

ADDRESSING CHILD AND YOUTH ADDICTION AND MENTAL HEALTH IN SCHOOL SETTINGS

With a growing awareness of addiction and mental health needs among youth, communities across Canada are mobilizing to provide appropriate, integrated, and youth-friendly support. Schools and health services play a crucial role in the delivery of addiction and mental health promotion, prevention, and early intervention for children and youth.

In response to this growing awareness, PolicyWise for Children & Families and the Addiction and the Mental Health Strategic Clinical Network™ to understand what approaches and supports are necessary to ensure children and youth in Alberta have access to **consistent** and **equitable** cross-sectoral, collaborative addiction and mental health supports in school settings.



Consistent means that addiction and mental health supports in schools are compatible and in agreement with Alberta's provincial guiding and practice frameworks, and are provided in the same way over time (barring improvements) to all youth, children, and families.



Equitable means that all school settings will provide access to core addiction and mental health supports, but some school setting will provide additional supports to individuals or groups facing additional challenges (e.g., social, economic). Recognizing the diversity of communities and school settings, addiction and mental health supports in schools will vary to a degree across Alberta communities.

It is estimated that **10-20%** of Canadian youth are affected by a mental illness or disorder, while only 1 in 5 will receive the support they need.

Youth are at significant risk of developing mental health issues, and approximately **75%** of lifetime mental health disorders commence before the age of 18 (Mental Health Commission of Canada, 2013).

WHY SCHOOL SETTINGS?

Schools are one of the most effective and efficient ways of reaching a large number of students (Pan-Canadian Consortium for School Health, 2016; Engelhardt, M. 2016):

- School is mandatory for students between the ages of six and sixteen years
- Students spend an average of six hours a day for over 180 days at schools each year
- Offering supports and services within schools increases access compared to within the community alone, especially in rural and remote settings



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WHY CROSS-SECTORAL COLLABORATION?

Cross-sectoral collaboration promotes a shared understanding and ways of working to ensure that children, youth, and families with addiction and mental health needs do not fall through the cracks.

At times, service coordination can be especially challenging in remote, rural, or under-resourced urban areas due to limited availability of community services and school staff trained in mental health (Albright, Michael, Massey, Sale, Kirk, & Egan, 2013).

In addition, competing priorities can also occur when there is a difference between what supports and services are offered by a sector versus what supports and services students and their families want (Fazel, Hoagwood, Stephan, & Ford, 2014).



THE CONTINUUM OF ADDICTION AND MENTAL HEALTH SUPPORTS IN ALBERTA

A tiered continuum of intervention is a framework for delivering and monitoring services and treatments so that the most effective, yet least resource-intensive treatment is delivered first; only 'stepping up' to intensive/specialist services as clinically required. In Alberta, many sectors and community agencies contribute to the tiered continuum of addiction and mental health (intervention, promotion, and prevention) supports for children, youth, and their families (Leavitt, Jackson, Perrin, Parker, & Scott, 2018).

While it is well-established that this work is cross-sectoral in nature and involves a variety of partners and stakeholders, in practice, Education and Health play a vital role in the service delivery. For this reason, this brief focuses primarily on the complementary roles of Education and Health. These roles shift from a universal to a specialized approach as children and youth move through the tiered continuum of care. The table below describes the roles of Education and Health in the current tiered continuum of addiction and mental health supports in Alberta:

	Education	Health
Tier 1 (universal)	Provide a supportive learning environment, engage students, and deliver evidence-informed health promotion and prevention activities	Support evidence-informed health promotion through education, content expertise, and training
Tier 2,3 (targeted)	Partner with allied professionals, identify youth in need, and build skills	Partner with allied professionals, schools, and families, identify youth in need, conduct assessments, and build skills
Tier 4,5 (specialized)	Support mental health specialists, students in schools, support information sharing, and transition between settings	Provide intensive supports, assessment and screening, and treatment services

THE CURRENT CHALLENGE TO THE CONTINUUM OF ADDICTION AND MENTAL HEALTH SUPPORTS IN ALBERTA

- 1 Reliance on relationships for service delivery.**

Currently in Alberta, established structures and partnerships support the provision of addiction and mental health supports. Informal relationships have also been identified as a critical factor in local service delivery of addiction and mental health supports. However, a disconnect exists between the formal and informal structures and partnerships that has created a critical service gap in the middle tier. The divide between formal and informal structures and partnerships results in a reliance on relationships rather than structure to ensure service delivery.
- 2 Challenges to collaborative practice.**

Systemic barriers may limit efforts to provide collaborative and integrated supports across settings. Lack of clarity around sector roles and responsibilities can make it difficult to coordinate and collaborate across services and sectors (Santor, Short, & Ferguson, 2009). Interdisciplinary collaboration is challenging for professionals who have been trained to work in silos. With diverse mandates, sectors often have competing priorities making it difficult to work collaboratively (Ontario Centre of Excellence for Child and Youth Mental Health, 2012; Murphy, Pavkovic, & Vandervoot, 2015). Overall, cross-sectoral collaboration can be difficult, limiting information sharing as well as the effectiveness of integrated support and services.
- 3 Working across the middle tier.**

The middle tier represents supports and services focused on prevention and early intervention for youth that are identified at risk. In Alberta, approximately 5–15% of the student body falls into this tier (Alberta Education, 2017). Currently, in the middle tier (Leavitt et al., 2018):

 - Service delivery is inconsistent (and sometimes absent)
 - There is confusion about access and service pathways
 - Service delivery is largely dependent on informal working relationships
 - Roles and responsibilities are unclear

MOVING FORWARD: APPROACHES AND ACTIONS TO ADDICTION AND MENTAL HEALTH SUPPORTS

When asked about the challenges listed above, practitioners in Alberta identified the following approaches and actions to improve and enhance addiction and mental health supports for children, youth, and their families:

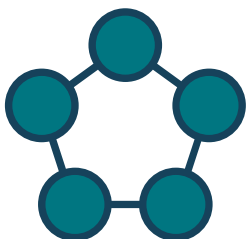


- 1. Develop a cross-sectoral framework to share accountability, funding, and governance**
- 2. Learn from local actions that are encouraging change**
- 3. Create a structured mechanism and process to encourage learning and collaboration**
- 4. Inform system change through local actions**

COLLABORATIVE LEARNING TO IMPROVE CROSS-SECTORAL COLLABORATION

Taken together, the current challenges and what was heard from stakeholders in Alberta, a Collaborative Learning Approach will be used to promote a provincial understanding of how Education and Health can work together in the middle tier. This approach will support the broader outcome to ensure children and youth in Alberta have access to consistent and equitable cross-sectoral, collaborative addiction and mental health supports in school settings. Specifically, this Collaborative Learning Approach will provide a framework to:

- Review conceptual models of services and support for the middle tier
- Encourage rapid implementation and change in local settings and across the province
- Support evidence-informed practice implementation while leveraging local knowledge, learning, and sharing (e.g., existing practices, resource availability, and limitations)
- Promote regionally-specific but provincially aligned approaches to providing addiction and mental health supports in school settings
- Facilitate a link between policy levers and on-the-ground efforts



In practice, this approach will include:

- A short-term (12-month) learning collaborative, including support for rapid-implementation and developmental evaluation.
- Implementation teams that include educators, primary health care providers, and community members who will introduce child and youth addiction and mental health supports in school settings
- Learning Sessions (face-to-face meetings)
- Support from an expert design team, developmental evaluators, and regional improvement coaches

Moving forward, middle tier service collaborations should involve cross-sectoral collaborative arrangements that have the potential to “share resources, strengthen referral networks, reduce duplicative service, increase service efficiency and capacity, and ultimately affect service quality and efficacy” (Stein, Sontag-Padilla, Osilla, Woodbridge, Kase, et al., 2012, pg. 14) Furthermore, consistent with what stakeholders in Alberta said, middle tier service model(s) should bring educators and mental health clinicians together to develop interdisciplinary and collaborative services models. Done well, this approach will result in early identification of youth in need, provision of appropriate supports, improved youth educational and health outcomes, and increased satisfaction among youth, caregivers, and service providers.

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