

# Strengthening the Canada–United States Partnership to Advance School Mental Health

Summary Report of a Meeting in Minneapolis  
November 5, 2009





## Goal and objectives of the meeting

On November 5, 2009, in Minneapolis, the International Alliance for Child and Adolescent Mental Health and Schools (Intercamhs), in partnership with representatives of Canadian and U.S. organizations interested in or delivering school mental health programs, hosted a federal/national meeting to explore how various stakeholders can work together across the border to enhance school success by supporting the social, emotional, and mental well-being of students. At the meeting, 33 school mental health and education leaders from the two countries explored areas that would benefit from collaborative action within four principal areas: training, practice, research, and policy. The meeting was held in conjunction with the annual conference on Advancing School Mental Health held by the University of Maryland's Center for School Mental Health (CSMH; see <http://csmh.umaryland.edu>). The meeting was formally sponsored by the Education Development Center, Inc. (EDC), the secretariat for Intercamhs, and the CSMH, with additional support from the following organizations: Mental Health Commission of Canada, Rocky View School Division #41, National Technical Assistance Center for Children's Mental Health at Georgetown University, United States Substance Abuse and Mental Health Services Administration, and the United States Department of Education.

### **The meeting focused on the following objectives:**

1. Develop a shared vision and common language to facilitate cross-sector collaboration for advancing school mental health.
2. Review significant promising research streams focusing on the connection between emotional or mental health and well-being and academic outcomes.
3. Enrich our initiatives at the federal/national and international level and facilitate ongoing networking between Canadian and U.S. stakeholders.
4. Establish preliminary next steps toward developing this cross-border partnership to advance a school mental health agenda.
5. Explore the role of Intercamhs in providing support and resources to any potential ongoing partnership.

➤ *Slides of the presentations delivered at the meeting can be found at [www.intercamhs.org](http://www.intercamhs.org)*


## Observations and themes of the discussion

### 1. Expanding and integrating research to build a cross-border, unified evidence base that can be translated into practice will affect both knowledge and behavior among professionals.

- *We must be able to describe the value of school mental health approaches and delineate common outcomes and interests, with a view to greater collaboration and sharing of data and findings.* Researchers and practitioners tend to keep to their own academic area or specialty. There is an opportunity for this Alliance to provide strong leadership to advance the evidence substantially and improve implementation and process research. Examples of organizations and projects working toward such a shared research base include the University of Maryland's Center for School Mental Health and EDC's National Center for Mental Health Promotion and Youth Violence Prevention. The Child Mental Health Network at Harvard University's Center for the Developing Child (with major funding from the Norlien Foundation) is also engaged in this work.
- *Workshops and series on school mental health at international and national conferences offer a great opportunity to align research interests and design better ways to disseminate that research base.* At upcoming conferences, such as the Sixth World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders (November 17–19, 2010, in Washington, D.C.) this new Alliance can play a leadership role, bringing an international perspective to examining the role of the school in promoting child mental health. Moreover, the Alliance can encourage and/or facilitate the involvement of school personnel in developing and evaluating the call for proposals or abstracts for the conference program, thereby ensuring that messages from the conference will reach their broader networks.

### 2. Building this knowledge incrementally among practitioners in an increasingly formalized way can lead to the creation of an influential movement in Canada and the United States.

- *Mental health literacy needs to be foundational and cross-disciplinary, reaching those working and living in a variety of contexts.* The need and applicability are the same in both the United States and Canada, and some good work has been done to develop tools on this issue in both countries. Envisioning an international mental health literacy approach must take into consideration different values and cultural perspectives. Yoo Magazine, developed in Canada and piloted in Central Missouri for middle and high schools, is one example of a youth engagement strategy and a screening component. MindMatters in Australia is another.
- *We need to bring systems of care to scale to influence not only knowledge but also behavioral change.* Both countries must use social marketing to disseminate evidence-based practice




by reaching across many different disciplines—such as civil rights, child care, education, and others— which many people may not have worked with before. The Systems Change Workgroup, which uses such an approach in its work, releases a report every year and develops materials that can be customized for use in both countries.

- *These messages, and the tools that help to deliver them, can help to create a movement that allows networks of practitioners and others to influence policy and improve practice across relevant disciplines.* Delivering straightforward messages that engage mental health and school professionals will deepen their knowledge base and optimize the implementation of that knowledge over time. The development and validation of simple tools designed for all kinds of practitioners and professionals to use, in whatever capacity they are working, can support this process. These tools should be based on research and adapted to a wide range of contexts and disciplines by stakeholders working at different levels of involvement and practice.

### **3. School mental health work depends on effective communication across disciplines, borders, and levels and can be supported through similarly diverse funding streams.**

- *Traditionally, child and adult mental health have been kept separate, limiting our ability to improve school mental health.* We need to go beyond mental health literacy, however important. Compartmentalization into child, youth, and adult mental health, while understandable, can limit effectiveness. Adults can practice and model positive mental health (a very effective way to translate to young people), but they are often missing from our approach. We need to ensure the mental health of caregivers, because if our adults are not capable and able to care for themselves and deal with their stressors, asking them to take care of the mental health of our students is unrealistic.
- *Integrated cross-border communities of practice should be encouraged and organized to address specific school mental health issues.* Communities of practice in Canada and the United States might work on specific issues together, such as engaging schools, or mobilizing the health and education sectors. Parents and other caregivers, as well as consumers as advocates for change, must also be involved. Mechanisms to promote such engagement might already exist within parent-teacher organizations. One example of this kind of issue-based work is the Canadian Annual Symposium on Children’s Mental Health, sponsored by the Canadian Association for School Health Community of Practice for School Mental Health. The focus of the 2010 symposium will be on finding ways to engage the educational sector more fully and in a more diverse and intentional way in all aspects of this work.
- *Communities of practice and other collaborative projects require resources to support their development and ongoing work, which the Alliance members might pursue through collective fundraising efforts.* The first step is to determine which organizations already exist that could bridge the work our two countries are doing to advance school mental health. The second



step would be to engage these organizations in a discussion to determine how their mandate might permit them to support our efforts. We must pursue major funding to support interdisciplinary cross-border work, perhaps from major economic development projects such as the Southeast Conference in Alaska or the Northwest Transmission Line, which offer all sorts of spin-off development opportunities. One model for collaboration is a project funded for three years by the Ontario provincial government, which brought together two public boards to improve communication, knowledge transfer, and access to services. This model could be expanded to a cross-border effort focused on school mental health as well (although one of the primary reasons for its success was the availability of funding, which covered the time needed to complete it).

#### **4. Translating cross-border interdisciplinary communication and alignment into well-functioning collaboration requires standardized training in all professions.**

- *Guides and other materials can support collaboration among practitioners working in the field to provide services in schools and communities.* The U.S. Federal-National Partnership is developing talking points articulating a shared vision for the federal partners. These talking points will be used to guide the development of (i) messages targeting the connection between social or emotional well-being, academic success, and life and employment skills among children and youth; (ii) critical quality indicators for integrating mental health and education for use in the development of RFAs; and (iii) a facilitator guide for dialogue among federal partners. People working in schools are starting to recognize the importance of addressing mental health issues, as well as the need for this dialogue to begin to build a common approach. Existing data and survey tools, such as the Intercamhs Principals Survey, can help feed into the development of such resources for practitioners. Such data also automatically raise awareness.
- *Graduate programs in relevant faculties would benefit from consistent syllabi conducive to more uniform standards of practice.* The optimal syllabus would include components addressing research, training, policy, and practice, as well as coursework and practicum related to effective interdisciplinary collaboration in school settings. It is important to develop evidence-based practice standards based on ongoing research in this field. It was agreed that graduate-level training in Canada and the United States is very similar in many ways, in that it often does not explicitly include the development of interdisciplinary collaborative skills. This lack is true of all kinds of professions, among them psychology, medicine, social work, and education. Training programs must emphasize not just the importance of working together, but also the skills and competencies required actually to optimize such collaboration.




## Recommendations and action steps

1. The initiative will be the Canada–United States Alliance for School Mental Health (the Alliance). We will be a subsidiary alliance of the International Alliance for Child and Adolescent Mental Health and Schools (Intercamhs). The goals and objectives for the Alliance will be those developed at this inaugural meeting.
2. An advisory group will be formed, comprising the members who participated in the inaugural meeting, as well as representatives from other key stakeholder groups, including families and youth. This interdisciplinary, multilevel group will advise a smaller steering group, composed initially of the organizers of the inaugural meeting. The steering group will review the meeting report, consider next steps, and endeavor to support the efforts of task groups that may be formed to implement certain action items agreed to by the advisory and steering groups. As well, the steering group will ensure the ongoing connection with the mandate and capacity to support school mental health via Intercamhs.
3. Intercamhs will create a dedicated space on its website for the Alliance, create and sustain a listserv, and use other virtual means to connect people across the border. Intercamhs will organize and post all PowerPoint presentations and a summary of proceedings with thematic analyses from the meeting on its website.
4. Participants at the meeting agreed to form specific subgroups and decided that those not in attendance can sign on later to participate in specific action steps. Following is an initial list of subgroups and their membership (those marked with an asterisk will be the initial leads):
  - A. Building connections between the Canadian and U.S. communities of practice on school mental health. This subgroup will explore opportunities and mechanisms through which these communities can be integrated to allow for broader dissemination of standards and evidence-based practice. The subgroup will consider the possibility of turning the national communities of practice into an international community of practice, using the Intercamhs website. This international practice group could then assist in reviewing proposals and other needs for the Annual Conference on Advancing School Mental Health (5b). *Joanne Cashman, Gloria Wells*
  - B. Identifying key groups and initiatives, including the work of professional associations, with which the Alliance should develop connections. This subgroup will identify cross-border groups already operating and those that are not. Those present will suggest to

Matt Biewener the groups, initiatives, and associations with which the Alliance should make connections. The group will also explore the possibility of recruiting an intern to collect and organize these lists. *Trina Anglin, Janice Popp, Lisa Rubenstein, Joyce Sebian, Kathy Short*

- C. Preparing the post-secondary education and relevant service sectors to standardize interdisciplinary in-service training around mental health. This group will conduct a scan to identify existing pre-service training, certification, and accreditation for teachers, principals, superintendents, and mental health providers employed in schools and communities. This initiative might lead to a standard certification that would incorporate such thinking within the context of Canadian post-secondary training and beyond. The group will also explore opportunities to develop training standards that can be disseminated through the international community of practice (4a). *Sarah Allen, Joanne Cashman, Jim Koller\*, Carl Paternite, Cheryl Vince Whitman, Gloria Wells*
- D. Reviewing, defining, and improving mental health literacy in Canada and the United States. This subgroup will provide recommendations regarding mental health literacy definitions that are functional and specific, as well as examples of programs that help to promote such literacy around the world—for example, *Yoo Magazine, MindMatters, and Typical or Troubled*. *Jack Kamrad, Sandy Keenan, Stan Kutcher\*, Ed Morris, Kathy Short, Yifeng Wei, Mark Weist*
- E. Delivering innovations to rural and frontier communities. This subgroup will focus on the assumptions, challenges, and opportunities with regard to applying research and evidence-based practice to rural and isolated communities. They will document effective innovations, as well as limitations in the application of research in areas inequitably burdened by the social and economic determinants of mental health. *Sandy Keenan, Jennifer Kitson, Joyce Sebian, Gordy Wrobel*
- F. Deepening collaboration and application of implementation science. This subgroup will begin by defining common outcome indicators, including common ways of collecting data. They will make recommendations on ways to improve the capacity to undertake and support implementation and process research. *Sandy Keenan, Carl Paternite, Nancy Reynolds, Mark Sander, Kathy Short, Mark Weist, Gloria Wells*

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5. The Alliance will collaborate on conference submissions, convene submeetings and workshops, and seek to define common outcomes at the following forthcoming conferences and other events:
    - A. International Union for Health Promotion and Education (July 11–15, 2010 in Geneva, Switzerland). *Cheryl Vince Whitman*
    - B. Center for School Mental Health (CSMH), Advancing School Mental Health Conference (October 7-9, 2010 in Albuquerque, New Mexico). Paper submission deadline: February 1, 2010. *Stan Kutcher, Janice Popp, Neal Walker, Mark Weist*
    - C. Sixth World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders (November 17–19, 2010 in Washington, D.C.). Paper submission deadline: April 30, 2010. *Carl Paternite, Janice Popp, Kathy Short, Cheryl Vince Whitman, Mark Weist*
    - D. Children’s Mental Health Awareness Day (May 6, 2010 in Winnipeg, Manitoba).
  6. The Intercamhs Secretariat will prepare a paper on the process and outcomes of the inaugural meeting, targeted to the Intercamhs-sponsored journal, *Advances in School Mental Health Promotion*.
  7. Following on the work of the subgroups, the Alliance will draft a brief document that advances a shared language, framework, and set of values. This document will feature the work presented in (1) the Mental Health Commission of Canada report, *Out of the Shadows at Last*, and (2) the U.S. New Freedom Commission report, *Achieving the Promise: Transforming Mental Health Care in America*. This document will also incorporate other recommendations offered during the inaugural meeting.

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