Western Public Health Casebook 2018

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CASE 3

"School, Interrupted"

Elizabeth Dent, BSc, BSoSc, MPH (MPH Class of 2017)
Shannon L. Sibbald, PhD (Assistant Professor, Western University)

"Ok… yep… sounds good." Hanging up the phone, Susan Miller began to rub her temples as she thought about the upcoming committee presentation.

Susan Miller was a health promoter at the Great Lakes County Public Health Unit, and she had recently been tasked with planning and implementing a school-based mental health intervention for youth in her community. The project was a public health response to concerned parents and teachers who were witnessing an increase in mental health issues among youth. The number of students displaying disruptive behaviour had increased among the younger school-aged students, while the high schools in Great Lakes County were experiencing an increase in the number of suicide attempts in their student population. These trends had not gone unnoticed by the public health unit, who had been in the process of collecting evidence around mental health interventions in order to address youth mental health in the region.

The health unit decided to put Susan as the lead on the project, because she had once occupied a position as a school health promoter during her employment at the health unit. Susan had a lot of success in supporting and advocating for the changes made to the sexual health curriculum that had some difficulty in uptake among parents and teachers. Despite the long uphill battle, Susan was successful, and the health unit felt her experience and existing relationships within the school board would be helpful in trying to introduce first time mental health interventions in schools.

As a lifelong resident of Great Lakes County, Susan had an intimate understanding of the people, the geography, and the disparities that can exist between neighborhoods. The north side of the county is situated along the edge of one of the Great Lakes and is a popular vacation spot for many Ontarians. The eastern and south-eastern portions of the county are comprised of rural farmlands and small villages in between fields of corn and wheat. Citizens living in rural areas face geographical barriers to mental health facilities, since they must rely on drives of up to an hour and a half to access specialized health services within the urban centres. These areas are located in the western and south-western portions of the county. The greatest population density is located just north of the large petrochemical industrial park, which employed a large majority of citizens who are not involved in agriculture.

The great diversity that exists in the county is one of the reasons that Susan decided to stay and work in her community. However, the diversity also means that there will be different health needs and concerns for citizens depending on the part of the county where they live. Susan began to stare out her office window. She leaned back in her chair and thought: how would she be able to serve the needs of such a diverse county, especially in a new and developing area like mental health prevention? Susan knew the first thing she needed to do was to hold a stakeholders meeting with all the relevant figures and partners in the community. This meeting

would help shed light on the areas of concern of parents, teachers, and schools, thus creating focus areas for possible school-based mental health interventions.

BACKGROUND

The definition of mental health and well-being put forth by the World Health Organization (WHO) was chosen by the health unit to guide their work in the field of mental health. This definition describes optimal mental health as, "[…] a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2014). While this definition describes what the ideal mental health state should be, it was Susan's task to find methods and tools for her intervention that would help the youth in the community reach this standard.

The increase in youth mental illness experienced in the County of Great Lakes is not an isolated event and reflects the current Canadian statistics surrounding youth mental health. A number of studies suggest that the prevalence of mental health issues in Canada affect as many as 14% of Canadian children between the ages of 4 and 17, while in Ontario, around 20% of children and youth experience a mental illness at any given moment (Waddell, McEwan, Shepherd, Offord, & Hua, 2005; MHASEF Research Team, 2017). The statistics only represent a fraction of mental illnesses that have been diagnosed in youth; the journey to diagnosis in the fragmented mental health system in Ontario presents parents and youth with many challenges (Schwean & Rodger, 2013).

In Canada, the mental health systems follow a similar organization to that of traditional healthcare, in that provinces and territories have the freedom and the jurisdiction to create health plans and policies addressing the specific needs of their citizens (Schwean & Rodger, 2013). When thinking about mental health and more specifically the mental health of youth, the national children's or youth mental health strategy is encompassed under the first national mental health strategy, *Changing Directions, Changing Lives,* that was unveiled by the Mental Health Commission of Canada in 2012. While this document provided guidance, the province of Ontario decided to move forward with an interdisciplinary strategy on mental health when the three ministries of Education, Health and Long-Term Care, and Children and Youth Services, launched Ontario's Comprehensive Mental Health and Addictions Strategy (Government of Ontario, 2016). This strategy produced the document *Open Minds, Healthy Minds* which focused on building school-based capacity regarding mental health literacy, implementing programs for early identification, and improving the mental health resources in schools (*Open Minds, Healthy Minds,* 2011). The province of Ontario was following the guidance of the national mental health strategy, as it tried to combat the rise in mental illness that it was seeing in its population.

Susan had been noticing, during her conversations with parents, the mental health system was focused mostly on treatment and diagnosis of mental illness rather than focusing on prevention and building of protective factors. As a public health practitioner, Susan understood the power of investing in prevention to lower the number of patients who require and access costly, specialized treatment services. This prevention would be more effective before the youth begin to display any mental illness. Susan recalled that for most mental health difficulties, the age of incidence, or the age at which mental illness is diagnosed, was before 24 (Mental Health Commission of Canada, 2013). This indicated the importance of focusing her intervention efforts on elementary through to high school students in order to have the greatest impact.

Susan understood that the goal of her intervention was to modify the risk factors associated with developing mental illness or to develop protective factors to lower the likelihood of developing mental illness later in adulthood (Waddell, McEwan, Shepherd, Offord & Hua, 2005). The risk factors involved in the development of mental illness can range from the child's genetic predisposition to the social environment where the individual lives and goes to school (Waddell, McEwan, Shepherd, Offord & Hua, 2005). The main issue is that these risk factors are not isolated and tend to interact and lead to multiple health outcomes. (Waddell, McEwan, Shepherd, Offord & Hua, 2005). This reinforced Susan's intuition that her intervention would need to be multifaceted in order to minimize multiple risk factors.

SCHOOL-BASED MENTAL HEALTH

Soon after being assigned the project Susan began collecting information about the youth in the region as well as any trends in the data concerning their mental health. According to the most recent figures released in the province of Ontario since 2006 there had been a 53% increase from 2006 of emergency department visits for children and youth concerning mental health and addictions care (MHASEF Research Team, 2017). Of these visits, the most commonly reported issue was anxiety, followed by substance-related disorders, and also mood disorders (MHASEF Research Team, 2017). Just under half of these youth and children had no prior contact with a physician (MHASEF Research Team, 2017). This information painted a picture for Susan that most youth and children were accessing emergency health care when their mental health symptoms became more severe and this is one of the most expensive areas of the healthcare system. The goal of public health is to intervene early in schools to build resiliency and positive mental health skills in youth to decrease the number of individuals that make it to a crisis stage.

During her review of the literature, Susan found that school-based mental health interventions could be divided into three types: promotion, prevention, and treatment. The first, promotion, is focused on several determinants of mental health in the general population or a high risk group. The second, prevention, is aimed at increasing early detection and intervention. Lastly, the third option, treatment, is concentrated on recovery and minimizing the possibility of relapse (Min, Lee, & Lee, 2013). While Susan could see the value of having all three types, she knew that she needed to make a decision about which type of intervention she would suggest to the school board.

Susan recalled her meeting with Jeanette Gillespie, the principal of a local elementary school. The meeting was held at the school, which opened Susan's eyes to the reality of a rural elementary school. During her short visit, she was able to observe the same students coming in and out of the front office for similar disciplinary issues after every recess. She could tell that the teachers on duty had to manage the other children and the end disciplinary action was left with the principal—something that would distract Jeanette from her own administrative work.

"You see, last year there were cuts to special education from the Ministry of Education. This resulted in a decrease in the number of educational assistants we could have in the school and this was our first year functioning without a Child & Youth Worker on site," Jeanette explained.

"This meant that there was an increased burden on teachers for managing children with high needs or behavioral issues as well as trying to teach the curriculum to the other students."

Back in her office, Susan shook her head thinking about this conversation. Her initial idea for implementing a school-based mental health intervention was to have the teachers present and implement the intervention, but from what Jeanette was explaining, there would be a potential push back from teachers with the introduction of a school-based intervention. This dilemma

would need to be managed, because the literature that Susan had reviewed suggested that interventions that are implemented by teachers are better at sustaining longer term effects since the lessons being taught in mental health can be reinforced in the classroom even during other lessons (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012). Another benefit to using teachers is that they would already have developed relationships with, and an understanding of, each of their students, and they could concentrate more on certain themes for specific students or for a specific class depending on the year. The connection between students and their teachers has been shown to predict positive social and emotional outcomes, better interpersonal relationships, academic success, and lowered involvement in risky health behaviours (Waters, Lester, & Cross, 2014).

The only challenge mentioned in the literature that could be an issue for the implementation would be ensuring the quality of the implementation from each teacher. Each teacher who would be implementing an intervention would require training as well as resources to help with the implementation and ensure its efficacy in changing youth behaviour. The studies indicated that licensed mental health professionals who deliver interventions were found to have a greater effect; however, there is a threat to the sustainability of a program if it were to end and the practices taught to students remained solely with those students, rather than being reinforced in the school.

This thought brought Susan back to her conversation with a local high school principal, Nathan Hughes. While he would love to implement a preventative mental health intervention, his concerns are that with the current capacity that they have they are only suited to address acute mental health crises. When he mentioned talking to mental health nurses that work in the schools he said that they can barely make it out of the high schools because they are consistently on hand trying to manage a crisis either related to suicide or to substance misuse.

"While it would be great to have a class or lesson in the school that teaches positive mental health, I just can't picture the logistics," he said during their meeting. "Unless there was a curriculum change, it would be difficult to find time during the school day to implement any additional material, and if it is offered after school, there would be issues with supervision and attendance of those students who really need these lessons. Those who are currently dealing with mental health issues in high schools already have their hands tied with serious cases. Therefore, prevention work is usually the first thing to be placed on the back burner."

The differences between the elementary and secondary schools in the region would need to be taken into consideration depending on the type of intervention Susan would recommend. The types of intervention would and should differ depending on the age groups and also must take into consideration the capacity and hours of the school day for each setting.

PARENT INVOLVEMENT

At the last parent involvement committee meeting that Susan attended just before being assigned this project she heard parents voice their concerns for their children's mental health. This committee is an overarching meeting that is representative of all the parent councils in the county. One of the most passionate parents at this meeting was Maria Silber, a concerned parent who lost a nephew recently to suicide. Maria was very involved in the lives of her children, participating in the school parent council and in this overarching parent involvement committee.

"As members of this committee and parents ourselves, we have witnessed, experienced, and/or heard the difficulties in trying to seek mental health care for our youth," Maria stated in an exasperated tone.

"As many of you may know, my own sister just recently lost her son to suicide. After years of behavioural issues in schools and months of trying to navigate the hoops of our mental healthcare system, she was left feeling helpless when her son ended his life while he was waitlisted to see a specialist." Maria took a few moments to herself before continuing. "She was a single mother who worked two jobs to keep a roof over their heads and food on the table but that also meant she wasn't able to participate in parent council meetings or to take the extra time that my nephew may have needed from her. The building of mentally strong children should not fall solely on parents—the community that exists in the school should find ways to supplement what is being taught at home so that we don't lose any more lives."

Susan could recall the emotion with which she spoke and the tension in the room when Maria finished talking about her nephew. What Susan drew from Maria's story, more than anything, was the complicated lives most of the parents in the community lead and how it presented an obstacle for creating sustainable change in youth behaviour. From the literature, an important aspect of school-based interventions that was repeatedly mentioned was the involvement of parents in the mental health promotion intervention. The support of family and parents should be involved at all levels of mental health promotion. It has been shown that interventions that focus on strengthening protective factors within families, such as resilience, may be most effective for families that have one or more of the risk factors (Whitson, Kaufman, & Bernard, 2009). By improving parent-adolescent communication, there was a decrease in violent behaviour and positive attitudes towards drugs (Ruiz-Casares, Drummond, Beeman, & Lach, 2017).

Despite the importance of family involvement there exist several barriers and challenges that are not unique to the school environment but are particularly complicated to resolve, as Maria's story highlighted. How could Susan make a meaningful change in the lives of youth by involving their parents if their parents have competing commitments such as work? Or are there transportation issues in coming to the school or another location for a parent skills training session? This would need to be taken into consideration for any intervention that would be implemented at the elementary or high school level.

GOVERNANCE STRUCTURE

In the province of Ontario, health units are governed by a board of health. While there are five different structures in which a board of health can be organized, the three common models are autonomous boards, regional (upper tier) boards, and single tier boards (Ministry of Health and Long-Term Care (MOHLTC) & Ministry of Health Promotion and Sport (MOHPS), 2011). Autonomous boards have the ability to operate separately from the administrative structures of their municipality with the creation of their own policies and procedures, or they can be integrated into the municipal structure of their county and operate under their policies and procedures. In the case of the latter, they can have citizen representatives or provincial appointees serving on the board (MOHLTC & MOHPS, 2011). Regional boards operate under the mandate and authority of the regional council with no citizen representatives or provincial appointees (MOHLTC & MOHPS, 2011). Lastly, single-tier boards of health operate under the mandate and authority of the local city council, where the council members are appointed to the board of health (MOHLTC & MOHPS, 2011).

For Susan Miller, her health unit falls under the autonomous board structure, with the board of health for the county being represented by County Council members such as the mayors of the local municipalities within the county as well as county councillors. The responsibilities of the board of health have been outlined in the Ontario Public Health Standards, and it makes them accountable for the assessment, planning, delivery, management, and evaluation of public health programs, as well as addressing public health needs (*Health Protection and Promotion Act*, R.S.O. 1990, c. H.7, 2017). Susan would need to keep in mind the role of the board of health as she moves through the steps of planning and implementing a school-based mental health intervention. None of the individuals who comprise the board of health for Great Lakes County hold an academic or professional background in health, let alone mental health, which means that when Susan prepares to present for this audience, she would need to tailor her information for a non-health audience.

ROLE OF THE SCHOOL BOARDS

While Susan had begun her discussions with the front line workers in the school, such as teachers and principals, the school board directors are the major actors that would need to sign on before any intervention is implemented. In Great Lakes County, there are two school boards: the Catholic school board and the public school board. Each has employed one mental health lead in order to address mental health in their schools. During her conversation with the public school mental health lead, Angelina Powers, Susan uncovered the process that she would have to undergo prior to a meeting with the school board director.

"As you might guess the school board director, Andy Hynes, is very busy. My job is to make sure that if he is to sit down to discuss implementing an intervention within his schools that the intervention addresses a need in the student population, and that it will be effective in addressing this need," Angelina said between sips of her coffee.

"Even if Andy agrees to begin the process of selecting and implementing a school-based mental health intervention, one intervention may not work for all the schools," Angelina continued to explain. "Since each school has a unique set of school improvement goals that have been deemed as important by the school, any mental health intervention that is implemented should also be in line with these goals to facilitate the implementation process for staff and teachers."

While none of this was new to Susan, it indicated that the initial planning process could be very time consuming if she were to consult with each school individually in order to establish how their school improvement goals would align with a particular intervention. Perhaps her relationship with Angelina and the other mental health lead would become a very key partnership in order to increase the efficiency throughout this project.

MANAGING EXPECTATIONS

In the area of health promotion, there is an increased use of theories and frameworks grounded in implementation science that are used to ensure the use of evidence to inform practice (Gaglio & Glasgow, 2012). Another definition explains that implementation science is, "[t]he scientific study of methods to promote the systematic uptake of research findings and other EBPs [evidence-based practices] into routine practice, and, hence, to improve the quality and effectiveness of health services". (Eccles & Mittman, 2006). For Susan, both of these definitions reinforced her planning process in trying to use the most recent data in mental health promotion and combine it with the tools and frameworks described in implementation science. This ensures the maximum uptake of improved habits in mental well-being, which in turn, reduces risk factors associated with mental illness later in life.

Susan saw one major obstacle to the successful implementation of her intervention: managing the expectations of all the stakeholders who would be involved. As is the case with high profile cases of mental illness, the focus and attention was on emerging mental illness rather than mental health promotion. Many of the solutions proposed by families aimed to increase mental health services such as therapy or mental health beds. Susan knew that one of her biggest challengers would be to have these families, who are viewed as champions for change in their own communities, switch gears away from acute mental healthcare delivery to upstream social behavioural interventions that can be implemented in elementary schools.

Similar to the families, the school board representatives would have a hard time agreeing to developing mental health promotion interventions for youth not yet displaying mental illness, when they are preoccupied daily with secondary level prevention for adolescents. However, these two groups would not remain in consensus for very long once the question of who will be involved with and delivering the intervention arises. As Susan had explored earlier, the role of using teachers as intervention coordinators would involve negotiations and discussions with not only the teachers but also their employer, their school board, and their unions. They would need to determine the length of time that each teacher would dedicate to mental health promotion and what subject learning time would need to be cut in order to deliver these new lessons.

On the other hand, parents and legal guardians may be asked to spend more time with their child at school during the intervention period or at other times to complete exercises. Many parents may begin to point fingers at the teachers and school board for not 'doing their job' and creating more work for parents.

CONCLUSION

Susan had only a few weeks before the committee meeting where she would be presenting her recommendations on school-based mental health interventions for schools in the Great Lakes region. Prior to this meeting, Susan's goal was twofold: find a way to convince the stakeholders of the importance of an intervention focused on mental health promotion in the elementary-school years and identify potential barriers that exist for each stakeholder involved in the intervention.

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INSTRUCTOR GUIDANCE

"School, Interrupted"

Elizabeth Dent, BSc, BSoSc, MPH (MPH Class of 2017)
Shannon L. Sibbald, PhD (Assistant Professor, Western University)

BACKGROUND

Due to the fact that there is currently no national youth mental health strategy, each jurisdiction is faced with managing and preventing mental health issues in their communities. Through school-based mental health interventions public health professionals have the potential to impact a large portion of youth in their community in a setting with which youth are already familiar. Susan Miller, a health promoter with the Great Lakes Public Health Unit, has been tasked with making recommendations about what type of mental health intervention should be implemented in the local elementary and high schools. The main objective of this mental health intervention will be to enhance protective factors among youth as well as to decrease the risk factors that can lead to developing further mental health issues in adulthood.

OBJECTIVES

1. Follow Public Health Ontario's steps to program planning for a mental health intervention.
2. Identify barriers and facilitators to the implementation of a school-based mental health intervention.
3. Apply strategies to involve stakeholders such as parents in a mental health intervention.
4. Discuss the roles and responsibilities of the various stakeholders in developing an intervention.

DISCUSSION QUESTIONS

1. Which option do you feel is best for an elementary school intervention and for a high school and why?
2. Which stakeholders should be involved in the different processes of the intervention? Are there any missing from the case? Justify your choice.
3. Which implementation theory/theories should Susan be using throughout her project? Justify your answer.
4. List the barriers and facilitators that exist for the implementation of a school-based mental health intervention based on the location of the school (i.e., rural vs urban) in Great Lakes County?
5. How will the program be evaluated and which organization will head the evaluation process?

KEYWORDS

School-based mental health; program planning; stakeholder analysis; implementation science.