbook should contribute to the timeliness and continuity of services by reducing the confusion that occurs around finding services that

appropriately address the circumstances of the students in question and clarifying the official processes to go through. The factors of this option that contribute to objective 2 should have a modest impact on objective 3.

Political Feasibility: High (2)

This option is unlikely to have any opposition. As indicated by participants in this capstone, there is an increasing recognition of the importance of collaboration between different agencies. The stakeholders would also need to merely provide their information to the school district so there would be little disincentive involved with this option. School districts also already have working relationships with outside organizations. For example, one participant made note of a pre-existing wrap around agreement within their district.

Stakeholder Rundown

Education professionals: Likely to support due to pre-existing relationships and the potential to save time. Anything that makes the process of consultations and referrals easier should enjoy the support of educators. The participant whose district has created a directory of services already regards it as an invaluable tool.

Other professionals: Likely to support due to pre-existing relationships and the need to only provide contact information. Participants involved with non-profits and healthcare stressed the importance of having a map of services available. This option may also reduce the need for professionals in the community to take the time to direct educators to the appropriate resources when they have contacted the wrong service provider for the situation.

Time Effectiveness: High (2)

Despite entailing a moderate amount of time use to establish this resource, in the long run it should save time for all the professionals involved. Educators would have to spend less time seeking the relevant professional to address their concern while outside professionals would spend less time referring educators to the specialist they require.

The main time use involved with this resource would be in the form of additional duties for a staff member. As noted in the affordability criterion above, in the participant's district the task of maintaining this resource has been given to the secretary to the Student Support Director. The secretary updates the resource in September and generally spends no more than a couple of hours.

Total: 9.5/11

4.3.2. ***Policy Option 2: Add special education requirements to teacher training curriculum and professional development.***

Many participants lamented the lack of awareness and knowledge displayed by many new and experienced teachers when it comes to special education issues. This can hinder collaborative efforts in a number of ways. Without knowledge of special education issues, a teacher can misinterpret or fail to notice signs and symptoms evidenced by their students, which may lead to delays in these students being identified and provided supports. This lack of knowledge may also create a greater change for stigma towards MI and LD. Inter-professional understanding is also negatively impacted as special education professionals find it difficult to engage with classroom teachers who do not understand special education well.

This policy option proposes to add special education course requirements for pre-service teachers applying for a Teachers' Certificate of Qualification and a mandate for periodic updates to these skills through professional development opportunities, as recommended by MH best practice documents (Kirby and Keon 2006; Kutcher and McLuckie, 2010). The BC Government (2008) also recommends "enhanc[ing] the capacity and expertise of those serving children and youth with special needs and their families through crosssectoral training and information". The expectation would not be for regular teachers to be special education experts and service providers. Instead, this option aims to give teachers the basic understanding of the needs of children with various exceptionalities, including LD and MI, in order to identify and respond to special education issues appropriately and sensitively and work well with special education professionals and professionals outside of education if the need arises. A focus on the

skills to work collaboratively with special education professionals is particularly important with this policy option. This training would also serve to reduce stigma and help create a more inclusive and safe learning environment for all students (Kutcher and McLuckie, 2010).

Professional development is handled differently in each school district in order to meet the unique needs of the professionals in that region. Development opportunities are dictated by the priorities set within the district and the resources and training options that educational professionals have access to. In the same vein, professional development materials and workshops are developed by a variety of different professionals in education, non-profits and other agencies in the community. Participants indicated that it generally takes two weeks of full time work to put together a professional development workshop. This work is also frequently done “off the side of the desk”, as said by one participant. In other words, it is not paid work.

To implement the ongoing training, individuals to champion the policy direction would facilitate smoother development and implementation. The Learning Assistance Teachers' Association would be an example of an organization to approach with these matters. A pilot project would also be a less expensive way to introduce this additional training in order to fine tune the details, adapt to the needs of the local context and gauge the reactions of education professionals.

4.3.2.1. Analysis

Affordability: Medium (1)

With pre-existing special education content for pre-service teacher training already available, new course material would not need to be developed for this option. It would be a matter of setting standards for what coursework meets the new special education requirement for teacher certification.

There is also a large amount of material available for in-service training in special education topics. However, the same issue exists of needing to select the most effective and appropriate materials. Despite the fact, as stated in the description of this policy option, professional development workshops are

often planned outside of paid work, money would need to be available to put on workshops and provide training materials. Providing high quality, effective professional development costs far more than school districts typically spend (Garet, Porter, Desimone, Birman and Suk Yoon, 2001). This means that additional funding would need to be available in order to implement this policy in an effective manner.

There are a number of ways this funding could be made available. Existing resources could be utilized in order to implement this option. Implementation and/or discretionary funds could be allocated towards the professional development presented in this option. Manners in which the subject matter suggested by this option could work within existing infrastructure include: making the subject a priority for district growth plans, district implementation days or even presenting it as a major topic for monthly staff meetings. Growth plans determine the priorities and thus the offerings for in-service training. Implementation days are one of the tools that can be used by a district to dictate in-service training activities to educational professionals. Regional personnel, such as MH workers, can offer some ongoing professional development by taking part in staff meetings occasionally. These are methods where there would be no extra costs associated with presenting special education training opportunities as compared to any other topic for professional development. Largely, this option would represent an opportunity cost in teacher professional development.

Administrative Ease: Low (0)

Fitting special education requirements into pre- and in-service training would entail a degree of complexity as special education would need to be balanced with other important learning objectives. Stakeholder engagement with education professionals, in particular special education specialists, would be useful to determine the professional development needs of each district. For in-service training, coordination between education administration and educator led organizations, such as the BCTF and LATA, would be necessary in order to develop and implement this option.

A major challenge would be championing the option in order to have it be a top priority for these professional development opportunities as this prioritization carries an opportunity cost. School psychologists and counselling staff are in a good position to fill this role as they have more flexibility in their timetables. Weist and Paternite (2006) indicate that professionals in these positions are the logical leaders for improving mental health training opportunities and practices in schools. Department meetings would be an opportunity to create a plan to champion in-service training opportunities in the school.

Effectiveness: Medium (2)

Objective 1 - Regular contact between professionals: Low (0)

This option would not address the key barrier, as identified by participants in this capstone, which prevents classroom teachers and special education professionals from having more contact; the time to spend on collaboration. However, this option may help decrease the stigma towards LD and MI felt by classroom teachers which would decrease their reluctance to engage with these students and the professionals that specialize in addressing LD and MI.

Objective 2 - Clear lines of communication: High (1)

This option would contribute to a better shared understanding between classroom teachers, special education professionals and other service providers for people with MI or LD. A major barrier to collaborative efforts between classroom teachers and professionals who specialize in services for students with special needs is the jargon of special education (Glatthorn, 1990). The training suggested by this option would focus on the skills to create a shared understanding and establish effective communication for the purpose of collaboration which, according to Glatthorn (1990), “can be especially useful in fostering the special education teacher/classroom teacher relationship” (p. 31).

Objective 3 - Quality, continuity and timeliness of service: High (1)

Ultimately this option would contribute to regular classroom teachers being equipped to address the diverse learning needs of the inclusive classrooms in BC. According to Stanovich and Jordan (2004), the policy of inclusion for students with disabilities in the general classroom setting benefits greatly from effective professional development for classroom teachers.

Political Feasibility: Medium (1)

There is a strong call for better special education training for classroom teachers from special educators and some administrators, as evidenced by participants in this capstone. However, ongoing teacher training is a contentious issue as education professionals are resistant to having their professional development paths dictated to them. The BCTF (2012) states, “Central to all local union provisions is the recognition of professional autonomy of members to plan and pursue their professional growth”. Teachers would need to support this professional development direction in order for it to succeed. Stigma towards LD and MH, as covered in section 1.3.4 of this document, may also cause some resistance to this policy option (Denhart, 2008; Kidger et al., 2010).

Stakeholder Rundown

Education professionals: As noted above, there is often resistance from educators in having professional development dictated to them. Some participants also indicated that educators in training may feel overwhelmed by adding special education requirements to pre-service training. Stigma towards MH and LD may also create some resistance. Some educators, particularly special education specialists, as seen in section 3, are calling for the training outlined in this option.

Other professionals: Little involvement with this option but they may be supportive of teachers knowing more of the jargon and facts related to their specialties. Mental health specialists, in particular, are concerned with the

school environment and how it impacts on the students that utilize their services so this option should be attractive to them.

Time Effectiveness: Medium (1)

Professional development time is limited and different interests compete for time within the few days allocated to Pro-D. This option would not take much time overall, but would occupy a valuable timeslot. Implementing the skills developed by this option for special education and classroom teachers to work collaboratively would take time that these educators often lack (School District #35, 2008; School District #38, 2008). In-house training opportunities, such as featuring special education topics in staff meetings, may be less time intensive compared to courses and workshops but would still compete for time with other issues.

Total: 5/11

4.3.3. ***Policy Option 3: Steering Committee***

This policy option entails forming a regional cross-sectoral steering committee. It would bring together professionals from education, MH, and other relevant stakeholders in special education to meet monthly to address the special education needs of children and adolescents. The Audit Commission (1998) cites this model as “is an ideal model for a partnership that aims to improve the co-ordination of day-to-day service delivery across organizational boundaries” (p. 18). Members of the committee could keep each other up to date on new initiatives, changes in their organization and discuss how each of them fits into the continuum of services for youth. This would also give a forum for professionals to take complex or problematic cases as well as indicating concerns. These committees would also fit into the Government of BC’s Children and Youth with Special Needs Framework for Action which states in its recommendations, “Establish, strengthen and support cross-sectoral provincial and regional planning tables, community coalitions and networks with a focus on children and youth with special needs” (p. 14).

Committees would be formed in each school district and would provide a regular, common point for inter-professional communication and would help professionals from various agencies form working relationships and collaborative efforts. Representatives would include, but not be limited to, professionals from the school district, such as those in charge of student support services, MCFD and CYMH services as well as school administrators with the school district employees generally taking the lead.

A participant also indicated that coordination and implementation of this policy option would be best done with all stakeholders giving input and sufficient time allowed to get everyone engaged in order to ensure a better chance of long term retention of members. Many participants also agreed that regular, bi-monthly or monthly, meetings are a key aspect of improving collaboration. Districts would also need to establish clear methods of operation for the committees to avoid the pitfall of many inter-professional undertakings, dependence on individuals rather than systems (Berland, 2008).

These committees would be part of and would further facilitate a well-established collaborative framework by providing an ongoing system of communication between agencies. Beside this, one of the main functions of the committee would be case clearing. After other, lower level interventions have not proven affective this committee would take on difficult cases in order to provide a broader set of perspectives and input and to coordinate a plan.

Evaluation of districts that already run committees of this nature is a likely starting point for determining the best way to implement this option. Successes in other districts can act as pilot case studies. Recognition of effectiveness in these cases would serve to gather interest for this policy option. These models then could be adapted to the needs of other districts.

4.3.3.1. Analysis

Affordability: High (2)

This option should not entail significant costs. One participant, whose district has created a committee as described in this option, noted that the only major cost associated with this option is time. The Audit Commission (1998)

describes a steering group, such as the one presented in this option, as a less formal option that does not rely on dedicated staffing or budgets. Existing resources within the agencies involved would be utilized to host the meetings and implement the strategies formed during the meetings.

Administrative Ease: Medium (1)

This option would be difficult to implement as it requires coordinating the time of multiple professionals from a variety of agencies. Finding a time that works for all parties would be a challenge for administration. Some participants who have been involved with inter-professional relations pointed out the challenge of times that work for a variety of very busy professionals who have tight schedules as is.

Administrative complexity can be minimized through effective implementation practices for this option. One participant stressed the importance of having all stakeholders involved in the planning and implementation process in order to ensure the committee is formed in a manner which works well for all involved, with clearly defined roles, responsibilities and organizational structure. Allowing time for implementation also gives agencies time to adjust their timetables accordingly. Implementing the committee before the start of the school year also allows education professionals space to place meetings within their timetable. Once implemented, these meetings will become a normative part of a schedule.

Once the committee structure is established, the problems for collaboration due to high turnover rates, as pointed out by some participants, are lessened. While the interpersonal side of working relationships will need to be re-established every time a committee member is replaced, the existing structure will allow these professionals to come up to speed much faster.

Effectiveness: High (3)

Objective 1 - Regular contact between professionals: High (1)

A committee would ensure that the stakeholders involved have an obligation to meet regularly. Regular contact is a major feature of this policy option. To ensure there is regular contact the committee would have to make sure all members have meaningful involvement and have an opportunity to contribute (Audit Commission, 1998). Participants also noted that meetings must be run efficiently in order to avoid participants feeling like their valuable time is being wasted. Implemented with these factors in mind, the committee should retain members and continue to have regular attendance at meetings.

Objective 2 - Clear lines of communication: High (1)

This option would create a structure for agencies to communicate and bring concerns and problems to the attention of agencies that may be able to provide assistance. A participant, involved with organizing such a committee, indicated that it would represent a point of referral as one of the functions of the committee would be taking on cases where education professionals have exhausted all other resources and require a more coordinated effort to come up with solutions.

Objective 3 - Quality, continuity and timeliness of service: High (1)

Regular meetings would contribute significantly to increasing the contact between agencies. The committee would provide a reliable avenue for communication between agencies. As noted in the description of this option, the Audit Commission (1998) describes a steering committee as “an ideal model for a partnership that aims to improve the co-ordination of day-to-day service delivery across organisational boundaries” (p. 18). The BC Ministry of Children and Family Development (2003) also cite formal structures for partnership at the regional and local level as “the foundation for consistent and seamless services for children with mental disorders and their families” (p. 32).

Political Feasibility: High (2)

There may be some opposition from education and medical professionals due to the time use needed for this option due to their concerns around lacking time and overloaded caseloads as described by participants. However, participants have also noted that there is a growing recognition of the importance of inter-professional collaboration in BC. Steering committees are a generally accepted method of bringing multiple agencies together around the table (Audit Commission, 1998).

Stakeholder Rundown

Education professionals: Potential for resistance due to regular time demands but this may be ameliorated by efficiency created by less need for individual meetings on topics covered by the committee. Proper time given for implementation would also allow for adjustments to schedules to be made. Participants in districts which have committees like this indicated that responses from educators and professionals from the community were largely positive.

Other professionals: See assessment for education professionals above.

Time Effectiveness: Medium (1)

This option would represent a moderate time commitment for the professionals involved as it would require them to fit another item into their busy monthly timetable. Participants talked about the limitations of travel time when it comes to inter-professional meetings. Location can be a major consideration when organizing meetings of this variety. However, it may also represent some time savings as it could eliminate the need to have multiple meetings between each separate agency.

Total: 9/11

4.3.4. Policy Option 4: Case Management Framework and Information Sharing Hub

As indicated by participants, organized case management is another element of well-established collaborative frameworks. Effective case management strategies allow for the flow of vital information between professionals and smoother movement through support systems by facilitating referrals and follow ups. The Child and Youth Mental Health Plan for BC (British Columbia Ministry of Children and Family Development, 2003) indicates a need to develop an information management system with the capacity to link with relevant databases. Students with multiple complex needs like LD and MI will often receive the services of professionals from different agencies and, as indicated in the background section, without some cooperation between professionals their treatment may be confounded by the multifaceted and overlapping nature of their concerns.

An example of an effective team based, case management strategy seen in the medical community is the medical home model. Gutkin (2010) describes the medical home as “a one-stop primary care centre where all their healthcare needs could be provided for or coordinated—a central “hub” or home-base for all medical care and information. This model could be adapted to the needs of students with special needs in order to provide a single point of coordination and information for their education and health needs. In this case, the central case worker would be the professional in the most relevant position to lead the coordination, based on individual circumstances.

Additionally, the information sharing may be facilitated by an electronic central information database, much like ehealth systems, where professionals providing supports to an individual could access reports containing vital information from other professionals providing care to the individual. BC is currently moving towards an ehealth model of healthcare delivery which entails the use of secure electronic health record systems (BC Ministry of Health, 2012). This system could, in a later phase of its implementation, integrate a wider range of professionals in order to encompass the range of specializations people with multiple complex needs would require coordinated services from.

Implementation of this option would be difficult due to the coordination between various agencies that is required and the sensitive nature of the information to be

shared. As with the current implementation of the ehealth system (British Columbia Ministry of Health, 2012), this policy option would need to be implemented slowly and with pilot projects. Careful consultation between stakeholders would need to be conducted in order to establish confidentiality controls and agreements between the student or family of the student receiving support would need to give permission to any professional who would access the individual's information.

The medical home model has been associated with fewer delays, less unmet health needs, better access to healthcare services, more coordination between service providers, better patient-provider relationships, greater confidence in services received and better health outcomes (Homer et al., 2008; Scobie et al., 2009; Starfield and Shi, 2004). An adaptation of this model would represent a restructuring of service delivery in favor of inter-professional collaboration. The problem of fragmentation of service provision would be addressed by this model. The barrier of organizational differences could also be lessened if the model is well implemented.

4.3.4.1. Analysis

Affordability: Low (0)

eHealth systems can be expensive to establish and maintain. Even with saving costs by piggybacking on BC Ministry of Health's current ehealth initiative, there would be costs associated with the software and equipment necessary to equip the various agencies with the capacity to access the system. For example, In Ontario, the province has spent \$386 million in order to assist around 9000 physicians in obtaining electronic health record systems (Webster, 2010).

Some studies have shown that ehealth and medical home models offer long term cost savings and relatively stable operation and maintenance costs (Reid et al., 2010; Rittenhouse and Shortell, 2009; Stroetmann, Jones, Dobrev and Stroetmann, 2006). However, a systemic review of systemic reviews by Black et al. (2011) found nearly no support for cost-effectiveness claims for ehealth systems. It may be too soon to be able to make a definitive

claim on the matter. Nevertheless, it is evident that capital costs for establishing ehealth are high.

Administrative Ease: Low (0)

Negotiating agreements for confidentiality and the level of information that is appropriate to share with various parties will be essential in order to implement this policy option. This will be a complex and potentially halting task for those tasked with implementing this policy as it involves a wider range of agencies and professional disciplines than purely medical ehealth systems. Stroetmann et al. (2006) indicate that there needs to be commitment and involvement from all stakeholders during all phases of implementation. These agencies would have to come together and agree on design and controls for this system in order for it to go ahead.

BC has developed legislation that governs ehealth systems which could be adapted for this purpose. The BC Ministry of Health (2013) outlines the features of this legislation, which include:

- Strong data security measures
- Limiting information access and availability based on professional role
- The ability for patients to block access to their information or request corrections to any inaccurate information
- Procedures to monitor and quickly investigate any breach in privacy or security
- Significant penalties for unauthorized access
- Ongoing improvements to privacy and security based on best practices

eHealth Ontario (2013) has also developed a comprehensive set of safeguards for ehealth systems which include strict confidentiality agreements and criminal background checks for anyone working with the system along with a series of technical and physical procedures aimed at maintaining the highest level of security for personal data. These procedures provide a basis for expanding the scope of electronic records as proposed by this option.

Each agency would also need to oversee the deployment of new ehealth software and potentially hardware depending on their current resources. Staff would then need to be tasked with the job of handling record keeping and communication through this system. Additional training would need to be organized as part of the deployment of these new technologies. A participant also pointed out that schools also do not have the same level of secretarial support as many health professionals in order to handle the data management entailed by this option so there may be additional support staff for schools and school districts may be necessary in order to implement this option.

Effectiveness: High (3)

Objective 1 - Regular contact between professionals: High (1)

The medical home concept has been associated with better coordination of services by health care professionals (Scobie et al., 2009). The interactive hub proposed by this policy option should give service providers an official point of contact and more opportunity to interact than the status quo.

Objective 2 - Clear lines of communication: High (1)

The framework proposed by this option would function as a system of communication, information sharing and a vehicle for managing referrals. This option may also streamline the process of communicating between agencies by allowing for a single point of contact rather than the more cumbersome process of sharing information between professionals and agencies individually.

Objective 3 - Quality, continuity and timeliness of service: High (1)

As noted in the description of this option, medical home models have been seen to increase service efficiency, coordination and effectiveness (Reid et al., 2006; Rittenhouse and Shortell, 2009; Scobie et al., 2009). eHealth solutions have also been associated with increases in quality of service provision and productivity (Stroetmann et al., 2006).

Political Feasibility: Medium (1)

Just as confidentiality concerns would create administrative complexity for this option, they would create concerns and resistance to this policy option. Any leak of personal information could be politically disastrous. One participant noted that school administrators are hesitant to put anything down on a students' file that has the potential to put them at a disadvantage later in life and parents are often wary of their child being labelled so the confidentiality concerns could be particularly pronounced with those groups.

However, the medical home and ehealth concepts are gaining in popularity which could create a demand for this option. For example, Ontario, BC and a large number of international jurisdictions, such as the United Kingdom, France, Germany and Sweden, are implementing ehealth systems (Stroetmann et al, 2006; Webster, 2010) while the medical home concept enjoys support from many health care stakeholders, major companies, consumer organizations and labour unions in the United States (Rittenhouse and Shortell, 2009).

Stakeholder Rundown

Education professionals: Confidentiality is the biggest reason for resistance to this option. Some educators would be hesitant to have sensitive information about students available to outside professionals. The time required for administration of this data may also cause some opposition to this option. As a participant observed, education professionals do not have the same bureaucratic support elements as medical professionals.

Outside professionals: The increasing popularity of the medical home and ehealth systems among health care stakeholders in various jurisdictions could garner support for this option. Concerns about confidentiality would be paramount. According to participants, differing and often inflexible philosophies towards information sharing and confidentiality is likely to cause a fair amount of resistance to the option.

Time Effectiveness: Medium (1)

This option would help streamline some aspects of service delivery and would represent some time savings. There would be extra administrative duties associated with this option also as professionals would be tasked with maintaining this system and its database.

Total: 5/11

4.4. Summary of Analysis

As seen in table 2 below, policy options 1 and 3 emerged as the highest scoring options with ratings of 9.5 and 9 out of 11 respectively while the other options were scored at 5 out of 11. None of the options received a rating of high for administrative ease which is suggestive of the difficulty of fostering effective inter-professional collaboration. Effectiveness was a key consideration when initially selecting and narrowing down potential policy options so it is unsurprising that the options rated from medium to high in effectiveness. Options 2 and 4 notably rated lower in the affordability and political feasibility, indicating significant barriers to the implementation of these options. A major reason for the difference in affordability is that options 1 and 3 are process oriented while options 2 and 4 entail broader structural changes. This lack of proportionality between the options does create a bias in the analysis process towards the simpler processes. However, this is reflected in the current economic and political climate, particularly in regards to the education sector, which introduces difficulties in suggesting any higher cost initiatives. For further discussion on the implications of these ratings and final policy recommendations, refer to the following section.

Table 3: Policy Analysis Matrix

Policy Options	Affordability	Administrative Ease	Effectiveness	Political Feasibility	Effectiveness Time	Total*
1. Community Map/Handbook	2	1	2.5	2	2	9.5
2. Special Education Requirements for pre/in-service training	1	0	2	1	1	5
3. Steering Committee	2	0	3	2	1	9
4. Case Management Framework and Information Hub	0	0	3	1	1	5

*out of a possible score of 11

5. Policy Recommendation

The policy options to recommend were chosen, in part, based on the total scores from the policy analysis process as summarized in table 2 (see above). Particular attention was paid to the effectiveness criteria as seen in the extra weighting it was given. Affordability was also a key consideration due to the financial issues outlined in sections 1.5.2 and 3.2. From these criteria, policy option 1, community maps and handbooks, and policy option 3, steering committees emerge as the clear winners. The two options recommended are:

1. Community map and handbook
2. Steering committee

These options could be implemented in the short to medium-term as they are practices that can be introduced within the current system. The other policy options mentioned in this capstone represent long-term investments which would create structural changes that are worth considering in the future. The policy options recommended in this capstone are the first steps towards improving inter-professional collaboration in BC and represent a foundation for the creation of a well-established collaborative framework.

5.1. Community Map and Handbook

The first step in improving collaboration between different agencies is ensuring that the agencies are aware of each other and know the services each of them provide. This option would open up contact between the various agencies and schools in local communities. This quick reference guide would remove some of the uncertainty of who to call when a situation arises with a student that requires outside expertise. The handbook would clarify the process an education professional must take when additional

help is needed for a student and could help streamline and speed up the process of referrals and inter-professional consultation. Overall, this option would provide teachers a valuable tool to reduce the confusion and uncertainty of dealing with complex systems, such as mental health services in BC.

5.2. Steering Committee

While the community map would identify service providers in the community, a steering committee would ensure there is regular contact between key service providers. Regular contact between service providers may assist in breaking professionals out of the problem of agencies working in isolation and reduce the level of fragmentation of services in BC. The steering committee would be an important tool for coordinating service delivery between various agencies and planning broader structural changes in order to create a well-established collaborative framework for their district. The committee would also serve the valuable function of providing educators a forum to bring difficult cases that may require additional insight or a coordinated approach.

6. Limitations

Due to the scope of this project, a number of viewpoints were not sufficiently represented. My research focused mainly on education professionals along with a moderate assortment of non-profit employees and health care professionals. Key stakeholders that were missing from the interview process were the students that this capstone is seeking to improve services for as well as their parents and other family members.

It is very important to not ignore the experiences of the people whose lives will be directly impacted by policy decisions. This becomes particularly important when dealing with services for a disadvantaged population. People with disabilities and mental health issues historically have had services dictated to them, sometimes forcibly. Kutcher and McLuckie (2010) stress the importance of including families and youth in the planning and implementation of services that affect them in order to ensure that services are directly linked to their needs and provide opportunities for empowerment. The perspectives of students and families must be considered in order to ensure services that are being provided are appropriate, effective and maintain the dignity of service users.

Moreover, a number of issues and agencies were not included in this capstone. The criminal justice system and substance use are of particular note as they have a significant role to play in the lives of some adolescents. It has been noted that adolescents with learning disabilities (Burrell and Warboys, 2000) or MH issues that cause emotional disturbances (Quinn, Rutherford, Leone, Osher and Poirier, 2005) are overrepresented within the juvenile justice system. Police, social workers and other related services should be researched further to determine their role in inter-professional collaboration with schools and the other agencies mentioned in this capstone. Without the inclusion of these agencies in the design of mechanisms for collaboration there could be significant factors left without consideration and collaborative systems may lack

important stakeholders. These gaps would make it more likely that individuals in need will fall through the cracks and systems set in place would not fully address the discontinuity between services for adolescents.

The role of language barriers and ethnicity were also not addressed in this capstone. These topics may entail more layers of barriers and stigma to addressing the needs of adolescents. It is likely that these issues affect identification of issues such as LD and MI as well as access to services. Additionally, income levels, particularly low income, also play a significant role in the health and well-being of individuals (Wilkinson and Marmot, 2003). Disadvantaged populations need consideration in research and planning in order to ensure policies are as equitable as possible.

Demographic data on adolescents with LD and MI was difficult to determine due to the reasons outlined in section 1.1. Without decent metrics for populations such as this, it is easy for them to remain off the radar of policy makers and professionals that have a role to play in their lives. The true incidence rates may be difficult, if not impossible, to determine. However, even rough estimates are useful in further defining the scope of the problem.

7. Conclusion

Mental health issues and learning disabilities are common problems faced by adolescence. Failure to adequately address these issues during an individual's youth can lead to repercussions for both the individual in question and society in general. The intersection of MI and LD leads to multiple complex problems that cannot be easily addressed by any single professional or agency. Schools, health care service providers, non-profits and other relevant stakeholders need to work together in order to have the skills and resources available in order to address the needs of these young students.

While some great examples exist, inter-professional collaboration in BC is insufficient, which leads to fragmentation of service provision. This capstone focused largely on the role schools and educators can play in improving coordination both within the education system and with other agencies and professionals. There is a growing recognition of the importance of well implemented practices for collaboration and communication.

Some clear steps can be taken to build a foundation for better working relationships. Directories in each school district of the services available in the community would serve to reduce the confusion people have in navigating the complexities of service systems in their community, provide a basic map of resources and ensure there is awareness of the services available. This could be combined with a basic handbook which would clarify the process of identification, referrals and other relevant processes an education would need to follow in order to get additional help for their students. A steering committee would build on this to create a good foundation for collaboration in a district. It would ensure professionals are in regular contact, have a place to bring complex cases and concerns and help coordinate the day to day service provision that requires cross agency cooperation.

By ensuring that resources and services are available to adolescents with MI and LD we provide better opportunities for these students to succeed and go on to become

valuable contributors to society. Education professionals need the resources and skills in order to meet the increasingly complex needs of their students. Let us continue to build a society where everyone has the opportunities and support in order to live full and happy lives.

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Appendix: In-Depth Interview Schedule

Purpose:

- a. To gain a good understanding of collaborative practices both between BC secondary schools and services located in the community and within BC secondary schools
- b. To gain insight into barriers that impede collaboration and views on ways these barriers can be addressed
- c. c. To gain insight into best practices

Interview Style: Semi Structured

Key Themes or Questions:

- Professional role of interviewee
- Existing systems for communication and collaboration
- Policy framework
- Local practices
- Perceptions of effectiveness
- Barriers to effective collaboration
 - Resources and time
 - Organizational differences between sectors
 - Gaps
 - Conflicting objectives

- Best practices
 - Existing examples
 - Ways to address gaps and barriers
 - Ideas for best practices
 - Monitoring and measures of effectiveness
 - Keeping partners involved
 - Decision making and implementation of decisions
 - Pooling resources and information
 - Who should be involved
 - Dealing with jurisdictional issues
 - Confidentiality

- Views on government role
 - Legislation and policy
 - Styles of organization and governance
 - Inter-ministerial collaboration