

2014 Ontario Child Health Study



School Mental Health Surveys

PRINCIPAL SURVEY

Researchers at McMaster University are conducting the School Mental Health Surveys, which are part of the 2014 Ontario Child Health Study. These surveys ask about school climate and programs and practices in your school that support student mental health. We know that programs and practices can differ substantially between schools. Therefore, we ask that you report honestly about how you feel and what is actually happening in your school.

Your answers will be kept strictly confidential. Your survey will go directly to researchers at McMaster University and used for research purposes only.

Information from the School Mental Health Surveys will be used to help improve our schools so that children and youth in Ontario reach their full potential.

Thank you for participating!

Instructions:

- 1. Use a black or blue pen, or pencil.
- 2. Put an 'X' in the box next to your response. You do not need to fill in the box.

This is the correct way to fill in the boxes:

Answer A Answer B Answer C

3. If you are not sure how to answer a question, feel free to consult with mental health staff at your school.

4. Leave the question blank if it makes you uncomfortable.

5. Please do NOT put your name anywhere on the survey.

6. When completed, please put your survey in the envelope provided and seal it.

If you are feeling worried or distressed, resources are available at www.ementalhealth.ca



A. ABOUT YOUR SCHOOL

A1. Please tell us how much you agree or disagree with each statement describing this school.

	Disagree a LOT	Disagree	Agree	Agree a LOT
1. Students are taught to feel responsible for how they act.				
Teachers, staff, and administrators work well together in this school.				
This school is well regarded by the community.				
4. Students are taught to understand how others think and feel.				
5. Teachers work closely with parents to help students when they have problems.				
6. This school has effective partnerships with community organizations.				
7. Teachers expect all students to work hard.				
8. Teachers show respect toward parents.				
 Students are taught that they can control their own behaviour. 				
10. Teachers require students to work hard to get good grades.				
11. Students are taught how to solve conflicts with others.				
12. Administrators and teachers support one another.				
13. Students are taught they should care about how others feel.				
14. Teachers do a good job communicating with parents.				
15. Teachers expect students to do their best all the time.				
16. Teachers listen to the concerns of parents.				
17. There is good communication among teachers, staff, and administrators.				
18. Having strong community relations is a priority in this school.				

B. UNIVERSAL MENTAL HEALTH PROMOTION & PREVENTION PROGRAMS

This section asks about **universal mental health promotion and prevention programs** which are activities and curricula provided to <u>all students in the school or to all students in select grades</u>. Mental health is defined as a state of social and emotional well-being in which an individual can cope with normal stresses of life and can realize his or her own potential. Some schools implement these programs while others do not. These programs represent one way that teachers and schools can support student mental health. There are many other strategies as well.

Please indicate whether or not the following types of program have been implemented in your school **since the beginning of this school year**. If specific program(s) have been or are being implemented, please respond to the follow -up questions about the program features.

B1. Social and Emotional Learning (SEL) programs are designed to foster positive emotional, behavioural, and interpersonal skills. Many focus on managing anger, recognizing emotions, developing empathy, communicating respectfully and building and maintaining friendships. Examples include *AI's Pals, Promoting Alternative Thinking Strategies (PATHS), TRIBES and Roots of Empathy.*

B1a. Since the beginning of this school year, has a Social and Emotional Learning (SEL) Program been implemented in your school?

$No \rightarrow$	Go to B2
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What

B1b.

at percentage of stude	ents at this school	received this program?	
0-25%	26-50%	51-75%	More than 75%

B1c.	Did your school board require implementation of this program at your school?
D10.	Dia your school board require implementation of this program at your school:

No	Yes
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B2. Violence Prevention or Peace Promotion Programs are designed to make students and schools safer and more peaceful. Many address verbal and physical aggression, weapons, bullying, conflict resolution and peacemaking. Examples include *Teaching Students to be Peacemakers, Tools for Getting Along: Teaching Students to Problem Solve, Peace Builders and Restorative Practices.*

B2a. Since the beginning of this school year, has a Violence Prevention or Peace Promotion Program been implemented in your school?

Yes

 \Box No \rightarrow Go to B3

B2b.	What percentage of students at this school received this program?				
	0-25%	26-50%	51-75%	More than 75%	

B2c. Did your school board require implementation of this program at your school?

B3. Risk Prevention or Health Promotion Programs are designed to reduce unhealthy behaviours, such as alcohol, tobacco or drug use, or to promote safe and healthy life choices. Examples include *Life Skills Training, Lions Quest Skills for Adolescents, Project Towards No Drug Abuse and SPORT.*

B3a.	Since the beginning of this school year, has a Risk Prevention or Health Promotion Program been implemented in your school?			
	$\square \text{ No} \rightarrow \text{Go to B4}$	Y	es	
B3b.	What percentage of ste	udents at this school	received this program?	More than 75%
B3c.	Did your school board	require implementatio	on of this program at you	Ir school?

B4. Emotion Regulation, Stress Management or Coping Skills Programs are designed to prevent or reduce problems with depression, anxiety or suicide. Many of these programs focus on coping strategies, social problem solving, cognitive restructuring and mood management. Examples include *FRIENDS Program, SOS Signs of Suicide, CAST (Coping and Support Training), and Sources of Strength.*

B4a.		mplemented in your sch		, Stress Management or Coping
B4b.	What percentage of stu	udents at this school rec	eived this program?	More than 75%
B4c.	Did your school board	require implementation o	of this program at your sch	וססר?

C. COORDINATION OF MENTAL HEALTH INITIATIVES IN YOUR SCHOOL

C1. **Since the beginning of this school year,** how frequently have school staff used the following strategies to coordinate mental health activities and services for students in your school?

Not

	Monthly	Quarterly	Annually	Not this school year	applicable, no mental health staff at this school	
 Interdisciplinary team meetings among mental health staff. 						
2. Joint planning sessions between mental health staff and regular classroom teachers.						
 Joint planning sessions between mental health staff and special education teachers. 						
4. Professional development on mental health topics for regular school staff.						
5. Sharing of mental health resources among school staff (e.g., printed materials, videos, exchange of referral information).						
 6. Informal communication about mental health issues or services (phone, e-mail) among school staff. 						

C2. Is there a school staff person or mental health team at your school that is responsible for working closely with community health and mental health providers to improve cross-referrals and enhance linkages with the community?

No

Yes

D. MENTAL HEALTH STAFF & SERVICES AVAILABLE ON-SITE AT YOUR SCHOOL

This section asks about **targeted mental health services at your school**, defined as services and supports delivered to **individual students**, or groups of students, who have been identified as having mental health problems.

D1.	How are mental health services staffed in your school? Mark all that apply.
	Mental health staff are school-based (i.e., employees of the board or school who are assigned to this school and work only at this school).
	Mental health staff are board-based (i.e., employees of the board who are assigned to this school and travel to different schools, spending only part of their time in this school).
	Mental health staff are community-based (i.e., a community provider or organization with whom your school or board has a formal, contractual agreement, and provides mental health services at the school)
	There are no mental health services available for students at this school.

D2. Please indicate below the number of Full-Time Equivalent staff, or FTEs, <u>who are responsible for providing</u> <u>mental health services to students in your school.</u>

Please include school, board, or community-based staff. Please count full-time, part-time, and hourly staff members. For example, one full time (1.0 FTE) plus 3 half time (1.5 FTE) staff members would equal 2.5 FTE staff members. Do not double-count a person's time if they hold more than one title, unless they work non-overlapping hours for each position.

How many FTEs do you have in or available to your school for each of the following types of staff?

1. Child and Youth Workers/Counsellors	
2. Social Workers	
3. Psychologists	
4. Mental Health Nurses	
5. Case Managers	
6. Substance Abuse Counsellors	
7. Counsellors	
8. Psychiatrists	

D3.	Are the following mental health services available on-site at your school ? These are services and supports delivered to individual students, or groups of students, who identified as having mental health problems.					
	1. Assessment for emotional or behavioural problems (including behavioural observation, psychosocial assessment and psychological testing)					
	2. Diagnostic assessment (comprehensive psychological evaluation)					
	3. Behaviour management consultation with teachers, students or families					
	4. Case management, including monitoring and coordination of services					
	5. Referral to specialized programs or services for emotional or behavioural problems or disorders					
	6. Crisis intervention					
	7. Individual counselling/therapy					
	8. Group counselling/therapy				\square	
	9. Substance abuse counselling				\square	
	10. Family support services (e.g. child/family advocacy, counselling)					
D4.	 What are your general practices for routine referrals to and coordination with community-based mental health organizations or providers? Mark all that apply. Staff make passive referrals (e.g. give brochures, lists, phone numbers of providers). Staff make active referrals (e.g. staff complete form with family, make calls or appointments, assist with transportation). Staff follow-up with student/family (e.g. calls to ensure appointment kept, assess satisfaction with referral, need for follow-up). Staff follow-up with provider (via phone, e-mail, mail). Staff attend team meetings with community providers. 					
D5.	Please rate the extent to which the following resources and practices are in place at your school when a stu mental health emergency arises (i.e., student exhibits self-injurious or suicidal behaviours, severe acts of violence or aggression, substance abuse, trauma).					
		Not in place	Partially in place	In plac	e	
	1. The people responsible for specific tasks or duties in a mental health emergency are clearly defined.					
	 Staff have been trained in ways to appropriately respond to students who experience mental health emergencies. 					
	3. There are follow-up services available for students who experience mental health emergencies.					
	4. Information about mental health emergencies is shared with families.					

E. BARRIERS

E1. To what extent do you agree or disagree that the following are barriers to addressing student mental health in your school?

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	
 Inadequate funding and support for school-based mental health programs and services for students. 					
Lack of community-based mental health programs and services for children and adolescents.					
3. Failure to coordinate programs and services between school and community.					
4. Low priority given to student mental health versus other initiatives in the school.					
Lack of adequate staff training to address student mental health in the school.					
Stigma (negative attitudes or unfair treatment) associated with mental health problems.					
Language and cultural barriers arising from an ethnically and racially diverse student population.					
8. Lack of contact between the school and parents.					
9. Difficulties gaining parental cooperation and consent.					

F. PROFESSIONAL DEVELOPMENT

F1. **During the past two years**, did you receive any training in the following topics? This might include workshops, conferences, continuing education, graduate courses or other kinds of in-service training.

	No	Yes
1. Promoting social and emotional well-being		
2. Creating a mentally healthy school		
3. Preventing mental health problems		
4. Managing student behaviour problems		
5. Reducing stigma related to mental health problems		
6. Recognizing signs and symptoms of mental health and/or substance abuse problems		
7. Assisting students to access help for mental health problems		
8. Physical, sexual or emotional abuse		
9. Serious mental health or substance use problems (i.e., depression, anxiety, aggression, suicidal behaviour, self-harm)		
10. Bullying and victimization, including cyberbullying		
11. Sexual harassment or dating violence		

G. BACKGROUND INFORMATION

...in <u>total</u>?

G1.	Are you Female?] Male?					
G2.	What is your primary role at this school?						
	Principal						
	Vice principal						
	Other						
G3.	Including this school year, how many years have you been in this role (Please round up to whole years)						
		Less than 1 year	1-3 years	3-5 years	6-10 years	Over 10 years	
	at <u>this</u> school?						
	in <u>total</u> ?						