

Shaping A Mental Health Curriculum for Canada's Teacher Education Programs: Rationale and Brief Overview

By Susan Rodger, Kathy Hibbert, Alan Leschied, Laurel Pickel, Magdalena Stepien, Melanie-Anne Atkins, Adam Koenig, Jessica Woods, and Matthew Vandermeer

It is a well-known and accepted statistic that one in five Canadian children will experience a significant mental health challenge prior to their 18th birthday; this is a conservative estimate given the many who suffer 'under the radar' with transient sadness, depression, and anxiety (Flett & Hewitt, 2013). And if we have yet to be sensitized to this critical period of childhood and adolescence, longitudinal studies indicate that 70% of adults who experience an emotional disorder report having their first onset episode prior to the age of 18 (Kessler et al., 2009).

The inevitable conclusion is that the social and developmental period of childhood and adolescence represents both a critical period in appreciating mental health onset and, more optimistically, provides the opportunity to influence, educate, support and ultimately promote education and knowledge related to mental health literacy. This opportunity exists both for the young people themselves and, just as importantly, for teachers who are among the most influential individuals in the lives of children and youth.

The Critical Importance of School Based Mental Health Literacy

Increasingly, schools are viewed as a necessary part of a system of care in support of child and youth mental health service. Canada's National Mental Health Commission (2011) identified school-based mental health as a major target of service development in Canada's future system of care. The Canadian Policy Network identified that the strongest return on invest-

ment was for children's mental health education, including emotional and behavioural disorders, to occur within schools (Roberts & Grimes, 2011). The Evergreen Framework, authored by Dalhousie University's Dr. Stan Kutcher, provided a challenge for renewing Canada's commitment to addressing a child and youth mental health framework in stating:

For too long, the mental health of young people has not been a priority across Canada. For too long, child and youth mental health has been orphaned within a mental health system that is itself orphaned within Canadian health care. The time to act, to create positive change is now.

(National Mental Health Commission, 2010, p. 2)

Recent Research

In 2012, the authors completed an environmental scan that provided an overview of mental health-related courses available

Susan Rodger, Kathy Hibbert, and Alan Leschied are Professors in the Faculty of Education at the University of Western Ontario; Melanie-Anne Atkins and Magdalena Stepien are Ph.D. Candidates at the University of Western Ontario; and Laurel Pickel, Adam Koenig, Jessica Woods, and Matthew Vandermeer are all recent graduates of the Master of Arts Program in Counselling Psychology at the University of Western Ontario.

to Canadian pre-service teachers enrolled in Bachelor of Education programs. We created an aggregate score representing the degree to which any individual course met our pre-determined criteria; that is, each course was awarded one "point" for the presence of each of the following elements associated with mental health literacy:

The "what" (Topic): the course description included the words "mental," "health," "emotion/al," "stress," "wellbeing," or a specific mental illness (i.e. "depression," "anxiety," "eating disorder," etc.).

The "how" (Practice): the course description indicates that students will learn about supports, strategies, resources, or other things related to implementation, practice, or working effectively.

Relationships: the course description indicated that students would learn about being a helper, forming helping relation-

ships with students, or understanding the importance of relationships for wellbeing.

The title: the course was awarded one 'point' if the title clearly signaled that the course was about "mental health," "stress," and/or "wellbeing."

Using this rating system, the minimum and maximum scores for courses could range between zero (does not reflect any of the required elements) to four (has all the required elements). Initially, over 700 courses were reviewed and of these 217 met at least one criteria. After the review, it was found that 104 courses met one criteria, 84 courses met two criteria, and 23 courses met three criteria; however, only two courses met all four criteria.

Focus groups and interviews were conducted with 50 stakeholders across Canada, including researchers, administrators, teachers, parents, teacher education students, secondary school students, and recent secondary school graduates. Unanimously, focus groups and interview participants indicated that Bachelor of Education programs were not adequately preparing teacher education students to identify and address the mental health needs that they will see in their classrooms once in the field. Moreover, it was noted that training and education around student mental health largely focuses on awareness of legalities (how to protect one's self legally), not the awareness or relationship aspect of how to approach students and parents. Both teacher education students and current teachers reported that they needed more help in learning how to approach students and parents about suspected mental health concerns.

The Role of Teachers

Teachers play a pivotal role as they shape each generation. Teachers hold a particularly influential role in the learning and development of children and youth through their opportunity to observe students over an extended period of time. Through relationship building teachers become particularly vital when considering issues of mental health and the trust that it takes for a student in need to have someone in their

immediate world that they can reach out to for help. Yet, teachers will be the first to acknowledge that they are ill-equipped to be on the front line of mental health care. This not surprising as, from our scan of all university teacher education programs in Canada, we could identify only two university teacher education courses that met our predetermined criteria for a mental health literacy course.

The Need for Curriculum

The absence of teacher education curriculum related to mental health literacy is not surprising since teacher education programs must balance many priorities to prepare teachers to understand theory, curriculum, pedagogy, and policy. What teachers shared with us, however, is that teacher education must also reflect an understanding of what mental health is, how it can be enacted in a classroom and school setting, how to recognize and work with children who have mental health problems, and how to foster mental health wellbeing.

Suggested Curriculum Content

The recommendation from our scan endorses that faculties of education across Canada need to increase the number of mental health-specific courses offered and make these courses mandatory for all teacher education students. We are not the first to make such a recommendation. Weston, Anderson-Butcher, and Burke (2008), have presented a framework that identifies the key competencies in mental health that all teachers should have, and they observe that, "Teacher preparation programs have yet to respond adequately to the contemporary and complex psychosocial dimensions for schooling" (p. 28). Based on what we learned by conducting this project and how we view the unfolding of course content in this area, we propose that mental health literacy course content focuses on general issues that could potentially influence a great many children, including: those who experience parental divorce; children with same-sex parents; children of parents with mental health and substance use disorders; children living in poverty; children new to Canada; understanding mental health and wellbeing; knowledge regarding specific mental health

challenges; stigma and discrimination; experiences with mental health challenges; seeking help and finding support; the value of mental health and wellbeing; responding to mental health needs; and finally, linking violence and mental health adjustment.

The Way Forward

The need for school-based mental health literacy and course content is resonating across many jurisdictions in Canada. We heard a call to help make schools healthier spaces to learn and teach in, and to help teachers learn to look after their own mental health in order to support their students. With the support of Physical and Health Education Canada and AstraZeneca, it is our hope that within the larger submission of this work, which can be found at: www.teachresiliency.ca, the knowledge gained to date will further inform collective efforts to support teachers in their role within the child and youth mental health framework. ■

Acknowledgements

This research was conducted for PHE Canada as part of the AstraZeneca Young Health Program, a global, community investment initiative that aims to address the impact of non-communicable disease among youth around the world. Learn more about the Young Health Program at www.younghealth.ca, and this research at www.teachresiliency.ca

REFERENCES

- Flett, G. L., & Hewitt, P. L. (2013). Disguised distress in children and adolescents "Flying under the radar": Why psychological problems are underestimated and how schools must respond. *Canadian Journal of School Psychology, 12-27*.
- Kessler, R. et al., (2009). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry, 6(3)*, 168-176.
- National Mental Health Commission. (2010). *Evergreen: A child and youth mental health framework for Canada*. Ottawa, ON.
- Roberts, G., & Grimes, K. (2011). *Return on investment—Mental health promotion and mental illness prevention*. Canadian Policy Network at Western University.
- Weston, K. J., Anderson-Butcher, D., & Burke, R. (2008). Developing a comprehensive framework for teacher preparation in expanded school mental health. *Advances in School Mental Health Promotion, 1(4)*, 25-41.