

Additional Mental Health Supports in Schools Builds a Positive Classroom Atmosphere for
Holistic Learning:

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Abstract

This paper is set within the context of my academic journey during my Bachelor of Social Work and Master of Education programs. As well as my lived experience from working within the Saskatchewan Education System. I became interested in youth and mental health at the beginning of my education journey in 2007 and have spent the last ten years working with young people in various mental health roles.

Throughout my work experience I have consistently witnessed the importance of having mental health supports available during regular school hours and after hours. Many students struggle with mental health which affects their ability to focus and learn in class. Students are not getting the mental health support they need from the education system and many schools are seeing budget cuts. I assert that it is the education system's responsibility with the support of municipalities and the provincial government to provide mental health support for students during school hours and after school. The education system must both teach our children and offer additional support to bring equity into the classroom and launch students on a path towards scholarly success.

I am advocating for support consistency by having the school's counsellors on site during regular school hours. This consistency implies that these services will develop into a standardized plan across all schools. The risk of not implementing these changes is that students could struggle to obtain good grades and have difficulty attending school regular.

Keywords: Youth, Mental Health, Education System, Further Support, Additional Services, Funding.

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Chapter 1: Introduction

“We are what we repeatedly do. Excellence, then, is not an act, but a habit”

- Aristotle

My Journey as a Student in Primary School

While attending Primary School in Niagara Falls, Ontario in the early 1990s, my personal growth suffered due to a lack of support for mental health from within the education system. When I reflect on my childhood, I remember that many of my friends, including myself; struggled financially and emotionally. We grew up in a lower-income neighbourhood and our school didn't have grass to play on; we played in a church parking lot.

I can recall in Grade 4, starting to “act out” as I looked for attention while issues were going on at home. At that time, best practice was to send me to the principal’s office or to the resource teacher. I was called out when what I really needed was support from the school. I was told I was “attention-seeking” when I was actually connection-seeking. No one asked me if anything was happening at home or if I needed to talk. I was told to “stop being a class clown” and to act according to the school’s behavioural expectations.

These experiences from primary to high school did nothing to teach me emotional regulation, nor did I learn how to identify and express my feelings and emotional needs. Then, as I was transitioning into high school, my mom was diagnosed with cancer. I remember a social worker in Grade 9 asking me if I was okay while I was in her office. I said “yes”, asked if we were done, and walked away. I was not asked again for four years how I was doing. I struggled, was suspended, and then dropped out. My behaviour screamed for help, but I was known as a “bad kid”, a kid who was looking for attention while no one provided support. As I grew up; and

with a large heart and first-hand experience, I knew I wanted to help others and to understand my own pain.

My Journey as a Social Worker

My educational journey coupled with the right experiences eventually led me towards the Social Work program. I took two diploma courses called “Police Foundations” and “Social Services Worker” before enrolling in the Social Work degree program at the University of Regina in 2014. Going through the Social Work program opened my eyes to how the multi-system approach can be challenging to navigate and has led me to identify many of the flaws in the Canadian system.

One thing remained the same as I worked as a school counsellor in various regions and schools: schools struggled to offer adequate mental health support. I was in some schools only once a week when it was clear that there should be someone there all five days. At other schools, I was there three days a week, but again a full-time counsellor was needed.

Because of COVID-19, many students struggle with their mental health. Many services shut down or reduced their services and were only accessible online. Many students did not have adequate equipment or did not feel safe accessing online support from their homes. As a result, we frequently lost communication with families during COVID-19 when schools went online. When schools began meeting again in person full-time, we saw an increase in individuals seeking mental health services across Canada.

I saw how many families were struggling to access services due to difficult financial situations or by not having the time to take their children to appointments due to geographic barriers. A significant example of this is those who lived in rural communities outside of the bigger cities like Saskatoon, SK. Many smaller communities do not have public transportation.

Other times the wait list for services was up to six months long and students could not receive the support they needed. I often felt defeated and overwhelmed; that I was failing the students because I did not have the time or resources necessary to provide the intensive one-to-one support they needed.

My Journey in the Master's of Education Program

Prior to starting my Master of Education (M.Ed.) I was completing my Master of Business Administration (MBA) while working as a school counsellor. My goal had been to work with my husband in his business or to open my own business. However, I struggled to complete some of the courses in my MBA due to my educational background in social work. I did not have the knowledge or experience to excel in the mathematics component or marketing courses. I decided that completing my MBA was not what I wanted nor what I should be doing. At that time, I was working in a high school as a school counsellor and thought a M.Ed. would be a better fit for me. There were still management courses in the M.Ed. program, and while working in the education system, I discovered that I loved curriculum building and supporting the students. During the end of the 2020 pandemic, I decided to pursue my M.Ed. It has been one of the best decisions I've made in the last two years.

The biggest challenge I found as I began to pursue my M.Ed. was balancing work, school, and my family. Those difficulties, and trying to stay calm in a pandemic while still being available to clients and my family was difficult for me. Through this I have realized how valuable self-reflection is and I have come to ask myself why I believe what I believe and to ask what is important to me in my work with youth. I now understand that it is acceptable to ask questions to try and understand why specific rules and policies are in place and how those rules

and policies affect the youth we work with. I have discovered a passion for advocating for both youth mental health since the pandemic and for additional support in the education system.

The Master of Education program has changed me in many ways. First, this program has altered how I see the western education system. It has opened my eyes to other teaching methods like Montessori and child-led teaching. The program has also taught me how important it is to provide children with interactive learning opportunities which increases their ability to form relationships between stimulus, act, performance, and consequence.

Analyzing each experience allows for problem-solving and critical thinking skills, observation of conditions, and how to value the developed hypothesis. It provides the ability to go through, experience, and answer the question of "why?". Once this is answered, it allows for intellectual growth which increases children's positive outcomes and life experiences. As well, it has taught me that management can be done in fun and charismatic ways. I have learned how much I enjoy learning different management styles and what fits well for me in my roles of counselling and counsellor supervision. It has also shown me that anything is possible with some discipline and determination. I have become more connected to the community and developed new friendships and views on life and learning.

I started this journey almost two years ago and did not know what the end result would look like or if there would even be an end. There was something inside of me driving me to do more for people and bring what I was learning back into my community to support the struggling youth. I decided to take the curriculum I built in EDUC 5031: "Curriculum, Teaching, and Learning" and bring it to life. I created a curriculum called "Mental Health Wellness 101" and turned it into a youth center! I started by facilitating the curriculum on Monday nights for two hours and volunteered my time to make it a free class. The program started as one day a week

and was completed in 4-week blocks. I knew I wanted the curriculum to grow into something bigger and I made that my goal and task to complete.

In January 2022, I focused on pitching my curriculum to other organizations and non-profits to research the need for additional free mental health support in schools or in my community. At that point, we did not have either. I spoke at City Hall and other events to find someone who recognized the same needs. After four months of fighting for people to hear my story and goals, I was successful in having a non-profit organization open a youth center and use my material to offer free mental health support to youth. The success was real and the struggle was real. I am now supervising and teaching staff how to facilitate and run the program. We run the program in 12-week blocks and offer a variety of support Monday to Friday from 3 pm to 9 pm. Funding is still a concern. But after these next 16 weeks, I will focus on writing grants and proposals to secure funding so we can continue to offer these supports for free. Without starting my Master's in Education, this journey would have never begun. I feel that I was able to take the knowledge I have learned to achieve my goals to contribute to society in a positive way.

My Teaching Philosophy and Philosophers who Influenced Me

When teaching and counselling students, the philosophy I utilize is to meet the students where they are. I employ a client-centred approach and focus on what morals and values they hold. I argue that every human needs connection to deal with trauma and that working inwards to deal with the root of the issue will support students to flourish later in life. As Maslow's Hierarchy demonstrates in Level 3 “the third level of human needs is social and involves feelings of belongingness. Belongingness, refers to a human emotional need for interpersonal relationships, affiliating, connectedness, and being part of a group” (McLeod, 2007). Using these approaches, I focus on a strength-based approach to counselling and utilize Cognitive Behaviour

Therapy. I see myself as holding humanistic values and believe all humans can live a positive and meaningful life.

My teaching philosophy and framework within the education system comes from many different philosophers such as Confucius, Plato, Aristotle, Aquinas, and Gabor Mate, who focuses his teachings and practice within the Vancouver East side. "Children, especially highly sensitive children, can be wounded in multiple ways: by bad things happening, yes, but also by good things not happening, such as their emotional needs for atonement not being met" (Mate, 2022, p.43).

I believe in the common good and supporting individuals to succeed in their life. I base this understanding on Confucius's philosophy that there are many things in life we can control and many things we can not. We need to let go of what we cannot control and focus on what we can. Gutek states, "we can control, however, our moral relationships and responsibilities to other people" (Gutek, 2011, p. 14).

It is important for humans to connect with others and not worry about things we can not change like our families of origin. I also believe that any community needs to have respect and open communication. Gutek (2011) quotes Confucius who "asserted that all human relationships should be based on good faith, genuine understanding, and respect for others" (p.17).

Being a person who holds meaningful values, and is contributing to society in a positive way is crucial to having a meaningful life. I also believe in mentoring and supporting students in their present state. In the field of education, we need to mentor others and build trusting relationships with our students. We need to provide students with opportunities to think for themselves, ask questions, and create a space for them to become critical thinkers.

Research has called for a push towards school-based mental health resources where schools and teachers play a significant role in shaping healthy child and youth development (CYAC, 2010). We see evidence that implementing mental health resources early on in children's lives can cause them to develop positive coping skills. A convincing link has been shown between mental health problems and difficulties with academic engagement, school achievement, absenteeism, retention/dropout, and social relationships (Dodge, et al., 2005). Many students struggle in school, whether it be due to addiction, learning difficulties, or focusing in class, we see many of these issues rooted in trauma. When children experience trauma and do not deal with it appropriately, they start to develop negative coping skills. These can be things like addictions, caving to peer pressure, skipping school, or other things of that nature. I argue that the educational system should be supporting students to learn positive coping skills without pressuring them to follow one specific path or goal in life.

Ultimately, as mentioned above, my philosophy is to support the students where they are and teach them how to think, as opposed to teaching them what to think. To teach students that it is okay to discuss trauma with the aim of working towards healing within.

As a system we may not be in a position to eradicate child poverty, but we are most certainly in a position to positively influence adolescent emotional well-being. A significant movement toward school-based mental health draws on a system of care approach to promote effective, accessible, and efficient mental health care for children and youth (Hibbert & Rodger, 2014, p.33).

I argue that by focusing on providing the necessary tools needed to create a positive and meaningful life, students will experience an increase in mental wellness which in turn will support them to do well in the education system.

Developing my Interest in the Topic

Supporting youth and developing barrier-free mental health support is essential. If our students do not possess the skills necessary to maintain positive mental health, how can they focus in school? If students do not feel heard or connected, how will they be motivated to develop goals and continue their education? I have yet to meet a student who did not want to feel like they belonged and did not want to do well in school. Students often have challenges to overcome. And while working in the school system, I decided to reduce the barriers that keep young people from succeeding in life.

Mental health services should not be limited to larger communities and families who can afford to pay for support. Many services and supports exist in large urban centers such as Saskatoon, however access to these resources is limited in smaller communities such as Martensville. I have made it my mission to ensure that Martensville and surrounding areas also have access to counselling, mental health services, and other resources.

Carter's Counselling was created from this social work value: that everyone should have equal access to services, regardless of where they live. I feel passionate about supporting people who are struggling with mental health. If students are struggling with anxiety or depression, it can be difficult for them to focus in class and achieve academic excellence. I truly believe that if we provide additional mental health support to students in the education system, we will see an increase in grades, attendance, and high school completion.

Presenting the Argument

I argue that the education system is in need of partnerships from the provinces and municipalities in order to provide additional mental health support in the schools for students to access barrier free services. The first of my three main reasons are that more students are

struggling in the modern world with their mental health than in the past: “Studies suggest that as many as 14-25% (over 800,000 in Canada) of children and youth experience significant mental health issues” (Waddell, Shepherd, Chen, & Boyle, 2013; Boyle & Georgiades, 2009; Canadian Institute for Health Information, 2009; Waddell, Offord, Shepherd, Hua, & McEwan, 2002).

My second reason is that if schools were to offer mental health support for free, it would reduce the barriers for students to access support outside of school hours. Reason number three is that if students were able to have their mental health supported, their academics would benefit and they would focus more in class. “Rates of depression and suicidal feelings among high school students have steadily increased in the last decade” (Thornton, 2022, p. 2). Many students are not prioritized by school counsellors and are left behind. “Findings indicate that school counsellors reported an increased need for counselling, but faced multiple barriers to supporting students, leaving those who most needed the support particularly vulnerable” (Alexander et al., 2022, p.1629).

The second chapter will consist of a literature review on how mental health was treated in the past, research on increased mental health diagnoses, and how COVID-19 has affected mental health in Canada. My literature review will support the above three reasons. The third chapter will explain what a mental health group is and the benefits, my experiences as a school counsellor, and recommendations on how to provide these services for free to youth in communities around Canada. This paper will conclude with the importance of supporting the next generation and some of the implications that may follow.

Chapter Two: Literature Review

Introduction

This literature review will study how youth are struggling with negative mental health in Canada and why the education system requires additional funding for mental health programs in the schools. My research topic is to examine how there is an increase in youth struggling in Canada with mental health, and how the education systems require more school counsellors. Poor mental health among youth has increased over the last decade and especially over the past two years with the COVID-19 pandemic. There has been an increase in mental health diagnoses among female Canadian youth between the ages of 5-25. Studies have shown that females have a higher risk of anxiety and depression than males' of the same age. (Phillips & Yu, 2021).

Research suggests that:

It is widely estimated that approximately 25% of school age youth face mental and behavioural health challenges. The vast majority of these youth are insufficiently treated, leaving them vulnerable to negative school outcomes such as attendance, behavioural, and academic problems. (Powers, & Swick, 2018, p.129).

Providing additional mental health support before and after school would decrease some of these problems that are occurring in the educational system.

During the last two years of the pandemic, research suggests that youth mental health has suffered. Providing services early in life can have a positive impact on individuals and the health system, "because mental health problems early in life are associated with significant impairment across family, social, and academic domains, immediate measures are needed to mitigate the potential for long-term sequelae" (Vaillancourt et al., 2021, p. 1633).

Research states that an individual's mental health challenges affect the family system as a whole. This can cause family breakdown and stress. Research has shown that high rates of mental health challenges and addiction (MHA) disorders is linked to the leading causes of morbidity and mortality in adolescents, young adults, and teenagers (Bokso, et al., 2021). As Bokso et al. (2021) stated, mental illness can affect the entire family. Mental health struggles can also exacerbate an individual's declining physical health, resulting in disease and even death. This is a critical reason to why having an increase in school supports for youth can have a proactive effect on the individuals' needs, as opposed to a reactive response to mental illness. Malla et al. (2018) found the following:

Mental health problems are associated with higher rates of smoking and substance abuse, nutritional disorders (like obesity), and sexually transmitted diseases. These comorbid risks (sic) are themselves associated with risk of health problems like diabetes, cardiovascular and respiratory problems, cancer, and dementia (p. 21).

Here there is a common theme of poor mental health increasing the risk of other illnesses in youth.

The COVID-19 pandemic has significantly impacted the lives of "children, youth, and their families and their access to mental health services due to new virus containment measures, such as social distancing guidelines, school and service closures, and the emergence of online mental health services" (Poss et al., 2021, p. 6). Children in many households have been negatively affected mentally by COVID-19, whether school-related or through a decrease in extracurricular activities. In one study, they utilized "a total of 47,417 mental health assessments to evaluate the impact of the current pandemic on the mental health service needs and referrals that youth were accessing in Ontario, Canada within 55 different mental health service

agencies”. This study found an increase in depression and anxiety among youth who participated in the survey.

The audience targeted by this study were individuals looking to access services, community members, families, and the education system. It was designed to better understand how youth mental illness impacts more than just the struggling individual. Targeting these participants was done to bring increased understanding and awareness of how-to best support youth who may be struggling. As well as to have the school community come together to support one another in hopes that doing this will decrease hospital admissions and increase school supports.

History of Mental Health

People have been experiencing negative mental health for many centuries. Often, when family members experience mental illness, it has negative financial and social impacts. It can also create a stigma around mental illness and wellness. At the beginning of the 1900's family members who were struggling with mental illness would be sent to mental institutions and subsequently spend their whole lives there. Those struggling with mental illness were often seen as a social burden. In the beginning of the 16th century, society relied on hospitals and asylums to treat or house patients struggling with mental illness. This is why asylums were created in the 16th century (Farreras, 2022). People often spent their entire lives in these kinds of places: "Such institutions' mission was to house and confine the mentally ill, the poor, the homeless, the unemployed, and the criminal". Evidence shows that many individuals were not treated well and there was little to no research on mental illness at that time. Many times, patients were placed in filthy environments and were chained to the wall. At times, the public could pay to watch the patients' struggles for their entertainment in the 16th century.

We still have institutions today that house people who are struggling with mental illness, and some suggest that conditions still lack cleanliness. However, things are changing. Today we see more awareness in understanding how individuals experience mental illness. “I don't believe, when I walked out of there, I was in any better state than when I went in,” says a patient who spent most of 10 weeks in a basement 'pod' for when the Dube Centre is over-capacity” (Macpherson, 2018, p. 4). Research shows that institutions may not be the best approach for youth mental wellness, while increasing school supports could be beneficial.

Benefits of Supports for Youth

There are many benefits to addressing mental illness from a proactive stance instead of a reactive one. The young are the next generation in today's changing world while COVID-19 has increased the number of individuals experiencing depression and anxiety. "In this recent UK survey, 83% of young people with mental health needs believed that COVID-19 had an adverse impact on their mental health, with specific concerns around loss of social contact and structured activities" (Cannon, 2020, p. 306). Research also shows an increase in youth experiencing a surge in mental health issues due to the COVID-19 pandemic. “Youth are society's vital asset, and their mental health is a priority for us all” (Bokso et al., 2021, p. 619). Research into the reasons why youth have struggled more during the pandemic can aid in allocating school and community resources to make youth mental health a priority in Canada.

There has been an increase in mental health disorders in youths which includes suicide. At the same time, we are seeing patients not being offered the support they need in an adequate time frame (Bokso, 2021). Many individuals are not receiving the inpatient or outpatient care they require in order to be stable and functional. This can affect students' grades and graduating: "there is evidence that mental health literacy programs, awareness campaigns, and early

identification of mental health problems may reduce stigma and contribute to increased help-seeking among youth” (Bokso et al., 2021, p. 618). There is evidence to show that investing in early intervention can be beneficial to decreasing the development of other illnesses. (Pollard et al., 2020). As studies have concluded, early prevention can increase quality of life and bring awareness to mental health itself.

“The incidence, prevalence, and distributions of mental health problems are not matched by the current availability and efficacy of care” (Boksa, et al., 2018, p. 323). As the research states, many individuals need intervention when struggling with mental illness. This can then cause hospitals to be overcrowded as there is insufficient community support or space available. Following the above statement, I argue that an increase in mental health supports within the education system could decrease hospitalizations.

School Counsellors and Funding

Over the years, the education system in Canada has seen a tremendous amount of funding cut from school programs, teachers, and school counsellors. Evidence shows that school counsellors are beneficial while budget cuts are still occurring. One study found that students were less likely to use non-medical prescription opioids (NMPOU) when there was an increase in mental health supports in schools. Probst et al., (2020) found the following:

A significant interaction between mental health impairment and school environment indicated relatively lower risks of NMPOU in students from schools that provide more mental health services and have stricter substance use policies. Mental health impairment increased the risk of NMPOU, but the school environment moderated the associations. These findings underscore the importance of mental health services and substance use regulations in schools (p. 295).

There is evidence that shows how important school counsellors are in the education system. For example, Probst et al. (2020) stated:

given the importance of the school environment in shaping adolescent behaviors (sic), students with a supportive school environment may be at a lower risk for opioid use, even with impaired mental health. Schools play an important role in recognizing mental health and substance use problems among adolescents and linking them to appropriate care (p. 295).

A study completed in Manitoba found there is benefit to having school counsellors in the schools. The study showed that for kindergarten to grade 12 students in Manitoba, some struggled to access support due to the limitations and unforeseen barriers within the school itself (Barlett, 2020). The research indicates that students benefit from mental health support, yet the data shows no increase in school funding. In Newfoundland, school counsellors service three different secondary schools in the province. The school counsellors can be responsible for nearly 500 students at a time. This can take a lot of time management and planning to support all of these students at once (Collie, 2019). This points to the fact that schools are struggling to provide adequate support to the student population.

Global News interviewed students within Canada, and many disclosed that there is a lack of counsellors at their schools. They also felt that career planning was not addressed at the schools. Students were also hoping to have additional education on that topic from counsellors (Collie, 2019). Students struggling with mental illness are now impacting the career planning for others, as crises often come first within the schools. “Mental illness is a major issue for youth 15 to 24. The 2016 census data found that the demographic has the highest rates of mood disorders, and suicide remains the second leading cause of death” (Collie, 2019. p. 5). This data is evidence

to support an increase in funding to school counsellors and for students to have access to barrier free mental health supports within schools.

Hospitals and Mental Health Patients

Many hospitals in Canada are seeing an increase in individuals accessing emergency departments (ED). However, this is not new data. Canada has seen its health care system struggle for the last 20 years in various services. "ED overcrowding has been a key issue in Emergency Medicine in Canada for more than 20 years" (Affleck et al., 2013, p. 362). Many emergency departments have seen a significant increase in individuals accessing the emergency department due to mental health concerns. One study identified a 47% increase in patients presenting with mental health concerns compared with a 9% increase in the total number of youths accessing the Pediatric Emergency Department within this study's time period" (Mapelli et al., 2015)

We are seeing an increase in individuals being discharged from hospital due to a lack of available beds for inpatient care as the hospitals are at overcapacity. With an increase in discharges, there has to be adequate school and community support for individuals to access. "A substantial proportion of young Medicaid beneficiaries who present to EDs with deliberate self-harm are discharged to the community and do not receive emergency mental health assessments or follow-up outpatient mental health care" (Bridge et al., 2012, p. 215).

Studies also found that many patients were accessing hospital support due to a lack of community supports available. Affleck, et al. (2013) found the following:

Acute care bed capacity can also be significantly affected by patients who occupy acute care beds but who actually require an "alternate level of care" (e.g., long term care, rehabilitation etc.) and yet cannot access this care because of shortages in community resources and post-acute bed capacity (p. 263).

We have seen bed overcapacity in the emergency department and other wards already for many years. The Dube Centre is a psychiatric hospital that has 54 adult beds and 10 youth beds. The Dube Center has been at overcapacity for the last 7 years and uses other floors in the hospital to accommodate patients struggling with mental health.

In 2017 the psychiatric ward could have an average of 68 patients at one time accessing support (Macpherson, 2018). We are also seeing hospitals that lack the staff and supports necessary to meet the needs of patients. Mental health concerns are rising within youth since the COVID-19 pandemic but we still see inconsistent support and services being offered to youth in a timely manner. The supply and demand are not meeting quota (Stewart et al., 2020). Research shows that throughout the COVID-19 pandemic, many services have seen an increase in demand and a decrease in supply. School closures due to COVID-19 in 2020 in Saskatchewan could be a factor as to why hospitals have seen an increase in students who are not able to access school support.

Stigma and Mental Health

Some students may not wish to access additional mental health support in their school due to the stigma surrounding it. They may be concerned about what their friends may say if they attend a mental health program at school. “Stigma of mental illness refers to the devaluing of a person based on negative beliefs, attitudes, and perceptions about mental illness that mark a person and their family as different from a socially accepted and dominant norm” (Link et al., 1987, p. 1470). The preceding quote shows that some families and youth will not access programming at school due to the social stigma attached to it.

There are other stigmas as well. “Family stigma refers to the ways caregivers and other relatives may also experience a devaluing of their identities as a result of being associated with a

family member with a mental health issue” (Lefley et al., 1989; Van der Sanden, Bos, Stutterheim, Pryor, & Gerjo, 2015). If a parent or caregiver works in the school or is well known in the community, they may not wish to have their child access mental health support at their place of work.

It is common to see parents blaming themselves if their child's needs or wishes to access mental health support in the education system are not met. Some families “may also experience prejudice and discrimination and have similar negative stereotypes and prejudices attached to their identities because of their relationship or proximity to an individual with a mental illness.” (Bussing et al., 2009; Pejler, 2001; Van der Sanden et al., 2015). Often parents feel that their children are a reflection of them and that if their child is struggling, it will reflect poorly on the entire family.

As Liegghio (2017) states in her research:

The main themes to emerge were that (a) all the caregivers involved in the study had denigrating and negative encounters within and across the service systems involved with their families for their children’s mental health, and (b) multiple pathways and fragmentation of the service delivery system exacerbated the stigmatization. These encounters revealed the ways structural stigma occurred (p. 303).

It is often seen that a person who has had a negative experience accessing mental health support in the past may not want to access it further. This is due to both the attached stigma and past negative experiences. Additional research suggests that youth do not want to access support as they may be seen as a “bad” child. Participants from a research study stated that the school system often creates the idea that people access support due to bad behaviour and that many

children choose not to access support due to this stigma. There are replicated and reinforced images of bad children exhibiting bad behaviors (Liegghio, 2017).

The stigma around mental health can be a significant barrier to a successful program operating in a school. Suppose the community where the programming is being offered has an opposing view or experience about accessing mental health support? In that case, the program may not be successful due to having lower funding or lower numbers of youth accessing the supports.

Successful Youth Programming in Canada

When looking at the research of other programs demonstrating similar work, there is an organization in British Columbia who has been quite successful with supporting youth called Stigma Free Society. Stigma Free Society (2022) states that in “in rural and agricultural communities across North America, there is a mental health crisis due to the lack of resources that exist, and stigma discourages people from getting help.” This organization has created online tool kits for youth and individuals living in rural areas to better support themselves in achieving mental health wellness.

This organization also talks about the benefits of early intervention with children. Research suggested that if organizations can provide primary care at the beginning of low feelings or a mental health struggle, that the resilience of a youth can be increased for their entire life (Paquette, 2020). Placing additional supports in the schools after hours could help with emotional development. It could also lay a foundation for youth to be able to regulate their emotions and deal with traumatic situations if provided the tools at a young age.

Stigma Free Society (2022) states that “not only can mental health impact academic performance and success, but it may also interfere with social relationships and physical health.”

When looking at a holistic approach in the education system by implementing additional mental health support we could see an increase in academics, youth physical health, and mental health.

Lastly, Stigma Free Society (2022) suggests that “to ensure optimum growth and development, mental health education needs to begin during early years.” By having early education about mental health, we could see an increase in self-esteem and self worth and a decrease in bullying. Through the tool kits mentioned earlier being provided to children at an early age, it decreases some of the stresses teachers face day to day with youth who are struggling.

Another program researched is called Foundry, which offers support to youth as well. “By bringing together core services and supports, Foundry will support young people ages 12-24 and their families with easy access to care” (Foundry, 2022). Foundry brings together supports and meets youth at their level to support their mental wellness; both core components of my mental health approach. The Foundry organization understands how important it is for youth to be able to access support within the education system.

School is an important setting for supporting the mental health and wellness of young people. Foundry offers resources and tools to help people working in school communities learn more about mental health and support student mental wellness in a variety of ways. (Foundry, 2022).

Foundry has centres placed around British Columbia and offers free and confidential help for youth to access if needed to support their mental wellness journey. These services are beneficial and very important for youth to know about. The province of British Columbia helped fund part of Foundry and they have become very effective at increasing mental health awareness and reducing stigma.

Conclusion

This literature review has looked at the reasons for why it is crucial to have barrier-free mental health support in the education system for youth. The literature has also revealed how there is an increase in youth mental illness in Canada and how the direct impact the COVID-19 pandemic has had on youth mental health over the last two years, “mental health services for children who have returned to school during COVID-19 remain a major priority” (Dillon et al., 2021, p. 1).

The preceding research has also examined the budget cuts affecting the education system. The British Columbia Teachers Federation is seeing an increase in students struggling with mental health and the number accessing supports due to the small number of counsellors being funded. (British Columbia Teachers Federation, 2015). There is also research that explores the benefits of early preventative services and supports for mental health outpatients. Research supports that youth are experiencing a negative impact on their mental health due to the COVID-19 pandemic. Youth are struggling with their mental health, yet we are continuing to see no increase to additional mental health supports within the schools.

Many young people who struggle with mental illness are more susceptible to other diseases and conditions. We also see how youth who struggle with mental health have an increased risk of death. The preceding research explores how youth are affected by negative mental health, and how an increase in the number of youths accessing supports leads to beneficial outcomes. The research shows that a preventative model and having supports within the education system for youth could increase mental wellness.

However, as shown in this review, the primary issues and concerns are no increase to services and services that are inadequate to meet the needs of youth struggling with mental

illness in Canada. Many patients are being discharged, and there are no follow-up services available. More research will be explored to address how to better implement services and utilize education and/or funding rather than reducing services and cutting budgets.

Chapter Three: Professional Application

What is a mental health group?

It is being argued that the education systems, provinces, and municipalities should provide financial contributions to the education system to provide barrier-free mental health support. That money could be effectively utilized by using mental health groups that are cost effective and also provide long-term results for the students accessing them. A mental health group is a place for youth to come together and feel safe to open up. They learn ways to deal with some of the emotions they experience in their day-to-day lives.

There is no true definition of a mental health group. The World Health Organization (WHO) identifies mental health groups as:

critically important for everyone, everywhere, and goes beyond the mere absence of a mental health condition. It is integral to well-being, enabling people to realize their full potential, show resilience amidst adversity, be productive across the various settings of daily life, from meaningful relationships and contribute to their communities (World Health Organization, 2022).

Keeping this definition of a mental health group as the main focus and offering support builds a strong foundation to create a thriving youth group. Topics discussed in these groups can be depression, anxiety, self-care, boundaries, eating disorders, positive self-esteem, and other things of that nature. A mental health group is beneficial for individuals with anxiety who are seeking one-to-one counselling. They can also be beneficial and cost-effective for those who

can't afford one-to-one counselling. Research has shown that group counselling can support youth in coming up with goals which creates a significant positive outcome within the youth attending the group.

One thing mentioned about mental health groups is that the students need to feel welcomed and comfortable. That is necessary for them to feel safe which allows for change to occur within them. By hiring adequate staff to facilitate the programming, more youth will feel comfortable about sharing personal information within the group setting (Pyle et al., 2015). Group counselling can benefit youth who need to see that they are not the only ones going through difficult things, and it provides an opportunity for new perspectives and solutions. "Group counselling provides an opportunity for students to hear and discuss different approaches or views concerning the same problem or issue" (Falco et al., 2020, p. 6).

Offering a mental health youth group is effective in supporting those who are unable or choose not to connect with their school counsellor. It is a way to hear different perspectives by having various staff members deliver the material. When comparing group and one-to-one counselling, a group experience can provide the participants with lasting friendships, accountability partners, and ongoing support when the group is no longer accessible. They are also a place to hear other individual's stories who may be experience the same situations and feelings as you (Falco et al., 2020).

The main goal of a mental health group is to support students, to decrease the number of struggling youths, and to create connections between the youth and the staff members. Ultimately, it must be a safe place for all to express how they are feeling. The main goal of the education system funding such groups is to allow youth to achieve their dreams by increasing mental wellness with additional mental health supports in schools.

Analysis of Organizational Readiness

When considering making changes or implementing a new project, it is wise to complete a Strengths, Weakness, Opportunities, and Threats (SWOT) analysis: “the overall evaluation of a company’s strengths, weaknesses, opportunities, and threats is called SWOT analysis. It’s a way of monitoring the external and internal marketing environment” (Kolter et al., 2013, p. 45). In order for the program to be effective, there needs to be goals and a strategic plan in place for how one will achieve the program.

Goals allow a program to focus in on what they hope to achieve. A strategy is a way to implement the goals by creating a plan of how to get there. Some of the strengths of mental health programs include connecting students with additional supports, having resources for students to access after school, providing opportunities for students to interact in a safe and positive space, and creating a healthy community for all. Some of the weaknesses can be insufficient funding, students being emotionally exhausted at the end of the day and not wanting to attend programming, students not having transportation to get home after the program, the community and school division choosing not to support the program, and high staff turnover due to the programs taking place in the evening.

Programs provide many opportunities for students, such as connecting with teachers or peers outside of school hours, free mental health supports in a safe space, building self-esteem, and so on. One study collected research on good relationships within schools “Many students talked about strengthening relationships with teachers, and teachers talked about their awareness that forming good relationships with students is important to them.” (Mental Health Commission of Canada, 2013). Schools and communities benefit by having opportunities to get involved and spend quality time with young people, as well as through the creation of a Youth Advisory

Committee. Threats to the program could include having fights or assaults occur on the premises. We could also have students attending while under the influence of drugs and/or alcohol, or bringing alcohol into the program.

Program Vision

If the program were expanded and funded by school divisions, we would hire facilitators and have space in the school to operate five days a week for six hours per day. It is estimated that 12-15 youth per day will directly experience a positive outcome. From 3:00pm to 6:00pm we would have drop-in time to work on resumes, homework, and skill building. From 6:30pm to 8:30pm we would complete educational programming on topics such as healthy coping skills, recognizing triggers, emotional regulation, the cycle of abuse, and so on.

The positive outcomes that will be experienced as part of this project are both immediate and long-term. The youth in attendance will benefit by having barrier-free access to mental health services in a safe and welcoming environment. Benefits include learning coping skills for trauma, anxiety, depression, mental health disorders, substance use disorders, peer-pressure, self-harm, and family dynamics. This service will also give youth something productive to do and will promote positive social connections among youth in the community. This is beneficial for the youth, their families, and the community. Long-term benefits for the youth might include better communication skills, improved interpersonal relationships, better ways to regulate emotions, and so on. The hope is that these skills will carry forward on a long-term basis.

Program Objectives

Programming will incorporate evidence-based social work techniques and therapies such as Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Systems Theory, Solution-focused Therapy, Acceptance Commitment Therapy, Trauma-Informed Care, Art Therapy, and

Narrative Therapy. These therapies have been proven effective at both educating and treating various mental health symptoms and disorders, and will be used to develop programming for the youth. Specific therapies will be used intentionally depending on individual situations and challenges faced by some youth.

We have seen research that demonstrates Cognitive Behavioral Therapy (CBT) is successful when working with youth who struggle with anxiety or depression (Kodal et al., 2018). A youth research study determined that the long-term effects of Cognitive Behaviour Therapy causes youth to have reduced anxiety: “in conclusion, outcomes of CBT for youth anxiety disorders delivered in community mental health clinics were improved at nearly 4 years post-treatment, and recovery rates at long-term follow-up were similar to efficacy trials” (Kodal et al., 2018, p. 56). Cognitive Behaviour Therapy will be the therapy used most often as there have been many studies that point to a significant success rate.

Program Implementation Plan

In order to successfully implement this program, I have attached a budget at the bottom of the assignment to explain the costs of implementing the new program. The first task would be to create policies and procedures for the staff to understand what is expected of them while facilitating the program. “Policy – more detailed information and interpretation based on the Policy Statement, which could also include specific objectives/goals. Procedures – an outline of steps required to implement the policy like who does what, how, and in what order” (Education and training - province of British Columbia, n.d.).

We would then need to secure a school that allows us to utilize their space after hours in order to deliver the program material. We would need to ensure we had adequate funding in

order to operate at full capacity and facilitate the program. Once this is completed, we would need to hire staff to facilitate the programming.

We would interview candidates using a behavioural interview style. By utilizing this approach, we can examine how the candidates might act and respond when working in a setting with youth. We do this by analyzing their behaviour and communication skills. We would offer training for the program and explain the goals, mission, and values to the successful candidates. Once we have the funding, a building, policies, procedures, and staff, the last step would be connecting with the students and having them attend the program.

Program Evaluation

When looking at other successful agencies offering similar support, as outlined in my literature review, we researched organizations like the Foundry centers mentioned earlier in the literature review:

Foundry centres, we are using a data collection platform at all of our centres. This involves a tablet-based set of surveys and clinical tools used by young people as well as care providers, to help care providers get to know their clients and track their progress.

(Foundry, 2022).

When offering similar mental health programming in an education setting it would be beneficial to use surveys and questionnaires throughout the program to understand participants' experience. Also, as stated earlier, having one-to-one interviews with the participants is beneficial to getting to know the students attending. If writing is not their preferred way of communication, this gives them the opportunity to talk about their experience and evaluation of the program, as well as express any needs going forward.

Another means to acquire feedback and give opportunities for leadership would be to establish a Youth Advisory Council (YAC). This would be made up of trusted members that consistently attend the group. The council will be created using nominations and silent group voting. Each YAC member will act as a trusted ear that listens to both victories and concerns. The council will be paid a small amount for their time and will have meetings monthly with the management team to give them feedback.

We may also provide voluntary surveys to parents and teachers to see if they have noticed any changes in the students. It also allows us to understand how they feel about additional mental health programming and if it is supporting the community as a whole. Lastly, utilizing a sign-in sheet that tallies how many students are attending and for how long could be used. The hope is that by implementing this program we will see an increase in graduation rates, a decrease in crime, and better communication and self-control among the students.

My Experience Working as a School Counsellor

School counselling has been a dream of mine from the very beginning. Even as I was completing my Social Services Worker diploma my desire was there. I completed my practicum at a high school by teaching a life skills program to grades 11 and 12. I loved the feeling of being in a group and that we were able to trust each other and interact every day to learn and grow together. I started my journey by working in an elementary school in Saskatoon in 2017. I enjoyed working in a one-to-one setting with students while providing mental health support. I often used art therapy with the students to help them express their feelings. I could not spend as much time as needed with each student and it was clear that each school, I worked in needed a full-time counsellor. I could not provide the quality of care and support I wanted to

deliver while in schools. Often it seemed we were in the school to "put out fires" and refer to other resources and programs as opposed to creating positive change.

Mental health problems have been established as one of the leading causes of the global burden of disease. Approximately a quarter of all people worldwide will experience a mental disorder during their lifetime. With depression and anxiety becoming the leading causes of mental (sic) ill health globally, the numbers of people reporting mental health complaints are set to grow (Aleksandra et al., 2021, p. 65).

I found managing my caseload and the work that was expected of me was becoming difficult. After two years, I decided that it was not for me because I was not supporting the students in the way they needed. I argue that my lived experience is a valid reason for why the education system needs additional support to increase funding for mental health support. The Education system should offer after school mental health support and increase the number of counsellors within the schools, with support from the provincial government.

After working in a large city school division, I switched to a different one where I worked in a rural high school. I thought that by switching to a rural school division I would see fewer problems and increase the amount of time I spent working one-on-one with the students. I was in one school, a high school. I was there three days a week, which was better than working in Saskatoon because I could balance the workload and support students individually to better meet their needs.

While the school had about 300 students and the town's population was 1,890 people, the rural community included many farms that contributed to the number of students attending. I found the main concern when working in rural areas is that resources are limited. "Publicly funded counselling and psychotherapy services vary across the globe, but are commonly under-

resourced and lacking in adequate funding" (Aleksandra et al., 2021, p. 67). In Saskatoon, we referred out often. But in rural communities, there was no support besides community churches.

Many parents worked in Saskatoon and did not get home until after 5:00 pm. As well, many parents either did not want to access support in Saskatoon or the support was closed once they got home in the evening. As a result, many families relied on the schools to support them. I argue that this is a valid reason for the education system to provide additional mental health programming and to support students in achieving mental wellness and success within the education system.

As a school counsellor, I enjoyed working with the students and being present with them. I enjoyed helping them learn outside the box with activities such as going outside for walk and talk therapy, playing basketball in the gym to calm down, or eating lunch together. This last activity was important so that students didn't feel alone. Although I enjoyed these things, I felt burnt out and knew I needed a change. Aleksandra et al. (2021) identified that "newly qualified counsellors and psychotherapists may also experience emotional, physical, and mental exhaustion or 'burn-out'" (p. 67). While working with limited supervision, supports, and places to refer to, I felt the burn out and knew I needed to change my path. Based on my lived experience, I contend that with the education system providing additional mental health supports such as programming after hours or an increase in counsellors, we could see a decrease in staff burnout.

As stated earlier, working with youth has always been my passion. This is what led me to open up a private practice where I could offer support to some of the smaller communities that could not access the support in Saskatoon. I live locally and have made it my mission to ensure that Martensville and surrounding areas have access to counselling, mental health services, and

other resources. Carter's Counselling was created from this social work value: that everyone should have equal access to services, regardless of where they live.

My Experience as I Operate this Program Outside of Schools

Over the last five years, Martensville has seen an increase in petty crime among youth "Martensville has seen 681 youth between the ages of 12-17 charged in 2019" (Martensville, SK Crime Rates & Map, n.d.). No free services were available for youth to access, nor were there drop-in centres for youth to connect to or to be part of after school. During the last two years of living in a pandemic, research suggests that youth mental health has suffered and has affected the younger population. We see a need for long-term programming in the schools and community supports now more than before "because mental health problems early in life are associated with significant impairment across family, social, and academic domains, immediate measures are needed to mitigate the potential for long-term sequelae" (Vaillancourt et al., 2021, p.1633).

Research indicates that being proactive and implementing preventative measures can reduce mental illness and boost youth's self-esteem. When offering early intervention programs for youth, evidence shows that there is a corresponding increase in healthy behaviours and development in youth (Cecilia et al., 2019). This issue is vital as many youths' struggle in today's world and find it difficult to cope. By supporting youth and implementing additional supports within the education system we strengthen the next generation, help families, learn new life skills, and develop positive coping skills.

A study completed by Hodge demonstrated that some youth who deal with adverse mental health also struggle with academics and with having healthy lives when in adulthood. (2021). Providing youth with a safe place could decrease stress and heighten graduation levels.

My Future as I Continue to Advocate for Barrier-Free Mental Health Support Within the Education Systems

My journey in life has not been easy. I have taken on significant challenges and have had challenges thrown at me. But one thing remains the same - I never give up. I had a dream and a desire to continue offering support to my local community after seeing many people contacting my private practice for support and not being able to afford private counselling. So, I decided to open up a barrier-free youth group for anyone to access.

This idea came about as I recognized the lack of program options for young people in rural areas within the education system. Living so close to Saskatoon has its benefits, however, programming options for young people should not be limited to the city. So, we started the Martensville Youth Connection Center (MYC) with volunteers in July 2021. We grew from providing support one night a week to three nights a week in January 2022, to five days a week in April of 2022. In April, Possibilities Recovery Center (PRC), a local charity organization, recognized the need and the work that was being completed through this program and adopted the program. This made the MYC eligible for charitable donations. This was a great success. Our vision is for this program to transition into the schools within our area.

PRC offered five days of drop-in support for youth Monday to Friday. The program offers information, education, and skill-building opportunities for those aged 12-18. Topics covered include mental health, addictions, coping skills, employment readiness, resume writing, and more. We still face challenges as we are currently operating out of a room that can hold 15 people. While we have utilized the space well, we want to support 50-100 youth at time and host more significant events.

This is why it would be beneficial to be inside a school for accessibility and allow for a functional space that works for everyone. We have been having funding issues since the beginning and raised \$40,000 from April to October 2022. In order to operate the program, we need \$135,000 per year and a larger space. To address this issue, we have been applying for grants and have received sponsorships from several local businesses. Our difficulty in securing private funding to help support youth also indicates the importance of the education system funding programs like this and that this program should be accessible in schools for easy access and to create a central location after school. Struggles that the education system could face is that some people see this publicly funded programming as an option and not a necessity. Thankfully, MYC has received positive feedback from families, the youth, and many schools in the area.

My Future with Martensville Youth Center

My future goal is to continue to advocate for equitable mental health support in the education system. I want to do this mainly in rural areas. I see myself meeting with school boards and city councils to speak to people who will listen – to find people with the same passion as I have. People who are working towards breaking down barriers and fighting for the next generation. In time, I hope to see students access the programming after hours within the schools. I hope to see youth healing and changing their lives. I want to see hope and compassion restored. My goal is to continue to fight as long as I can for access to barrier-free mental health support. As well, I am determined to see the funds made available within the education system so youth can access mental health support, because mental health support should be a right, not a privilege.

Chapter Four: Conclusion

Summary of Argument

My experiences within the education system and working with young people has led me to research the importance of barrier free mental health support for youth attending school. To do this I researched the history of mental health and how people were treated. I researched the increase of youth struggling with their mental health and the experiences families and students were facing due to low ratios of counsellors to students within the schools. I also looked into similar programming that demonstrated some of the same goals. From what I discovered, I argue that the education systems with support from the province and municipalities should fund and provide mental health support to all students who wish to access it during school and after school hours.

I also implemented and started my own youth group during after school hours to hear first-hand experiences. As well, it allowed me to see the struggles some youth face in my home community of Saskatchewan with limited supports being offered in the education system. Witnessing this, I knew I wanted to do more. From there, I decided to utilize all my research and time spent completing my Master degree to develop and implement barrier-free mental health support. This would occur within the education systems for struggling youth who can not afford to pay for it.

Mental health support should be a right and not a privilege. All of this passion, motivation, and determination led me to create a curriculum that the education system could implement and utilize after school hours in a mental health program. I argue that school divisions can do more to offer barrier-free mental health support.

This capstone paper captures my own experiences and views as I have supported youth for the past ten years of my career. I have witnessed first-hand the barriers within the education system in relation to mental health support. Through the writing of this capstone and the support of my supervisor, I researched and developed programming out of my social work values I can now implement within the education systems in my area.

This paper has brought to light the fact that youth are struggling more today than ever before. It is apparent that there are increasing rates of depression and anxiety in youth. Bokso (2021) writes that a “recent increase in rates of mental disorders and suicide in youth, and the majority of youth with mental health problems go without adequate and timely care” (p. 619). We are seeing youth struggling while not being able to access mental health hospitals or other resources. This paper has highlighted inadequate funding to support youth mental wellness in the education system, and the need for additional support for youth in order to thrive and achieve success.

Once my Masters is complete, I will continue to learn and grow by advocating for additional mental health support and by implementing the programming in schools. On November 8th, 2022 I will be speaking at City Hall to ask for space in Martinsville schools to begin activating the programming. On January 23, 2023 I will be speaking at a fundraising event to raise awareness of the increase in youth who struggle to access mental health support.

Recommendations

After viewing programs such as Foundry and Stigma Free Society, recommendations to provide holistically approached mental health support in the schools to children at a young age should be made. “The whole child/whole school approach. There are compelling reasons along with a convergence of evidence to suggest that the whole-child, and whole-school approaches are

necessary, and have the most promise for change.” (The Commission of Canada, 2017). The Commission of Canada also recommends that we recognize that a single solution will not solve all the issues we are facing in the education system. Having the provinces, municipalities, and other agencies come together to provide support would be a positive solution to the highlighted challenges within the education system. The Commission of Canada (2017) states:

A single (and “siloes”) curriculum or program promoting physical health or mental health will not achieve the objective of a healthy student and school community; rather, this needs to be part of a cohesive set of practices, professionals, and institutional commitments.

Providing additional funding in order to develop further curriculum which encourages mental wellness could also increase awareness and supports within the education system.

Expanding the curriculum specifically about mental health to provide balance and connection with physical health and well-being would be beneficial from a number of perspectives and could be extended to classes outside of physical education, thus supporting the whole-child/whole-school approach described above. (The Commission of Canada, 2017).

Having a clear understanding as to how and who a student engages with to access support is a recommendation that should be implemented. Teachers in a research study also suggested that they feel “it was the responsibility of school psychologists to screen for mental health, teach socio-emotional lessons, perform behavioural assessments, and make referrals to community and school-based services.” (The Commission of Canada, 2017). Increasing counsellors within the educational systems could in turn decrease stress for teachers as well as provide clear guidelines to students about where they can access supports and be given additional hours to access support.

When speaking to students, they shared confusion about who could provide them support. They didn't know when that person would be available, nor what resources could be accessed. Another recommendation is bringing awareness to the families and teachers within the school. When bringing awareness to the families and staff this can make accessing support easier if they know when and where to access the support. Also, having a smooth transition from elementary school to high school is important. These recommendations could allow students to access the same supports at both schools. If the same mental health support could be provided province-wide as a child moves schools, they would be able to access the same supports no matter where they relocate to. Lastly, offering programs in schools would be beneficial as you can support more students at once. Students can see that they may not be the only ones struggling and can support each other within their journeys towards mental wellness.

Healthy people make healthy communities, and this is what we are striving to create!

Conclusion

As I conclude this part of my academic experience, I see a significant need for more research to be completed. It is needed to fully understand why youth are struggling and how to reduce their mental health challenges. More research must be conducted to create solutions for the province, municipalities, and other agencies. It is needed so that additional supports within the education systems can be created for barrier free mental health access for youth. The words of Desmond Tutu as quoted by Dr Jody Carrington (2022) have been in my head since I started this capstone: “We need to stop just pulling people out of the river, we need to go upstream and find out why they’re falling in”. This quote encapsulates why we need to understand where this increase in youth struggling with mental health is coming from. We need to reduce these struggles altogether so the youth are not “falling in” and can grow into healthy and happy adults.

I am convinced that all education systems in Canada need to reflect and look inward at how they are offering mental health support to students. As well, how they can increase social workers and mental health programming within the education system. Provinces need to increase funding to education systems to provide additional mental health support to everyone for barrier-free support and increase awareness within the schools. Should teachers have to be equipped to deal with student's mental health struggles on a day-to-day basis? Should we only be providing support when we see a crisis in the school? Should we only be supporting the students who qualify as extremely struggling, or should all students be offered the same support whether they are visibly suffering or not?

This capstone and program are meant to empower students, support students, and to meet students where they are in life. This program will support students to understand who they are, what they are good at, and where they belong. It's intended to support students to learn positive coping skills, emotional regulation, find employment, connection with others, and create belonging and trust within their community. This capstone is written to empower students to be better citizens. As an educator, I feel I have a responsibility to do better and to better support students who are struggling and may fall through the cracks – to support students who struggle and feel they do not belong. As a community, we can make this world a better place. Dewey quoted by Gutek (2014) “felt strongly that people have a responsibility to make the world a better place to live in through education and social reform” (p. 24). This is what I wish to achieve with this capstone - healthier people, healthier communities, and healthier work places. Nothing is impossible if you believe in people and we all support one another to get somewhere together.

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Figure 1



Figure2

INCOME	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Operating Income													-
Total Operating Income	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-Operating Income													
<i>* represents anticipated not confirmed</i>													
				Start up									
Nutrien					35,000	-							35,000
Richardson Foundation Grant *					10,000			10,000					20,000
Youth Endowment Grant *				20,000		10,000				10,000			50,000
Prairie Spirit School Foundation	250	250	250	250	250	250	250	250	250	250	250	250	2,250
Charitable Donations Corporate*		5,000		5,000		5,000			2,500				17,500
City of Martensville *	5,000							5,000					10,000
													-
Total Non-Operating Income	5,250	5,250	250	25,250	45,250	15,250	250	25,250	2,750	10,250	250	250	135,500
Total INCOME	5,250	5,250	250	25,250	45,250	15,250	250	25,250	2,750	10,250	250	250	135,500
EXPENSES	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Operating Expenses													
51000 Advertising Promotional	50	50	50	500	200	50	50	50	50	50	50	50	1,200
54200 Dues/Subscriptions	50	50	50	50	50	50	50	50	50	50	50	50	600
55000 Utilities/Security													-
54100 Program Supplies	500	500	500	500	500	500	500	500	500	500	500	500	6,000
58000 Building	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000
Meals / Nutritious Snacks	400	400	400	400	400	400	400	400	400	400	400	400	4,800
50000 COGS wages	5,970	5,970	5,970	5,970	5,970	5,970	5,970	5,970	5,970	5,970	5,970	5,970	71,640
Contract Program Oversight (Carter's Counselling Services Ltd.)	1,000	1,000	1,000	2,500	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	13,500
													-
other													-
Total Operating Expenses	8,970	8,970	8,970	10,920	9,120	8,970	8,970	8,970	8,970	8,970	8,970	8,970	109,740
Administration / Evaluation / One Time Fees													
Furniture, Equipment and Software				2,000									2,000
66000 Accounting	275	275	275	275	275	275	275	275	275	275	275	275	3,300
65000 Insurance	200	200	200	200	200	200	200	200	200	200	200	200	2,400
56100 Administration	2,000	2,000	1,000	2,500	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	15,500
80000 Y.A.C. Evaluation	200	200	200	200	200	200	200	200	200	200	200	200	2,400
Other													-
Total Non-Recurring Expenses	2,675	2,675	1,675	5,175	1,675	1,675	1,675	1,675	1,675	1,675	1,675	1,675	25,600
Total EXPENSES	11,645	11,645	10,645	16,095	10,795	10,645	10,645	10,645	10,645	10,645	10,645	10,645	135,340
Net Income Before Taxes	(6,395)	(6,395)	(10,395)	9,155	34,455	4,605	(10,395)	14,605	(7,895)	(395)	(10,395)	(10,395)	160
NET INCOME	(6,395)	(6,395)	(10,395)	9,155	34,455	4,605	(10,395)	14,605	(7,895)	(395)	(10,395)	(10,395)	160