



# *Healthy Transitions From High School* pilot project report

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September 6, 2017

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Published in 2017 by the Social Research and Demonstration Corporation

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## Introduction

Concern over the mental health and well-being of Canadian youth continues to grow as a public policy issue, especially in light of research indicating the early onset of mental health problems (Kessler, Berglund, Demler, Jin, & Walters, 2005), the negative impacts they have on young people's life trajectories (Kessler, Foster, Saunders, & Stang, 1995; cited in Santor, Short, & Ferguson, 2009), and the small number of youth who actually receive help (Santor et al., 2009). Schools have an important role in promoting the social and emotional development of children and youth and have been shown to be effective at doing so (Kirby & Keon, 2006; Hamilton & Mcfarlane, 2005; Morrison & Kirby, 2010). Accordingly, the school-based mental health movement has emerged in Canada and internationally to address the need for mental health promotion and prevention for all students, using either universal or targeted interventions.

In Canada, several provinces are actively developing and implementing strategies to promote student mental health. Ontario's School Mental Health ASSIST, an intermediary organization of the Ministry of Education, is an implementation support team that assists school boards with the development and implementation of locally relevant mental health and addictions strategies that align with the broader *Open Minds, Healthy Minds* multi-ministry strategy (Ontario's Comprehensive Mental Health and Addictions Strategy, 2011, 2014). In order to support this work, educators across the province are looking for resources that help them promote and protect students' mental health and well-being.

Programs that develop social emotional learning (SEL) skills show promise in the research literature (Campbell & von Stauffenberg, 2008; Denham, Brown, & Domitrovich, 2010; both cited in CASEL, 2013), but there are few programs that focus on mental health promotion (as opposed to mental illness prevention), take a universal rather than targeted approach, or are designed for high-school aged youth. Moreover, most of the currently available resources for mental health promotion are costly or burdensome to implement, in being add-on programs rather than integrated into the high school curriculum.

This report summarizes the efforts of a collaborative team to develop and pilot test a set of mental health promotion resources designed to support SEL skills development specifically among Grade 10 Ontario high school students. The *Healthy Transitions From High School (HTFHS)* pilot project was conducted between January 2015 and July 2017, and engaged students and educators from seven district school boards in every region of the province. As the evaluation partner, the Social Research and Demonstration Corporation (SRDC) was responsible for evaluating the resources' design, delivery, and preliminary outcomes, and for coordinating the overall pilot project. As the following pages document, the results of the *HTFHS* pilot project provide important insights on ways to promote and protect the mental health and well-being of Ontario students.

## Background

The *Healthy Transitions From High School* project originally began in 2012, when SRDC received funding from a foundation to conduct an extensive literature review and environmental scan on universal, school-based mental health promotion programming for youth, particularly that which supported their transition from high school. The resulting report of this first phase (Smith Fowler & Lebel, 2013) provides an overview of the related theoretical and empirical research. It describes the range of mental health promotion programming and underlying conceptual frameworks, and summarizes the evidence of the effectiveness of such programs and key factors for successful implementation.

SRDC's 2013 report also scanned the Canadian 'landscape' for current student mental health promotion programs and resources. With further support from the foundation, we identified a promising candidate to serve as a foundation for program development: *Healthy Transitions*, originally developed by the Children's Hospital of Eastern Ontario (CHEO) for Grade 7 students. Key characteristics included the fact that this program focused on supporting youth through transitions (in this case, to middle school), and developing social emotional learning skills for positive mental health.

The next phase of work was to adapt *Healthy Transitions* for older adolescents, and to design implementation and evaluation plans in order to test its feasibility and effectiveness. With guidance from youth and experts in mental health and education, the new program resources – named *Healthy Transitions From High School* – were designed to support the Ontario Guidance and Career Education curriculum, specifically, the Civics and Careers course offered in Grade 10. It was felt this curriculum would be the best fit for the *HTFHS* resources, and could provide the greatest possible reach without conflicting with older students' preparations for leaving high school. The *HTFHS* resources aimed to develop SEL skills, in order to promote and protect students' mental health as they navigate the transition from high school into work or post-secondary education.

Implementation and evaluation plans were developed along with the adapted content, and in early 2015, the *HTFHS* pilot project got underway. In addition to receiving foundation support, this third phase of the project was supported by the Ministry of Education's School Mental Health ASSIST team, and continued the partnership with CHEO.

The objective of the pilot phase was twofold: 1) to conduct further consultations with educators, youth, mental health experts, and others to fine-tune the *HTFHS* resources and implementation plan; and 2) to evaluate their design, delivery, and potential effectiveness in select Ontario schools, paving the way for a potential large-scale demonstration project. This document presents the findings from the *HTFHS* pilot project, and anticipated next steps.

# Overview of *HTFHS*

## Conceptual framework

In reviewing the research literature on positive mental health for the 2013 report produced in Phase 1, SRDC identified social emotional learning (SEL) from among a number of conceptual frameworks as providing the most guidance for a skills-based, mental health promotion intervention for transition-bound high-school students.

SEL is defined as “the process of acquiring core competencies to recognize and manage emotions, set and achieve positive goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions, and handle interpersonal situations constructively” (Payton, Weissberg, Durlak, Dymnicki, Taylor, Schellinger, & Pachan, 2008, p. 5-6). In this respect, SEL competencies can also be seen as emotional intelligence or life skills, in their focus on managing emotions, solving problems effectively, and establishing good relationships with others (Sklad, Diekstra, de Ritter, Ben, & Gravelstein, 2012).

The Collaborative for Academic, Social and Emotional Learning (CASEL) in the US has specified five inter-related sets of cognitive, affective, and behavioural core competencies as the foundations of SEL: self-awareness, self-management, social awareness, relationship skills and responsible decision-making (see Box 1).

### **Box 1      Social emotional learning (SEL) skills acquisition: five competence areas**

**Self-awareness:** Ability to recognize emotions and thoughts that influence behaviors. This includes assessing one's strengths and limitations and possessing a well-grounded sense of confidence and optimism.

**Self-management:** Ability to regulate emotions, thoughts and behaviors effectively in different situations. This includes managing stress, controlling impulses, motivating one's self, and setting and working toward achieving personal and academic goals.

**Social awareness:** The ability to take the perspective of and empathize with others from diverse backgrounds and cultures, understand social and ethical norms for behaviors and recognize family, schools, and community supports.

**Relationship skills:** The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict effectively, and seeking and offering help when needed.

**Responsible decision-making:** The ability to make constructive and respectful choices about personal behaviors and social interactions based on ethical standards, safety concerns, social norms, the realistic evaluation of consequences of actions and the well-being of self and others.

Together, these SEL competencies can determine the extent to which children are equipped to handle the demands of the classroom, to engage fully in learning, and benefit from instruction (Campbell & von Stauffenberg, 2008; Denham, Brown, & Domitrovich, 2010; both cited in CASEL, 2013). Outside the classroom, these competencies are seen as forming the basis of social and emotional knowledge, skills, attitudes and behaviours that will help young people successfully navigate their path through high school and on to post-secondary education or work.

We felt the SEL model reflected the concepts identified in the literature as being key to student mental health, and their inter-relationships in different contexts. Specifically, the SEL model incorporated an explicit focus on positive mental health and mental health promotion; the influence of environmental and social factors such as the broader school context; a holistic understanding of health (i.e., social, emotional, physical, psychological); and the notion of skill development as a means of adaptation, coping, and thriving. The SEL model was also the only one we identified that indicated *how* individuals are expected to change as a result of participating in an intervention, that is, through skills development.

## ***HTFHS* resources**

The *HTFHS* resources developed in Phase 2 closely resemble the original *Healthy Transitions* resources in structure and content, although changes and additions were made to better suit the needs of older students. Over the course of nine modules, the resources address the following topics:

- Taking care of your mental health;
- Ways of thinking that can reduce stress and conflict;
- Handling everyday struggles, feelings, worries, and stress;
- Communicating more effectively with others;
- Understanding and handling conflicts;
- Solving problems;
- Getting help when needed; and
- Resources to support youth.

Each module is structured to be completed during one class period, in roughly 60-75 minutes. The modules provide information on key concepts and vocabulary, pose questions for discussion, and make connections to real-life scenarios and contexts. Resources such as videos reinforce key concepts, and interactive activities – discussions, games, and group work – give students the opportunity to learn, practice, and develop SEL skills. A detailed outline of the *HTFHS* resources by module is available in Appendix A; an overview of how the resources' content links to relevant SEL competencies is presented in Appendix B. It is important to note that of the five competency areas, there is less in the *HTFHS* resources pertaining specifically to responsible decision-making, other than problem-solving.

The content of the *HTFHS* resources and their implementation plan were also designed in accordance with the implementation success factors associated in the research literature with effective SEL programs (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Known by the acronym SAFE, these characteristics include:

- **S**equenced set of connected learning activity that teaches SEL skills through a coordinated, step-by-step approach;
- **A**ctive learning methods such as role-play or behavioral rehearsal with feedback;
- **F**ocus specifically on the development of SEL skills in at least one program component, with sufficient instructional time and on a regular basis;
- **E**xplicit teaching of identified skills with clear and specific learning objectives.

For example, *HTFHS* modules are organized to revisit concepts introduced in a previous module, to repeat key activities such as mindfulness, and to consolidate learning with a wrap-up discussion or activity. Learning objectives for each module are articulated, and explicit links made to learning goals in the Ontario Career Education curriculum.

## *HTFHS* logic model

The SEL framework integrates competence promotion and youth development approaches for reducing risk factors and fostering protective mechanisms for positive adjustment (Durlak et al., 2011). Most SEL programs assume that fostering the development of the five core competencies will coincide with attitudinal changes and lead to increased positive social behaviours, decreased problematic behaviours and emotional distress, and improved grades and test scores.

These changes are in turn expected to support better adjustment and academic performance, as well as optimal developmental trajectory over the life course. Other outcomes linked in the literature to SEL skills acquisition include pro-social behaviours, reduced substance abuse, positive self-image, mental health and subjective well-being.

*HTFHS* has a narrower set of objectives, as a result of its focus on *positive* mental health, and its design as a set of *embedded* resources into the career education curriculum. The logic model presented in Figure 1 sets out how we assumed *HTFHS* would achieve its specific desired effects. Outcomes in blue font were beyond the scope of the pilot project to assess.



Inputs	Activities	Short-term outcomes	Mid-term outcomes	Longer-term or indirect outcomes
<ul style="list-style-type: none"> <li>•Program resources, Facilitation guide and evaluation tools</li> <li>•Communication materials</li> <li>•Training and support to teachers</li> <li>•Engagement of Grade 10 Civics and Careers teachers</li> <li>•Participation of Grade 10 Civics and Careers students</li> </ul>	<ul style="list-style-type: none"> <li>•Teachers introduce students to <i>Healthy Transitions from High School</i> resources in nine core sessions provided at least once per week</li> <li>•Students listen to the materials presented, and participate in discussion and activities</li> <li>•Teachers refer any students who may need extra support to school mental health leaders or other school resources, if required</li> </ul>	<ul style="list-style-type: none"> <li>•<b>Students are engaged</b> in <i>HTFHS</i> resources</li> <li>•<b>Students understand the importance of promoting and protecting their mental health</b></li> <li>•<b>Students increase their knowledge of SEL core skills:</b> <ul style="list-style-type: none"> <li>•Self-awareness</li> <li>•Self-management</li> <li>•Social awareness</li> <li>•Relationship skills</li> <li>•Responsible decision-making</li> </ul> </li> <li>•<b>Students increase their knowledge of strategies</b> to promote and protect their mental health</li> <li>•<b>Students are more aware of school and community resources and are more willing to seek help</b> for problems if needed</li> </ul>	<ul style="list-style-type: none"> <li>•<b>Students have greater confidence in their ability</b> to manage stress, greater resilience, self-efficacy, and self-esteem</li> <li>•<b>Students make greater use of positive coping strategies and demonstrate increasing mastery of the five SEL core competencies</b></li> <li>•<b>Students experience less distress and anxiety, less friction</b> in their relationships with others</li> <li>•<b>Students reduce risk-taking</b> behaviour (e.g., substance abuse, delinquency)</li> <li>•<b>Students increase their use of school and community resources</b> for help with problems</li> </ul>	<ul style="list-style-type: none"> <li>•<b>Students have improved health and well-being</b></li> <li>•<b>Students have more fulfilling and supportive relationships</b></li> <li>•<b>Students experience academic success</b></li> <li>•<b>Students make appropriate use of community resources</b></li> <li>•<b>Students are able to navigate the transition from high school effectively</b>, without significant distress</li> </ul>

# HTFHS pilot project

## Objectives and research questions

The purpose of piloting the *HTFHS* resources was to ensure they met mental health promotion objectives, addressed the practical needs of students and teachers, and fit well within the context of the Ontario education system, prior to providing the resources more broadly to greater numbers of Ontario high school students. The pilot test was designed to identify and resolve potential implementation problems, assess design issues, prepare for a more rigorous outcomes evaluation, and consider the influence of different school contexts (see Chen, 2005; Durlak & DuPre, 2008) on implementation success.

Key evaluation questions for the pilot test included:

Table 1 Evaluation questions

Category	Question
Design	To what extent are the <i>HTFHS</i> resources...
	1. <b>Important</b> – do they address a perceived or identified need?
	2. <b>Relevant</b> – do they help address the learning objectives of the Civics and Careers course and students' learning needs?
	3. <b>Appropriate</b> – are they appropriate for Grade 10 students from diverse backgrounds; do they present the subject matter in appropriate ways?
	4. <b>Useful</b> – are the resources practical (i.e. in an easy-to-use format and well-organized)?
	5. <b>Feasible</b> – for delivery by Civics and Careers teachers (as opposed to mental health professionals) in the course timeframe?
	6. <b>Engaging</b> – are students likely to be interested in the content and related activities, participate actively, and learn from them?
Delivery	7. <b>Sufficient</b> – is there any other content that should be added?
	8. Can the resources be delivered as intended? What potential delivery problems can be anticipated, and how can they be addressed?
Preliminary outcomes and evaluation	9. How might the school context affect delivery?
	10. Did students experience any changes following participation in the resources?
	11. Are the evaluation measures sufficient, feasible, and appropriate? Are they likely to yield the information required to evaluate effectiveness in a demonstration project?

## Partners

### Leadership team

The development and piloting of *HTFHS* resources involved extensive collaboration with key partners, who formed a joint Leadership Team to oversee various project components. The Leadership Team had been formed in Phase 2 of the project, during which extensive consultation was conducted on the resources' design and implementation plan. Leadership Team members included:

- A representative from CHEO responsible for developing the original *Healthy Transitions* resources and their adaptation for Grade 10 students, who also collaborated on development of training resources, oversaw submission to the CHEO Research Ethics Board (REB), and played a central role in both the implementation and evaluation of the pilot;
- Representatives of the School Mental Health ASSIST team, who provided guidance and oversight to the pilot, acted as the point of contact with the Ministry of Education, played a key role in developing training resources for Mental Health Leads and educators, and liaised with and supported Mental Health Leads throughout implementation of the pilot;
- SRDC researchers, who coordinated overall implementation of the pilot project, and managed the evaluation process;
- A representative of the Ontario Ministry of Education, Special Education & Program Policy Branch, who provided advice at key points during implementation.

The Leadership Team met approximately once a month over the course of the project via teleconference. These teleconferences provided a forum for updates and an opportunity to obtain feedback on various aspects of the pilot project. Decisions made during Leadership Team meetings shaped the direction and overall activities of the pilot, including content development and the evaluation process.

### Mental Health Leads

Mental Health Leads are district school board employees designated by each board to support the development and implementation of mental health and addictions strategies at the board level. Mental Health Leads also support schools in the development and implementation of their own mental health strategies, and are themselves supported by Implementation Coaches from the School Mental Health ASSIST team. Leads pursue these responsibilities in addition to numerous other tasks required by their work.

For the *HTFHS* pilot project, Mental Health Leads identified potential pilot schools during recruitment, and then provided considerable support to participating teachers and administrators during training, and implementation. They also supported the evaluation process in terms of distributing and collecting consent forms, teachers' feedback forms and implementation checklists, and passcodes for the student surveys. In specific locations, they also helped organize on-site focus groups and interviews.

## Schools

The intent of the pilot project was to test the *HTFHS* resources in a diverse selection of school boards and secondary schools across all regions in Ontario. A total of seven schools and school boards participated in the pilot project, one during the pre-pilot stage, and the remaining six during the main pilot phase.

Together, participating schools represented a broad range in terms of geographic location, community context, board type and language, and students' demographics and educational pathways.

## Stages

Building on the considerable consultation that took place during the adaptation and development of the *HTFHS* resources during Phase 2, the pilot project was implemented in stages, as the resources and related materials were developed in a developmental and collaborative process.

### Pre-pilot

With the help of teachers and administrators at one Ontario secondary school, a pre-pilot was conducted in Spring 2015 of the first two modules of the *HTFHS* resources, in two Civics and Careers classes. The purpose of this phase – for which school board REB approval was obtained – was to assess the initial design and focus of the resources, particularly in terms of their perceived appropriateness and usefulness to both teachers and students. The two teachers provided feedback through interviews, and a sub-group of students who received the resources participated in a focus group.

Feedback was generally very positive, with both teachers and students indicating that the topic areas were relevant and useful. Nevertheless, we incorporated their suggestions to make the resources' format more consistent with other lesson planning materials, ensure accessible language (including to those whose first language is not English), and emphasize universal applicability of the content.

The two pre-pilot teachers and guidance counsellor also served as advisors during the pilot stage, providing further input on content development and assisting with teacher training.

### Preparation

Identification of potential pilot schools was undertaken by SMH ASSIST in Spring 2015, through the Mental Health Leads. Consultations were subsequently held with interested Leads and Career Studies teachers to provide an overview of the pilot project and obtain feedback on the content and implementation plan. We had originally intended for the *HTFHS* resources to be delivered in the first semester of the 2015/2016 academic year, and to engage participating teachers and Mental Health Leads in co-designing the training materials. At the time, however, labour relations in the educational sector were such that the Ministry asked us not to communicate with school board or school personnel, to avoid potential complications. In the end, this "pause" lasted over a year –

delivery of the *HTFHS* resources was eventually postponed until the first semester of the 2016/2017 academic year.

As a result, we used the additional time to re-think and substantially augment our training model, refine the content of the resources, training, and evaluation materials, organize translations, and coordinate numerous Research Ethics Board submissions (see below).

### *Revisions to the resources and measures*

Feedback obtained during the consultations and pre-pilot informed revisions to resource content, as well as the evaluation. Specifically, student and teacher feedback helped inform the types of evaluation activities (selecting appropriate measures for the evaluation, for example), establish appropriate timing of activities, and refine expected short term outcomes.

### *REB applications*

REB applications were prepared and submitted to the Children's Hospital of Eastern Ontario (CHEO) and all secondary schools participating in the pilot; where REB processes were not in place, materials were sent to the superintendents and Mental Health Leads of those boards. REB applications generally contained an overview of the pilot project as well as all supplemental material including data collection tools, communication products, and consent forms for participants.

We initially hoped to receive approval from the CHEO REB prior to submitting applications to participating school board REBs. However, delays in processing led to concurrent submissions, and considerable challenges coordinating requested changes, though these were minor.

### *Training*

From the outset, our training plans tried to anticipate the efficiencies needed for delivery at scale, as well as teachers' need for timely, personalized training and support. Our initial plans were to facilitate a community of practice among participating educators primarily through webinars and teleconferences, with modest support from Mental Health Leads.

Over the course of the pre-pilot and consultations, we realized both teachers and Mental Health Leads would require more support than originally envisioned. In the preparation phase, we developed a model that blended information-focused webinars with in-person, facilitated learning sessions at the school, where Mental Health Leads and teachers would jointly review the content, plan and practice delivery. At the same time, the SMH ASSIST team was developing online tutorials for educators on more general aspects of school mental health, such as basic concepts and vocabulary, and how to develop a classroom climate conducive to positive mental health. While these tutorials would eventually be made available to all Ontario educators, they were an additional resource for those participating in the *HTFHS* pilot project.

An information and training session for all interested Mental Health Leads took place on September 30, 2015 at one of their regularly scheduled in-person meetings in Toronto. Mental Health Leads were provided with an in-depth review of the content of the modules and potential

delivery challenges faced by teachers, and many provided feedback on the resources' content, both at the session and for subsequent revisions.

Teacher training was delivered a year later, in the fall of 2016. Material included overviews of the *HTFHS* resources, as well as the broader context for this project, and the role of SMH ASSIST. The first training session was also attended by pre-pilot teachers, who shared their experiences delivering the first two modules, and how their students responded. During the interviews, many key informants mentioned that the experiences and advice shared by the pre-pilot teachers were particularly helpful.

Teacher training was delivered via three webinars, using an online platform that allowed participation from multiple trainers, screen sharing, and recording of the sessions. All training materials were made available to teachers in English and French before the first webinar, through Google Docs. The training schedule was designed to be concurrent with resource delivery in the classroom, although this was challenging to achieve by the time of the third webinar due to different delivery timelines in each school.

## Pilot

Once the Ministry approved implementation of the pilot project, Mental Health Leads contacted superintendents and school principals to confirm their interest in participating; this was finalized in mid- to late September, 2016. A communications package was sent to participating schools in the third week of September that included an overview of the project, letters for parents and students, and a memo to educators indicating upcoming activities and timelines. An invoice template was also sent to each school principal, since project funding allowed us to cover up to two full days of Teacher on Call (TOC) costs for the time teachers spent participating in teacher training and program evaluation activities. Further communication related to invitations for school administrators to participate in interviews, and at two schools, to planning focus groups with students. All other direct communication with schools and school staff was handled by Mental Health Leads.

Since one of the REBs prohibited any research activities in September, teacher training – more specifically, its evaluation – could not begin until October 2016. Delivery of the resources in the classrooms took place starting in mid-October, and for the most part, ended in December 2016, though a couple of schools continued into January. Data collection for the evaluation took place from October 2016 to February 2017, with support from Mental Health Leads. During implementation, bi-weekly teleconferences took place between Mental Health Leads and the Leadership Team, to ensure they had all the information they needed to support delivery and data collection.

Prior to any data collection with students, informed consent was obtained from both parents/legal guardians and students; this was for the evaluation only, not exposure to the *HTFHS* resources themselves, which were considered supports to the regular curriculum. Mental Health Leads provided information verbally in class to students, and distributed letters and consent forms requiring both students' and parents'/guardians' signatures. Mental Health Leads supported

teachers during this process, occasionally following-up with parents by telephone to explain the project and seek consent.

Engagement of students and families in the project was very good. Over three-quarters (78 per cent, or 144/185) of students in targeted classes and their parents/legal guardians consented to participate in the pilot project.

## Evaluation methods

### Surveys

SRDC and the leadership team devoted considerable time to selecting appropriate measures for the student survey. The survey was developed collaboratively, with both the program developer and SMH ASSIST Team providing guidance on anticipated short term outcomes and the feasibility of implementing this tool in a school-based mental health program context. The team decided the survey should focus on measures of SEL skills development, as well as more immediate outcomes such as attitudes toward mental health, knowledge of ways to promote and protect mental health, and psycho-social outcomes such as self-efficacy and resilience. Information was also collected on students' gender, household composition, and the occurrence of stressful life events in students' lives in the past five years. No personally identifying information was requested.<sup>1</sup>

No available measures in the literature matched perfectly with the SEL competencies identified in the *HTFHS* resources. As a result, the team chose to pilot both a comprehensive SEL measure as well as measures of specific related concepts such as resilience. Most of these scales were sourced from established and tested measures with good psychometric properties. However, some survey items were developed specifically for the *HTFHS* pilot project, either to link more directly with the content, or due to a lack of existing measures.

In summary, the student survey was designed to measure:

- Social emotional learning (SEL) skills, as outlined earlier in this report (self-awareness, self-management, social awareness, relationship skills, and responsible decision-making);
- Knowledge of strategies to promote and protect mental health;
- Willingness to seek help;
- Confidence in one's ability to manage stress;
- Resilience;
- Self-efficacy;
- Use of positive coping strategies;

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<sup>1</sup> To match students' pre- and post- surveys, students were asked to provide the names of their first pet and their teacher, and were provided with unique codes for the online survey.

- Confidence in one's ability to face future challenges after high school; and
- Satisfaction with the *HTFHS* resources.

## Focus groups

A limited number of focus groups were conducted with students in order to understand their impressions of the *HTFHS* resources, including their relevance; structure; most and least favourite activities; any knowledge, strategies or resources they learned or found particularly interesting or useful; the classroom dynamics; their interest in learning more on these topics; and any suggestions for improvement. Several questions were also asked regarding early outcomes, such as students' intention to use the strategies they learned moving forward, and their comfort speaking about mental health.

Three focus groups were conducted in January 2017 with students from two participating schools. A total of 33 students participated, including 23 English students and 10 French students. Teachers recruited students on a voluntary basis. Participants received a \$20 gift card for their participation and lunch was provided.

## Key informant interviews

Interviews were conducted with teachers (n=6), school administrators (n=5), and Mental Health Leads (n=6) between December 2016 and February 2017. Key informants were asked to comment on the resources in regards to their content, delivery, how resources were received, and any possible effects they might have seen on students and at the school level, as well as about the training received. Mental Health Leads were also asked to provide feedback regarding project implementation.

Interviews were generally conducted by telephone, but at schools where on-site visits were organized, these were done in-person. Only one school administrator chose not to participate in the interview process, owing to time constraints.

## Delivery checklists and session feedback forms

In addition to the interviews, teachers were also asked to complete a delivery checklist and feedback form to capture their immediate impressions after delivering each session or module. Only one school did not provide information on delivery through the distributed checklist and/or session feedback forms. However, the teacher interview covered important aspects of delivery, leaving us with a good picture regarding the implementation within each school.

## Data analysis

### Program design and delivery

Program design and delivery was evaluated through a thematic analysis of the qualitative data derived from interviews, focus groups, checklists and session feedback forms.



## Preliminary outcomes and evaluation

A mixed-method approach was used for the analysis of preliminary student outcomes, which included quantitative data from the student survey, as well as qualitative data from educator interviews and focus groups with students. This allowed for triangulation and nuancing of the findings.

Of note, psychometric analyses were conducted for each scale but due to the small sample size, results should be taken with caution. For the same reason, it was impossible to conduct any subgroup analysis. Once students' pre and post surveys were matched, data was analyzed using student's paired t-tests to assess pre-post changes for each scale, subscale and individual item on the survey.

## Findings

This section presents the findings from the *HTFHS* pilot project, organized by research question. Quotes are presented verbatim, with only minor modifications (e.g., translation to English, use of pronouns) to preserve confidentiality.

### Design

1. To what extent are the *HTFHS* resources important?

**🔊 The goals and key messages of the *HTFHS* resources identified by key informants aligned well with the main objectives set out in the program theory.** The goal most commonly cited by key informants was that *HTFHS* resources aimed to improve students' SEL skills. As one teacher explained, resources also presented and reinforced SEL skills without necessarily identifying those skills explicitly in the content:

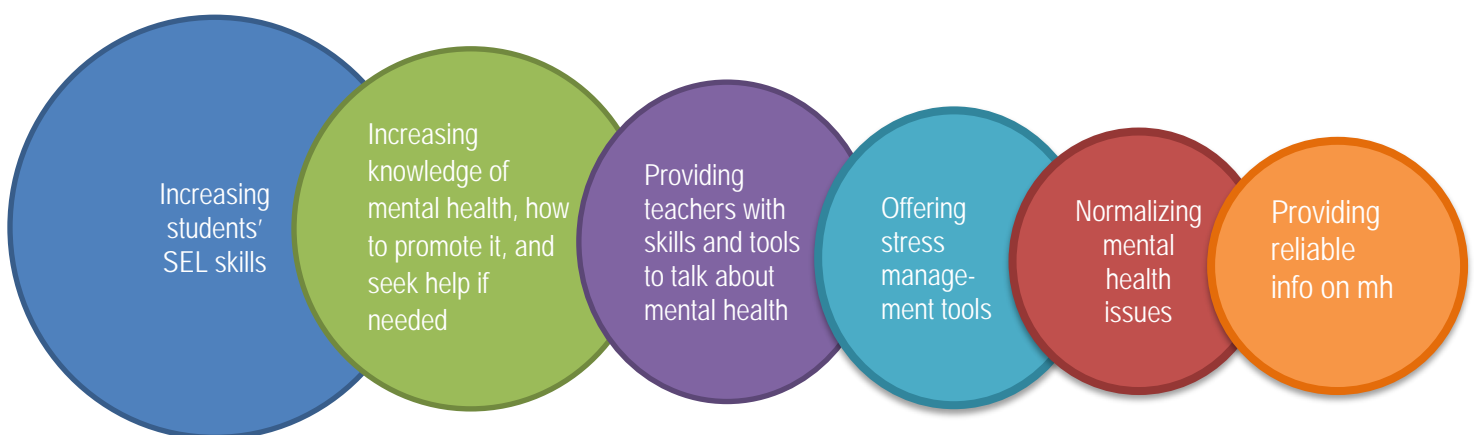
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*"I think some of these things may not be things students would identify, but [they're] skills they're trying to develop, it's the social emotional skills that we expect students to know but we don't teach them."* (Teacher 1)

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The second goal most commonly cited by key informants was that the resources aimed to increase students' knowledge of mental health, how to promote good mental health, and where and when to seek help if needed. These goals cover the majority of the main objectives of the *HTFHS* resources, which had been developed based on a review of relevant literature prior to the pilot phase.

Figure 1 *HTFHS* goals most frequently reported



Interestingly, only one respondent (a school administrator) mentioned that *HTFHS* resources were designed to help students feel more comfortable with transitioning from high school into college, university, or work. Another respondent also made this link explicitly later in the interview:

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*“Our goal is that students finish school and are healthy as an adult. And they need skills to do that. So I think anything about stress-management and that is transition-based makes a lot of sense, and thinking about the workplace.” (Mental Health Lead 4)*


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Given that the ultimate goal of the resources is for students to be able to navigate the transition from high school to post-secondary education or employment, it is somewhat surprising that this was not identified by more key informants. It may be necessary to modify content slightly to better link learnings to relevant transition skills.

In practice, the resources also appear to be meeting an unexpected need – providing teachers with skills and tools that allowed them to talk about mental health eloquently. This was the third most commonly cited *HTFHS* goal as cited by key informants. As one teacher said: *“This is not a part of our training, I was not trained for that [positive mental health] at all. I have to be honest, I learned a lot going through all these [the resources]”* (Teacher 3).

While program theory originally focused on the needs of students, this finding suggests the *HTFHS* resources may also be addressing a staff need, and could potentially have a broader effect on all members of a school’s community.

## 2. To what extent are the *HTFHS* resources relevant?

 **In most schools, key informants felt *HTFHS* fit well within the Civics and Careers curriculum.** Several reasons were set forth, all aligned with the ones identified by the Leadership Team when the course was first selected. Key informants found that the resources:

- ➊ Helped students acquire key skills needed to navigate the labour market;
- ➋ Allowed students to reflect on their behaviour and better understand themselves;
- ➌ Linked to limited content within the Civics portion of the course as well, allowing some flexibility in delivery; and
- ➍ Needed to be in a mandatory course in Grade 10.

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*“In terms of Careers, I think it’s a better fit. We had to put it into some parts of the Civics sections. I think when you’re trying to help students understand themselves, Careers is the best place to put it. Careers gets students looking into how they fit in the world and gets them comfortable that way. That’s a good place for it to be.” (Administrator 6)*

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Physical Education was suggested as an additional course ‘home’, with the reasoning that there is a natural connection between physical and mental health, the body and the mind. In one school, this alternative fit was proposed by students in the focus group, while in two schools the proposition came from either the teacher, or both the teacher and the Mental Health Lead. In only one school was Physical Education identified as a preferred alternative course for delivery, with the rationale that there is already a high demand for the existing Civics and Careers curriculum, and therefore little room or time to devote to additional topic areas:

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*“Civics and Careers are half-credit courses, so in a semestered system, the Civics runs for half of the semester and then the same students switch over and do the Careers for the second half of the semester. It’s very hard to go in and implement nine modules when a teacher only has half a semester to get his/her course content covered.” (Teacher 5)*

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### 3. To what extent are the *HTFHS* resources appropriate?

 **Key informants and students felt the resources were very appropriate for Grade 10 students.** While *HTFHS* resources were seen by key informants and students as particularly appropriate for Grade 10 students, students in the focus groups also mentioned that the resources would benefit younger students, including those in Grade 9 or even earlier, when students are transitioning between elementary and secondary schools.

While students in the three focus groups mentioned they had received general knowledge about mental health promotion in the past, several said they would have appreciated receiving specific knowledge about stress management in earlier years:

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*“It was especially stressful for me to transition from elementary school to secondary school. I had severe anxiety then, it’s better now. When I started secondary school, it was horrible. I wish that I’d known more at the time – how to manage stress and mindfulness. But I did not have those tools at the time.” (Student focus group)*

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*HTFHS* resources were also seen as universally relevant regardless of gender, and uptake of the resources was the same for boys and girls. Only one teacher reported that “*girls were more receptive to the mindfulness exercises, whereas the boys were like, ‘I don’t need to do this’ and you would hear giggling*” (Teacher 1). However, among the student focus groups, boys were equally as likely to report appreciating the activities, including mindfulness.

Three of the Mental Health Leads thought at-risk students might particularly benefit from the resources, as is often suggested in the literature. *HTFHS* resources may be particularly helpful for students with limited prior support or exposure to the skills presented in the resources. However,

there was a consensus among key informants that the resources were appropriate for everyone because, as one respondent said, *“the modules speak to the human condition”* (Teacher 5).

Finally, key informants reported that the resources were relevant for diverse cultural groups. This was especially noted in Module 3, which presented various celebrities dealing with mental health issues. That said, recommendations were made to include references to a range of population sub-groups, including students with special needs, youth at risk, First Nations students, LGBTQ students, immigrants.

#### 4. To what extent are *HTFHS* resources useful?

 **Teachers reported that the format and organization of the resources was highly practical, and needed only a few minor adaptations, in line with their normal practices.**

Very few adaptations were made to the resources to facilitate delivery during the pilot. Two teachers reported making minor changes to formatting, such as turning modules into a PowerPoint presentation or using a Smart Board to increase students’ engagement: *“When it came to teaching material, the teacher had a strong sense of where s/he wanted to go with it, what format s/he wanted to use and how s/he felt students would connect with material”* (Mental Health Lead 4).<sup>2</sup>

Teachers also reported that the time needed to prepare was reasonable and compared favourably to that required for other courses. Only two teachers indicated they drew on additional resources to prepare, such as videos and additional materials on communication. There was no perceived need to make major modifications, as teachers reported that the module activities and assignments were well suited to their classes.

However, several teachers did mention that flexibility is needed for a course to succeed, and teachers need to be able to adapt content to best suit their students’ needs. Teachers all mentioned they knew their classes well and had a good idea of what would and would not work with their students. Even with multiple options provided in each module outline as an implicit acknowledgement of this flexibility, two teachers (both teaching in small schools) mentioned that they modified delivery of some activities because they knew that the proposed format would not work (e.g., adapting exercises to increase confidentiality). As one teacher explained:

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*“Every class I have a different group of students taking the same course, they’re a different mix of students together. I found even with this program I had to modify some of the things or take my own approach to teaching the content to suit the class that I was teaching. It was just part of classroom management.”* (Teacher 6)

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<sup>2</sup> Here and elsewhere in the report, content has been altered slightly to protect participants’ identities.

Aside from changes to the format of activities, the only other adaptation of note was to the mindfulness activities. Two teachers from two Catholic boards did not conduct mindfulness activities throughout the course, although their students received basic knowledge on this topic in Module 2. The reasons given by each teacher were different – one said s/he was not clear how mindfulness differed from Christian meditation, and the other felt students were not “grasping” it. However, both indicated they felt a lack of direction about how to present and conduct mindfulness activities with students:


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*“If you want to make meditation work, you need to bring a professional in, who meditates and demonstrate to the class some true techniques. I can talk about meditation, I can show a video, but I have never used meditation so to me, I don’t know what the benefit could be...” (Teacher 4)*

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The other teachers offered the mindfulness activities as presented in the resources but they all said they faced some challenges at first with students. In two schools in particular, teachers noted some “giggling” and disruptive behaviour. However, over time, teachers were able to successfully conduct these activities, and said most students became very engaged with it.

#### 5. To what extent are the *HTFHS* resources feasible?

 **Although the training served as a good introduction to the resources, learning needed to continue past training as teachers began to work with the resources.**

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*“It was good there was a multidisciplinary team in place for training because then you have all of those perspectives. And it isn’t only what they did watching the webinar, it’s the conversations they had afterwards about what they saw, what they thought.” (Mental Health Lead 1)*

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While satisfaction with the training was high in all schools but one, many teachers and Mental Health Leads mentioned the need to further reflect on the resources after training. When this led to further questions on their part, teachers connected personally with their Mental Health Leads.

This need for further engagement may have also been a result of the timing of the training, as one teacher reported feeling rushed and having little time to review the resource content before delivery. There was also limited engagement from teachers during the training sessions, despite the ability to use voice and text chat to ask questions and provide feedback. One potential reason for the limited participation may be that most schools had only delivered Modules 1 to 3 by the end of training, meaning they had limited experiences to share. As one teacher explained:

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*“One thing I found challenging is the fact that by the time we went on to the second webinar, I had done two modules at that point, and then we did webinar three, and I had still not started module three. At that point I found it a little challenging because I was writing notes down and trying to remember everything. Because I wasn’t to that point yet, I found that part challenging.” (Teacher 6)*

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**🔊 For the most part, teachers felt comfortable delivering the resources and were seen as entirely capable by school staff and students. However, most thought it would be valuable to bring someone else in to help deliver some specific modules.**

In terms of preparation, all teachers felt they could prepare lessons by themselves and that the HTFHS outlines were useful and usually sufficient to prepare lessons. As one teacher pointed out:

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*“Things were pretty well lined up for me. I didn’t have to do a lot of work in preparing other than reviewing the material. With any lesson plan, you fit it into your own teaching style.” (Teacher 1)*

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However, most also thought it would be helpful to have assistance with the delivery of specific modules, potentially from Mental Health Leads, students’ near-peers, health professionals, or guidance counselors. In regards to near-peers, most respondents who mentioned this group did feel that the process would need to be closely supervised in order to avoid unsafe conversations. A near-peer could come in *“to share experiences of transition to post-secondary education, and connect this to the modules”* (Mental Health Lead 6), focussing on *“hope and resiliency”* (Teacher 5). Students in one focus group suggested that someone who has experienced a mental health issue could be brought in to talk about their personal experience.

Of note, three teachers had additional in-class support during delivery of select modules. In two cases these were Mental Health Leads and in another, the teacher invited a social worker to present mindfulness to students.

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*“The one place it was useful is when it talks about mental health and mental illness. I did not see the link between physical health and mental health at first. I needed [Mental Health Lead] for the activity with the four quadrants.” (Teacher 4)*

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According to key informants, incorporating additional supports would depend on the teacher’s level of comfort with a particular content or topic area. Most teachers said they felt confident in their knowledge and skills regarding the general HTFHS topic areas (e.g., self-awareness, self-management, social awareness, relationship skills, responsible decision-making), though less so about mental health in general and related community supports.

While key informants had many suggestions for additional supports for delivery, for the most part, teachers were still seen as the primary source for resource delivery; however, one administrator suggested the guidance counsellor as a good person to deliver all modules. As one Mental Health Lead indicated, delivery of the resources by teachers could have additional benefits in terms of shifting the culture about mental health promotion, and encouraging students to consider mental health as something that can be discussed more broadly than only with health professionals:

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*“I like that fact that the resources were delivered by a teacher because that reinforces connection and gives students a different way to connect with their teacher. I think it creates that culture with students of, ‘hey, we can talk about these things, and it doesn’t have to be a professional that we’re talking to.’”*  
(Mental Health Lead 2)

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## 6. To what extent are *HTFHS* resources engaging?

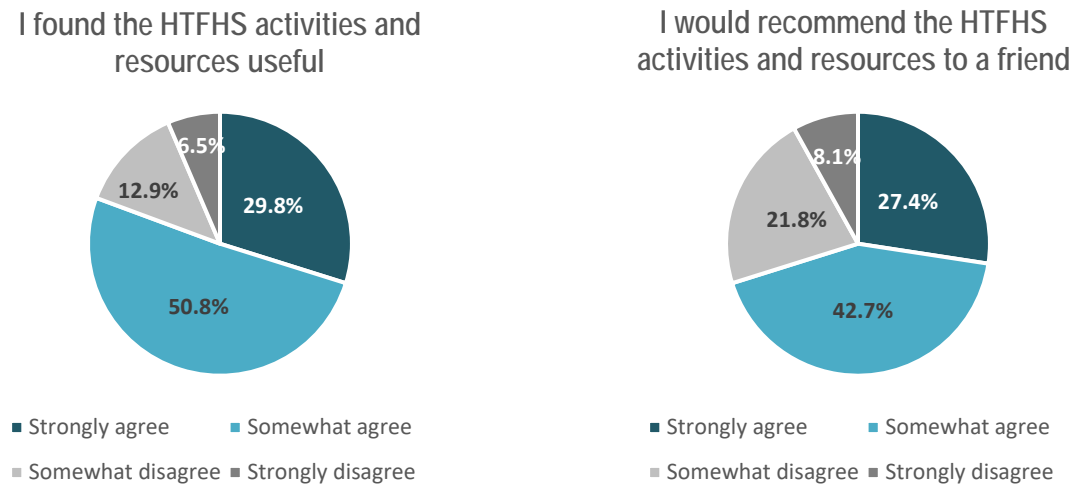
### ***HTFHS* resources engaged students effectively.**

Regardless of the individual module, all teachers reported that the *HTFHS* materials encouraged good or excellent group cohesiveness, participation, and interest among their students. Teacher feedback also indicated that the variety of activities encouraged students’ engagement with the material – while students may have been nervous or shy sharing stories in one activity, other activities encouraged them to participate more fully.

Students themselves also reported relatively high levels of satisfaction with the *HTFHS* resources. Overall, 80.6 per cent of the students strongly or somewhat agreed that they found *HTFHS* activities and resources useful and 70.1 per cent that they would recommend these to a friend.



Figure 2 Satisfaction with *HTFHS* resources (N=124 students)



While a minority of students were reported to be somewhat less receptive at first, and were not “*taking it seriously*” (as reported in a student focus group), both educators and students mentioned that this improved after the first few lessons.

Students in the focus groups said they particularly enjoyed the interactive format of the resources. They reported being particularly engaged in the group activities, although several students and teachers did mention that there was some initial reluctance to share personal experiences. However, teachers were able to encourage a supportive environment that promoted sharing and participation. As one student explained:

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*“I found it really easy to say whatever it was that you wanted to say. Nobody was judging you. That made you feel more comfortable to share what you wanted to share. Nobody was making any fun of anything. It was just a very calm and relaxed class.”* (Student focus group)

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This finding was supported by responses from other key informants, who reported that the resources spoke to students’ reality and responded to a need for mental health programming in schools:

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*“They [students] responded very positively, they were very willing participants, there was never anyone complaining about the content. After each class I would ask the students, ‘do you think this is the kind of course that belongs in high school? Would you like to do more of this as a course?’ The answer was always overwhelmingly yes. They’d say: it’s fun, it’s relevant and it’s useful. [They] just wouldn’t want to do homework.”* (Teacher 5)

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Although it seems *HTFHS* content was well received throughout the modules, some students and educators identified certain activities as being particularly strong, in that they encouraged robust discussion and received particularly positive reactions. These included the mental health continuum activity in Module 1, and the celebrity activity in Module 3.

Not surprisingly, some activities resulted in more mixed reactions, including the mindfulness activities mentioned earlier. While reactions to mindfulness activities were mixed, some students said they found them particularly useful and incorporated them into their routines outside of class:

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*“I like the meditation, especially the part about noticing your feet, noticing your toes. I find now that when I’m at home and really thinking a lot of things, I’ll do that sometimes and it helps get my mind off things.”* (Student focus group)

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High engagement with the resources can be explained in part by the fact that students said they felt listened to and respected by both peers and teachers in group activities. According to students, their teacher’s personality was a key driver for engagement. They felt he/she has to genuinely care for students; be cognizant of the social, emotional, and academic reality of the students; be willing to share their own experiences if relevant; and be open to applying the resource content in their own lives. One teacher specifically asked his/her Mental Health Lead for guidance on appropriate and effective methods for self-disclosure.

Key informants reported no negative feedback from parents or guardians about the resources, nor from other school staff. In fact, the opposite was true; we received several requests during implementation about sharing or delivering the resources more broadly within schools.

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*“Other teachers were very interested in what they [students] were doing. The principal asked me to run through the material with the other staff during a staff meeting. Other people asked me to share the resources with them.”* (Teacher 1)

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Prior to delivery, one teacher reported that in communication with parents, they were very supportive of the pilot and mental health education more generally, which was reinforced by the Mental Health Lead from that school: parents “*were happy that their children were learning about this*” (Mental Health Lead 6). Several students also reported that their parents had positive reactions to the mindfulness activities, when these were described at home.

## 7. To what extent are the *HTFHS* resources sufficient?

 **While students had some prior knowledge of the content area, they also indicated several areas where additional content could be added.**

Key informants from all but one school recognized that students were already aware of some aspects of mental health, either about available community and school resources, or information similar to the general content of the *HTFHS* resources:

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*“Until a certain point, students knew the resources better than me. I was surprised. I asked questions and they already knew the answers. They knew better than me. I guess it’s the kind of topics that’s been discussed more today than when I was young.” (Teacher 3)*

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Of note, various mental health promotion and/or wellness programs have been implemented in all participating schools, reflecting an increased interest in these topics in recent years. Some elementary schools also have their own programs and several students referred to these during focus groups. However, even if some overlap potentially exists with other school activities or existing programs, key informants identified *HTFHS* as a unique and needed set of resources because of its *structured* content focussing on mental health *promotion* and its integration into the mandatory curriculum.

Nevertheless, some minor modifications were suggested that reflected the context in which the resources were delivered (e.g., school setting, student population). It is important to note that while suggestions were made for additional content, no one proposed *removing* any content from the current version of the resources. Appendix C presents the changes proposed to the materials, but a brief overview below summarizes some of the most frequently suggested changes.

The most frequent change mentioned by key informants concerned increasing the number of examples provided in the resources in order to better reflect sub-populations:

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*“I’d like to see that in some of the sub-groups like youth at risk, or LGBT or First Nations, that we see those populations represented in some way at least within the examples, and give the teacher some freedom and flexibility to insert their own local material. It’s important so those students who are more vulnerable do see themselves reflected.” (Mental Health Lead 5)*

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One focus group composed of students from an International Baccalaureate (IB) class said they found some of the *HTFHS* activities repetitive, with several activities conveying the same message. This specific group asked for more in-depth content such as statistics (e.g., prevalence of mental health issues) and references to research, indicating that more advanced students could benefit from additional content: “A lot of it was very surface, stuff we’ve heard already, been told or know in

*the back of our minds. It would have been nice to have some variation in what we were being taught, so we could go more in depth” (Student focus group).*

Students were also particularly interested in further exploration of stress reduction strategies, particularly in regards to managing school related stress.

## Delivery

### 8. Can the *HTFHS* resources be delivered as intended?

 **Teachers generally felt they had enough time to deliver the modules as designed and there was enough room for discussion.** Key informants reported that modules stacked well on each other and proceeded developmentally, but adjustments to meet timelines were made. As one teacher explained: *“I liked that there were a lot of activities to choose from, and we were told that if we can’t get everything done in one period, then just move on to the next one”* (Teacher 6). Other teachers also sometimes took two classes to deliver activities or used the Civics portion of the course to complete the modules. A breakdown of the delivery of individual modules by school is presented in Table 3 below.

Table 2 Delivery per module

Module	Total # of schools	School A	School B	School C	School D	School E	School F
Module 1: Introducing mental health skills for everyday life	6	✓	✓	✓	✓	✓	✓
Module 2: Taking care of you	6	✓	✓	✓	✓	✓	✓
Module 3: Bouncing back	6	✓	✓	✓	✓	✓	✓
Module 4: Taking charge of thoughts	6	✓	✓	✓	✓	✓	✓
Module 5: Catching flies with honey	6	✓	✓	✓	✓	✓	✓
Module 6: Handling conflict	5	✓	✓	✓	✓	✓	✗
Module 7: Paddling into rough waters	5	✓	✓	✓	✓	✓	✗
Module 8: Problem solving	5	✓	✓	✓	✓	✓	✗
Module 9: Getting pulled to shore when you’re in over your head	4	✓	✓	✓	✓	✗	✗

Two schools experienced challenges delivering all nine modules, largely due to a reported lack of time. One school reported that their time challenges arose because students were switching soon to the Civics portion of the course (and this was given by another teacher), limiting the sessions available to deliver the *HTFHS* resources before the transfer.

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*“The challenge with our board is the way the Careers course is delivered, because it’s delivered in the first half and then another teacher delivers the second half. That posed a bit of a struggle – the teacher did have to remove some of the other work that would have happened. I think for us it was a bit challenging in that aspect.” (Mental Health Lead 2)*

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## 9. How might school context affect delivery?

 **Overall, *HTFHS* resources were considered equally beneficial regardless of school characteristics. However, contextual factors might entail minor adaptations.**

According to one administrator and two Mental Health Leads, while the *HTFHS* content would be well-suited for any school, schools in smaller or more remote locations may need additional support for delivery. This could be to provide additional supports if available resources for students are more limited, or to better reflect the needs and customs of the local community (e.g., indigenous communities). One teacher reported that students in the small local community were reluctant to share personal experiences; this despite the fact that teacher training explicitly emphasized that students not be asked to share personal experiences in the classroom, recognizing the limitations of confidentiality and appropriate boundary setting.

In addition, while all *HTFHS* resource and training materials were translated into French, the quality of translated materials was not consistent, and training sessions were delivered in English – in part to help create an inclusive community of practice. Allowing additional time for the development and translation of French materials, and making French training available for French Mental Health Leads and teachers could improve their experience of the resources in the future.

## Preliminary outcomes and evaluation

As an *implementation* pilot, the project did not aim to assess the effectiveness of the *HTFHS* resources per se. Rather, the objective was to assess the design and delivery of the resources, as well as the appropriateness and feasibility of the selected evaluation measures. In addition, we set out to test the theory of change for *HTFHS*, especially about *what kind of change can be achieved in the short-term*. In order to increase our understanding in those areas, interviews and focus group protocols included questions about *observed* changes for students. Some key informants were unable to speak about observed changes because they were either not in the classroom (e.g., school administrators), or they felt it was too early to discuss effects on youth (two teachers were specific about this). In this case, some chose to instead discuss what they saw as the most likely and important *potential* effects of the resources.

This section presents results of the mixed-methods analysis of students' outcomes, where the quantitative findings were compared to qualitative findings on both observed and potential effects to look for evidence of convergence.

## 10. Did students experience any changes following participation in the resources?

### *Students improved key SEL skills*


Preliminary results showed promising changes in specific SEL skills among students: changes were observed in self-awareness, self-management and to a lesser extent, some aspects of relationship skills and social awareness. From the beginning, it was not expected that changes would be seen in all five SEL skills competencies equally. Table 4 presents quantitative and qualitative evidence for each of the five competencies area.

**Table 3 Evidence of pre-post changes in students' SEL skills**

	SIGNIFICANT PRE-POST DIFFERENCE	QUALITATIVE EVIDENCE
<b>SELF-AWARENESS</b>		
SEARS-A (FEW ITEMS IN SELF-REGULATION SUBSCALE)		✓✓
<b>SELF-MANAGEMENT</b>		
SEARS-A (SELF-REGULATION SUBSCALE)		✓✓
STRESS MANAGEMENT SELF-EFFICACY SCALE	✓✓	✓✓
COGNITIVE COPING STRATEGIES: SECONDARY CONTROL SCALE FOR CHILDREN		✓
<b>RELATIONSHIP SKILLS</b>		
SEARS-A (EMPATHY SUBSCALE)		✓✓
SEARS-A (SOCIAL COMPETENCE SUBSCALE)		
COMMUNICATION SKILLS: COMMUNICATION SCALE	✓	✓
NEGOTIATING CONFLICT: CONFLICT RESOLUTION STYLE INVENTORY	✓	✓
<b>SOCIAL AWARENESS</b>		
SEARS-A (EMPATHY SUBSCALE)		
WILLINGNESS TO SEEK HELP (RANGE OF SUPPORTS)	✓✓	✓✓
<b>RESPONSIBLE DECISION-MAKING</b>		
SEARS-A (RESPONSIBILITY SUBSCALE)		

**Note i:** ✓: pre-post difference in one subscale of the overall scale is significant (min of  $p < 0.10$ ) or limited qualitative evidence; ✓✓: pre-post difference in the overall scale or measure is significant (min of  $p < 0.05$ ) or meaningful qualitative evidence;

**Note ii:** Pre-post difference for the overall score for the SEARS-A are non-significant at  $p < 0.10$ .

 **Mixed-methods analysis revealed divergent quantitative and qualitative findings for self-awareness, self-management (aside from stress management), and relationship skills related to empathy.** For those categories, key informants and students reported observing changes in students feeling and behaviours, and in their empathy towards other, although no changes were observed on the pre-post survey. This was likely due to ceiling effects, in that pre-test scores on related items were generally already high.

*Students were more aware of their thoughts and emotions after receiving the HTFHS resources*

Although changes in self-awareness – the ability to recognize how emotions and thoughts influence behaviour – were not detected by the survey, it was one of the most notable results of *HTFHS* identified by key informants. These results are not surprising given the methodology and resource content; the subscale used to measure self-awareness in the survey had a limited number of items, and self-awareness is a major component of the resource content, particularly in modules that were fully delivered by all participating schools.

Many of the changes reported by key informants and students related to the way in which students “reflected” on past behaviours, and applying their new understanding to recognize negative emotions in the future. As one teacher noted:

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*“Some students would say, ‘If I was in over my head, this is how I would feel’. From these modules, students have a definition of what being ‘in over your head’ means, which they may not have had before. If for argument’s sake, that’s all the modules did, then those are very worthwhile modules.” (Teacher 5)*

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*The resources gave students additional self-management strategies*

Self-management – the ability to regulate emotions, thoughts and behaviours effectively in different situations, including stress management – was addressed in *HTFHS* resources by providing students with strategies that would allow them to better regulate their thoughts, emotions and behaviours. Mindfulness activities were also presented in the context of stress management. Most, but not all, of the self-management content was also embedded in modules that were fully delivered by participating schools.

Students in focus groups reported that they had learned the strategies presented in *HTFHS* resources to better regulate thoughts, emotions and behaviours, and had even used some of the strategies already. In particular, students mentioned employing mindfulness, and the importance of thinking before reacting during a conflict or while communicating with others. As one student noted: “I learned how to deal with conflicts, how to make sure you’re not overreacting or over exaggerating in the moment.” Another spoke about the benefits of mindfulness: “The meditations were a really good thing because if you’re having a long day, taking some time out really does relax you.”

Although all items on the self-regulation subscale used in the survey were likely to be influenced by exposure to the *HTFHS* resources, no pre-post differences were captured. Two possible explanations for why results were not seen in the survey are:

- ❶ **Ceiling effects:** The self-regulation subscale asked students how well various statements described them (e.g., “I think before I act”). At baseline, most students responded that the statements relating to self-regulation described them “often or always”. This means there was relatively little room to detect improvements, as most students already reported themselves in the highest scoring category before exposure to the resources.
- ❷ **Limited time to observe changes:** The self-regulation subscale used in the survey assessed long-term self-regulation (e.g., “being able to set goals and follow plans”). Surveying students directly following exposure to the resources may not have provided sufficient time for any changes to emerge in the way students internalize the content and begin applying it in their own lives.

As indicated earlier, students reported applying some elements of mindfulness to their everyday lives. This was likely captured in the stress-management portion of the self-efficacy scale, where students significantly increased their scores following exposure to the resources. Positive changes in stress management were seen particularly in terms of students’ reported ability “cope with stress when it comes” and “successfully deal with stress levels”.

The content of *HTFHS* resources also addressed behavioural and cognitive coping strategies – the extent to which students can control how they think and feel about situations that occur in their lives. The pre-post survey only measured cognitive coping strategies, however, and no changes were observed following exposure to the resources aside from several individual items in the scale (e.g., “*When something bad happens, I can find a way to think about it that makes me feel better*”, “*When I feel bad about something, I can find another way to look at it, and that makes me feel better*”). This result was somewhat surprising, as this scale assessed the extent to which teenagers control how they think and feel about situations that occur in their lives. The results may be explained by a ceiling effect on some of the items and respondent fatigue, as the scale was quite lengthy and placed near the end of the survey.

While no students mentioned cognitive coping strategies (e.g., how resources may have helped reduce reactive, “hot” thoughts) during the focus groups, the self-management strategies mentioned above may also have relevance as coping strategies.

### *Students demonstrated limited behaviour changes related to relationship skills*

Relationship skills are defined as students’ ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. Exposure to *HTFHS* resources resulted in an increase in students’ cognitive empathy or ‘perspective-taking’, and their knowledge of the skills needed to better communicate and negotiate conflict effectively; however, there were *limited behavioural changes*.

While there were no changes in the overall empathy subscale of the survey, three items saw significant improvement after exposure to the resources: “*I understand how other people feel*”,



*“I care what happens to others”, and “I can name a lot of different emotions.”* Many of the other items in the subscale are linked to personality traits, which may explain a lack of movement.

Qualitative data did indicate improvement in the way students understand each other. Both educators and students reported that *HTFHS* improved class cohesion and that students felt more connected to each other:

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*“I realized that although everyone has their own problems, a lot of people have similar feelings about the same things. So when I was talking about it afterwards, I know that people understood me.”*  
(Student focus group)

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While the communication and conflict resolution scales did not demonstrate any significant change, two subscales did see improvements following exposure to the resources: “understanding and valuing different styles of communication,” and use of the “withdrawal” method of conflict resolution. Changes were likely limited in this area due to the relatively short period of time between exposure to the resources and the post-survey; impacts on behaviours are not likely to emerge in the very short-term. Additionally, *HTFHS* content in this area targeted knowledge and awareness of communication and conflict resolution styles (e.g., passive, aggressive, assertive), which may not have been accurately measured in the survey. Limited qualitative evidence of changes in students’ communication and conflict resolution scales was also observed.

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*“After class we spoke about different things and it was easier because students were like, ‘oh yeah, that’s why my mom does that.’ I give examples of parents when it comes to communication. If you’re rolling your eyes at your parents all the time, it doesn’t help with communication.”* (Teacher 2)

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### *Students increased their willingness to seek help*

Social awareness includes students’ ability to empathize with people from diverse backgrounds and cultures, understand social and ethical norms for behaviours, and – most relevant to the *HTFHS* resources – *recognize family, school and community supports*.

All participating schools discussed mental health resources and supports available at both the school and in the larger community, and participating students in all but two classes received a list of relevant local supports from their Mental Health Lead. Students also reported a good knowledge of available supports prior to their exposure to the *HTFHS* resources. However, knowledge of supports does not always translate to equal access or willingness to seek help.

Students significantly increased their willingness to seek help following exposure to the resources, particularly in terms of the range of people they were willing to seek out, as demonstrated in the table below.

**Table 4** Student willingness to seek out supports

SUPPORT	PRE	POST	PRE-POST CHANGE
A friend	85%	89%	↑ 4%
A teacher	25%	40%	↑ 15% ***
School staff (e.g., office staff, principal/vice-principal, educational assistant)	14%	22%	↑ 8% **
A counselor/public health nurse	16%	28%	↑ 12% ***
A psychologist	10%	17%	↑ 7% *
A parent	68%	71%	↑ 3%
A brother/sister/cousin	49%	55%	↑ 6%
Another family member	33%	44%	↑ 11%
Another member of your community	9%	11%	↑ 2%
A member of your church or religious organization	7%	12%	↑ 5% **

Note: \*: Significant at 0.10 level; \*\*: Significant at 0.05 level; \*\*\*: Significant at 0.01 level.

Changes in students' willingness to seek out school-based supports (e.g., teacher, school staff) is a particularly important finding, as those supports are quickly accessible to students on a daily basis. As mentioned by a school administrator: *"Students can learn about what's available in this course and then access it immediately. Average students won't be aware of school mental health supports in an ongoing way"* (Administrator 5).

While the table above indicates that there was a significant increase in the proportion of students who would seek help from a teacher, students in two of the focus groups explicitly mentioned that they would be unlikely to turn to a teacher when faced with a personal problem.

Although most students in the focus groups and several educators mentioned that students were already *aware* of school and community resources, the fact that there was an increase in students' willingness to seek help speaks to the capacity of the resources to normalize support and help-seeking, and open communication regarding mental health:

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*“We are more aware [of community and school resources after being exposed to HTFHS and because it’s not weird to have problems.” (Student focus group)*

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### *Students increased their knowledge about and improved their attitudes toward mental health*

Students increased their knowledge about mental health following exposure to HTFHS resources, based on both qualitative evidence and many items on the survey showing significant increases (see Table 6 below).

In regards to student attitudes toward mental health, a ceiling effect was observed for several items, indicating that participants already had positive attitudes. However, qualitative evidence suggests that HTFHS resources reinforced key messages about stigma and positive attitudes towards mental health:

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*“Everyone was in the same zone of listening to other people and taking in these new ideas and philosophies. I felt like in the whole unit everyone had the same mindset going in and a different one going out about these things. People weren’t brushing ideas aside but more or less saying, ‘I already know how to do this’... everybody just took stuff in that they wanted to.” (Student focus group)*

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**Table 5 Evidence of pre-post changes about attitudes and knowledge toward mental health**

Items in the survey	Pre-post difference	Qualitative evidence	Comment
<b>ATTITUDES</b>			
I believe my mental health is as important as my physical health.		✓	All students received module 1, but ceiling effect was observed
I try to notice and be grateful every day for good things in my life.			Ceiling effect; rarely addressed by resources
People can change how they feel about a situation by changing how they think.		✓	Ceiling effect
If I am hurting emotionally, I would get help and support just as I would for a physical illness or injury	✓✓	✓✓	Improved willingness to talk about mental health for students and normalization of mental health issues
If a close friend is having trouble coping, it’s OK to break his or her confidence to get help.	✓		Not all students received coping module

Items in the survey	Pre-post difference	Qualitative evidence	Comment
<b>KNOWLEDGE</b>			
You can't have good mental health if you have a mental illness.		✓✓	Important take-away of the program according to key informants and students
I know many things I can do to take care of my mental health.		✓	Potential ceiling effect
I am able to recognize when I am just reacting negatively to something, and know how to come up with 'cooler' ways to think about it.	✓✓	✓	
I know how to talk and listen to others in a way that helps my relationships with them.		✓	Ceiling effect
I know strategies for working out any conflicts I have with other people.	✓✓	✓	
I know how to deal with most problems I come across, to solve them or make things better.			Potentially too generic
I know about people and resources in my school and community that could help me if I were having a mental health problem.	✓✓	✓	Prior knowledge of resources, but students still acquired knowledge

**Note:** ✓: pre-post difference is significant (min of  $p < 0.10$ ) or limited qualitative evidence; ✓✓: pre-post difference is significant (min of  $p < 0.05$ ) or meaningful qualitative evidence.

In terms of knowledge, there was strong qualitative evidence that students experienced change on the item, *"you can't have good mental health if you have a mental illness,"* and students' understanding of the mental health continuum, although this was not supported quantitatively. For example, the mental health continuum was reported by students as one of their favourite activities, and one teacher commented:

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*"The program did a good job of showing that mental health and mental illness are separate things; you may not have a mental illness but still not have good mental health, and could still use help. This in itself can help reduce stigma, that if you're not taking care of your mental health, you're at risk of endangering your mental health."* (Teacher 2)

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### *No changes were seen in students' resilience and generalized self-efficacy*

There were no observed changes on students' resilience or self-efficacy, despite expectations. It may be that those skills are not likely to change in the short-term, and that improvements in coping and relationship skills may lead to greater resilience and self-efficacy with increased practice. We can speculate that the *HTFHS* resources influenced *the process* of becoming more resilient by focusing on learning strategies to improve ways of coping and relationships skills. However, it may be difficult for this change to be captured on a resilience scale prior to *mastery* of those skills. However, improved SEL skills may pave the way to increased resilience, as one teacher noted:

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*"The students that we do have today really lack resilience. They are a group that seem to want everything at the push of a button. So when challenges come their way, they're not very good at handling those challenges. They get upset in those situations. I don't think they handle everyday bumps very well so there is a need... These modules were very helpful to me in terms of talking to students about resiliency, helping them to understand that what you perceive, in terms of what others might be thinking or saying about you, is not accurate." (Teacher 5)*

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## 11. Are the evaluation measures sufficient, feasible, and appropriate?

Student surveys were administered online, and students were provided with unique codes that allowed them to access the survey and for their pre- and post-survey responses to be matched for analysis. Response rates for both surveys were high: 98 per cent of those who provided consent responded to the pre-*HTFHS* survey, and 92 per cent responded to the post-*HTFHS* survey. High response rates across schools can be explained by the fact that students were provided with time in-class to complete the surveys.

The average completion time was slightly higher for the pre-*HTFHS* survey (26 minutes) than the post-*HTFHS* survey (20 minutes) even if they were almost equivalent in terms of number of questions. Both averages fall within an acceptable time range. However, completion time for both surveys includes a large variation, ranging from nine minutes to one hour and 30 minutes for the pre-*HTFHS* survey, and from 4 minutes to 60 minutes for the post-*HTFHS* survey.

Several minor issues emerged during administration of the student surveys, including occasional inversion of the unique codes (i.e., students were provided with the post-*HTFHS* survey code before they received the resources, and vice versa); a few students completed the surveys without providing a consent form; and complaints during the focus groups that the survey was repetitive and too long. The first two issues were addressed through a validation process that ensured administration dates matched survey codes, and by deleting all data collected without a completed consent form.

In the future, the issues presented above can also be easily addressed through:

- ❶ The presence in the field of a research coordinator who can provide support to consent and data collection activities, especially for survey administration;
- ❷ Greater control over access cards to minimize errors; and
- ❸ Refinement of the online survey to include a smaller number of measures, a more youth-friendly interface, and survey programming guidelines that help avoid typos in fields used to match pre-program and post-program data.

 **Since HTFHS does not use administrative data, the in-class, online survey option is still the most functional method to evaluate student outcomes.**

Regarding the third point above, there were several measures where qualitative change was observed despite an absence of quantitative change. In those cases, survey items may need to be revised in order to account for potential ceiling effects, cases where items may be too *generic* to evaluate specific change relevant to the program resources, and cases where the measures may not be well suited to measuring short term change.

Additional time should be given to refining the survey measures on attitude and knowledge, and to look for alternative measures for measuring relationship skills (especially knowledge of communication and conflict resolution styles) and self-awareness.

## Next steps

The objective of the pilot evaluation was to determine if the *HTFHS* resources were appropriately designed for school-based mental health promotion, were feasible to implement in the Gr 10 Civics and Careers course, and could be evaluated as planned. The results of the pilot evaluation have indicated positive answers to all these questions. Moreover, there is a large appetite among educators and students for having this type of material *embedded* into the curriculum, versus a stand-alone program. Positive mental health programming is strongly supported by the Ministry of Education; however, guidelines for universal programming have been scarce.

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*“On the front of every curriculum document that’s in Ontario, it explicitly states that there should be positive mental health included and incorporated, but I’ve had this question myself, ‘but what does that mean?’ So it becomes up to the independence of the teacher whether they do it or not. It becomes whether teachers are keen about subject or not, whether they feel safe teaching it or not.”*  
(Mental Health Lead 5)

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*HTFHS* appears to serve as a helpful resource for teachers to address positive mental health in a structured and evidence-based manner, through materials that have demonstrated feasibility and relevance through this pilot.

## Need for a demonstration project

While the *HTFHS* resources have now been pilot tested in diverse classrooms across the province, the question remains as to how *effective* they are at producing the desired changes in students’ knowledge, attitudes, and skills. With its promising results on participating student outcomes, the *HTFHS* pilot project indicates that the resources have the potential to produce these changes, especially with some refinement of the resources and their implementation model.

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*“We [the school system] are trying to create more universal programs [in mental health promotion] and we’re trying to create some consistency across schools. I think there’s a benefit to having a program like this [HTFHS] because it’s very structured, it’s very organized, it’s evidence-based. I’d like to see it happen.”* (Mental Health Lead 2)

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However, considerably more robust evidence is needed to provide educators and policymakers with the assurance they need to consider offering these resources to greater numbers of students, and know that they are likely to achieve the desired skills development and longer-term mental health and wellbeing goals. What is now needed is to test the resources with a larger sample of

students, using an experimental design that compares the outcomes of students who are exposed to the resources in class with those who do not have this opportunity.

We propose a cluster-randomized control trial (C-RCT), whereby schools – rather than individual students – are randomly assigned into either a program group or a control group. Random assignment will work to ensure that there are no *systematic* differences in observed characteristics between the program-group schools and the comparison-group schools. While it may also be possible to randomly assign specific classes to deliver the *HTFHS* resources, we propose that *all* Civics and Careers classes in program schools be involved in testing the effectiveness of the *HTFHS* resources, in the interest of fairness and to avoid potential spillover effects across classes.

Random assignment is widely recognized as the “gold standard” of scientific methods, and been used in many areas of social policy research and evaluation in the past few decades. This experimental technique will produce credible estimates of the program’s impact. In addition, the analysis can explore whether any changes in outcomes over time were more substantial for students from schools with access to the resources compared to those in control group schools, as changes in outcomes could occur naturally as a result of other influences in students’ lives.

A C-RCT design will also allow SRDC to evaluate the effectiveness of the *HTFHS* resources with a large sample of schools and to test different hypotheses regarding the effects of different implementation contexts. In other words, the C-RCT methodology (with sufficient sample size) *and* a comprehensive implementation study will provide an opportunity to determine not only to what extent the program resources are effective, but potentially, for whom and under what circumstances. It will also help determine the level of resources needed (e.g., time, skill/training, delivery model) to implement the *HTFHS* resources effectively at a larger scale, assuming their effectiveness is demonstrated.

There are a number of design considerations for a demonstration project that could affect its overall timing, including testing duration and scope (e.g., to include effects on longer-term outcomes such as graduation and transition to post-secondary education); both of these would require access to administrative data. Likewise, any substantial changes to the resources (e.g., new content, ancillary materials, addition of a ‘booster’ session in Grade 12) would require additional preparation. Other preparatory steps are described below.

## Further development of *HTFHS*

Reactions to *HTFHS* have thus far been very positive and indicate that the resources meet an important need, and that the design and delivery model are sound. Prior to undertaking a demonstration project, we have identified some broader questions, lessons learned from the pilot phase, and implications for scaling up. These preparations – which will help fully realize the knowledge gained in the pilot project prior to a demonstration project – are summarized in Table 7, below.



**Table 6** Insights from the *HTFHS* pilot and implication for a potential demonstration project

Questions	What we learned from the pilot	Implications for scaling-up (demonstration project)
<b>What can be learned from the local context of schools participating in the pilot project?</b>  Review of local conditions and relevant lessons from the pilot	Schools from smaller or communities have different needs in terms of confidentiality, and there are fewer community resources available to students	Include guidelines for these schools re: developing resources and address confidentiality in training materials
	While HTFHS resources were seen as universally relevant, this could be further enhanced for First Nations, LGBTQ, and immigrant youth and others	Add more examples to resource content; consider if further adaptations are needed for specific community contexts
	The resources were well-received in the French school but there were several proposed changes to wording to make them more youth-friendly	Translation of the resources and evaluation materials should be revised and validated again with a small sample of French-speaking youth and Mental Health Leads
<b>How did the characteristics of participating students, schools and school boards influence the pilot?</b>	Participating educators were very motivated to participate in the pilot and adhered to the principles of mental health promotion; nevertheless, considerable training and support was needed	Develop a protocol for educators who may feel less comfortable and confident addressing mental health promotion in the curriculum (e.g., guidelines for selecting classes for a demonstration project, and for Mental Health Leads re: providing support)
	School boards have different requirements for research ethics review	Find a way to centrally coordinate and manage REB approvals for a large number of schools, and budget resources accordingly
<b>What was learned about the content of the resources, and how they should be delivered?</b>  How the logic model holds up in practice	Resources were very positively received; the focus on positive mental health, skills development, and interactive activities were important factors	These features should be maintained, and other core elements identified
	Resource delivery went well but timeframes will vary across schools, due to contextual factors (e.g., personnel changes, illness, etc.)	Include guidelines for schools with more than one Civics and Careers teacher participating or shorter semesters

Questions	What we learned from the pilot	Implications for scaling-up (demonstration project)
<p><b>What factors most influenced pilot results and implementation success?</b></p> <p>Elements that contributed most to positive results should be preserved during scale-up</p>	Teachers' rapport with students was important for students' engagement with the resources	Include guidelines to help educators establish a positive climate for discussions of mental health in the classroom; provide additional supports if needed
	Adequate training reflecting various teachers' background and experience	Enhance the training model to minimize time burden and maximize personalized support (e.g., create a community of practice with pilot teachers)
	Support by Mental Health Leads during delivery	Verify with School Mental Health ASSIST the feasibility of Mental Health Leads supporting a larger number of teachers and schools
<p><b>What was learned about how the resources can influence change, and how that should be evaluated?</b></p> <p>How the logic model holds up in practice</p>	It takes time for knowledge and skills gains and attitude changes to translate into behaviour change	Focusing on knowledge and skills gains and attitude changes should be the priority; the feasibility of a longer-term follow up (e.g., 3-6 months later) to assess durability of outcomes and behaviour changes should be considered, along with the possibility of booster session(s) in Grade 12 and optional corollary materials (e.g., handouts or activity books)
<p><b>What was learned about the optimal level of exposure to the HTFHS resources?</b></p>	Amount of exposure to the resources likely influences outcomes, but no attendance data was collected to keep the pilot feasible	A demonstration project will need to assess exposure, so mechanisms and approval for collecting attendance data need to be developed
<p><b>What resources were required for the pilot project?</b></p> <p>Consider all resources involved (human and financial) and how these might change during scale-up</p>	Aside from upfront development of the resources and training, costs to <i>deliver</i> the resources were low, since delivery and support were embedded into existing operations (teaching personnel and Mental Health Leads)	For a demonstration project, training and support costs should be revised based on the modifications made and resources will be needed to fully prepare for and conduct a demonstration project (e.g., for refining content and training materials, for a research coordinator for data collection)

## Refining survey measures

Pilot results led to a better understanding of what outcomes *HTFHS* could reasonably affect in the short-term. As a result of this increased understanding, we propose some revisions to the student survey in order to take into account program theory and assessment requirements:

- ❶ Unless a new composite SEL skills measure emerges that matches *HTFHS* program theory, capturing all five SEL competencies using one measure is neither feasible nor effective. The SEARS-A should be replaced by short individual scales targeting self-awareness, self-management, and awareness and knowledge of communication and conflict resolution styles;
- ❷ We recommend keeping the stress management self-efficacy scale because its length is short (4 items), it has acceptable internal consistency ( $\alpha > 0.70$ ), and it is strongly linked with the program's theory of change. Although the mean score calculated in the pilot can present a potential ceiling effect (approximately 12 out of a maximum score of 16), this should not present a major problem in a demonstration project with a different and more diverse sample of students;
- ❸ We suggest keeping the Secondary Control scale as it has good internal consistency ( $\alpha > 0.80$ ) and is strongly related to program content. However, we do suggest moving the scale to the first section of the survey and conducting a revised psychometric analysis to see if some items can be cut to reduce length;
- ❹ The resilience and self-efficacy scales should be removed as they are too generic and we don't expect to see any long-term changes in these areas;
- ❺ Several of the attitude and knowledge items may need to be re-worded in order to take into account students' previous knowledge, as ceiling effects were observed.

Further consideration also needs to be given to the timing of the post survey and the potential benefits of adding a follow-up assessment of behavioral change and sustainability of knowledge gains in the longer-term, such as at three to six months following students' exposure the *HTFHS* resources.

In summary, there is evidence the *HTFHS* resources are a promising and feasible approach to developing students' SEL skills, particularly in the context of Ontario's Grade 10 Civics and Careers course. A demonstration project is now needed to test their effectiveness in producing desired skill gains and related outcomes (e.g., reduced stress, improved well-being). Preparations for a demonstration project would need to determine the scope of further refinements to the content of the resources, and to the training and implementation model. A separate proposal is being prepared that provides more detail on these and other parameters of such a project.

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## Appendix A: Outline of *HTFHS* resources

### Module 1: Introducing mental health skills for everyday life

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#### Overview

Through interactive classroom activities over the term, students will have the opportunity to develop social and emotional knowledge, skills and attitudes that will help them successfully navigate their path through secondary school and on to college, university or work. The activities will address topics like:

- Taking care of our mental health;
- Ways of thinking that can reduce stress and conflict;
- Handling everyday struggles, feelings, worries, and stress;
- Communicating more effectively with others;
- Understanding and handling conflicts;
- Solving problems;
- Getting help when needed;
- Resources to support youth.

#### Learning Goals

##### Students will:

- Reflect on personal characteristics and attitudes, and have an opportunity to share them.
- Explore the ‘Mental Health/Illness Continuum’ concept, developing concrete examples for each of the quadrants.
- Appreciate the impact that mental health, and social/emotional skills has on success in school, work and relationships.
- Become more familiar with the mental health resources for youth available in your community.

### Module 2: Taking care of you

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#### Overview

Positive mental health allows us to pursue our goals and handle the inevitable bumps in the road along the way. It is truly a resource for life. These activities will help students to appreciate the important role they play in their own mental health, and will challenge them to think about mental health in the same way they think about physical health. They will have the opportunity to explore and practice strategies that support positive mental health, optimism and emotional well-being.

## Learning Goals

### Students will:

- Consider the active steps we can take to promote and protect our mental health.
- Appreciate the value of seeing physical and mental health in the same way.
- Gain a basic understanding of the concept of mindfulness.
- Practice a mindfulness exercise.
- Appreciate that consciously attending to positive events and experiences (the awesome) can balance our inclination to focus on the negative.
- Practice a strategy for increasing our awareness of the positive.

## Module 3: Bouncing back

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### Overview

The ability to handle everyday ups and downs, upsetting situations and difficult life events is a critical skill for life. Such resilience allows us to pick ourselves up and move forward after getting knocked down. These activities will help students understand how our thoughts about experiences impact our feelings and actions. They'll consider how thoughts, feelings, actions and social support can help us to overcome personal struggles.

## Learning Goals

### Students will:

- Consider how thoughts, feelings and actions are interrelated.
- Appreciate that changing the way we think about things can change the way we feel and act.
- Describe how public figures were able to overcome personal struggles by considering the influences of thoughts, feelings, actions and support.
- Reflect on personal stories of working through difficult circumstances.

## Module 4: Taking charge of thoughts

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### Overview

How we feel and react depends on what we say to ourselves about things that happen. We can think in 'hot' ways (reactive) or 'cool' ways (responsive). These thoughts significantly impact our feelings and reactions. Generally, 'hot' thoughts don't help us to solve problems, handle conflicts or maintain positive relationships with others. With practice, we can become more aware of our 'automatic' hot thoughts, and challenge these thoughts with more helpful ways of thinking.

This module will help students become more aware of how they think when something upsetting happens, and will practice generating more helpful ways of thinking in such situations.

## Learning Goals

### Students will:

- Appreciate other people's perspectives on the same situation.
- Define and distinguish between 'hot' and 'cool' thoughts.
- Become more aware of our habits of thought in upsetting situations.
- Practice generating more helpful thoughts in upsetting situations.
- Consider the consequences of 'hot' and 'cool' thoughts.
- Recognize the benefits of cooler thinking.

## Module 5: Catching flies with honey

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### Overview

Good communication skills are essential for positive relationships with family, friends, teachers, coworkers and work supervisors. They are important for solving problems and resolving conflicts successfully. They help us to develop healthy, supportive relationships, and make it possible for us to lend support to others when needed.

This module will help students become more aware of different communication styles, and how effective each one is in different situations. Students will have the opportunity to practice different styles, and to learn more about listening effectively.

## Learning Goals

### Students will:

- Describe 3 basic communication styles (assertive, aggressive, passive).
- Consider the consequences of various communication styles.
- Appreciate assertive communication as the preferred way to:
  - Promote good relationships and emotional well-being in ourselves and others;
  - Get our needs met (although this is no guarantee);
  - Resolve conflicts;
  - Express feelings.
- Describe features of effective listening.
- Describe active listening and the steps involved.
- Practice formulating responses used when listening actively.



## Module 6: Handling conflict

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### Overview

Interpersonal conflict can be a source of considerable stress in our lives. Unresolved conflict can interfere with learning, create toxic environments, damage relationships and cause us to be less productive. The ability to approach and resolve conflict in a positive way allows us to solve problems, function effectively at home, work and school, while supporting good working relationships and satisfying personal relationships.

This module will help students apply positive communication skills to resolve conflicts in different situations. They will have the opportunity to reflect on the impact of different approaches to handling conflict.

### Learning Goals

#### Students will:

- Describe what passive, aggressive and assertive approaches to conflict look and sound like.
- Consider the consequences of each approach.
- Appreciate the benefits of a ‘win-win’ strategy for resolving conflict.
- Outline the steps to resolving conflicts positively.

## Module 7: Paddling in rough water

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### Overview

Stress and emotional pain are features of everyday life, and they can have a big impact on learning, performance and relationships. Dealing with stress and emotional pain in positive ways allows us to get on with our responsibilities and work towards our goals. Positive coping strategies help us get through the rough patches in our lives, and successfully meet the challenges we face. Negative coping strategies can make difficult situations even worse.

This module will help students to think about emotional pain in the same way they think about physical pain. This can make it more likely they will reach out to others for support when they’re having a tough time. They will have the opportunity to share and reflect on various coping strategies, and consider their impact.

### Learning Goals

#### Students will:

- Compare and contrast common reactions to physical pain and emotional pain;
- Appreciate the value of social support when we’re having a difficult time;
- Accept that it is healthy and positive to discuss emotional pain, and to get help when needed.

- Recognize positive, negative and neutral/time out coping strategies.
- Appreciate the value of handling stress, emotional pain and strong feelings in a positive way.

## Module 8: Problem solving

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### Overview

Each day, problems large and small present themselves. The ability to face and solve problems helps us to develop and grow intellectually, socially and emotionally. It gives us more confidence to try new things and to take on bigger challenges. It allows us to overcome obstacles to our learning and career goals. It helps us to maintain healthy and positive relationships.

This module will encourage students to question beliefs assumptions and assumptions that can get in the way of solving problems. They will have the opportunity to practice a problem solving strategy.

### Learning Goals

#### Students will:

- Practice lateral thinking by trying to solve puzzles.
- Recognize that our beliefs and assumptions can interfere with seeing possible solutions to problems.
- Appreciate that problems can be solved, or at least made better.
- Apply a problem solving strategy to problem scenarios.

## Module 9: Getting pulled to shore when you're in over your head

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### Overview

We all go through difficult times in our lives. These experiences can make carrying on with our everyday lives at school or work very challenging. It can make a huge difference to have people in our lives who can help when things get rough. And we can make a difference for others going through a tough time. Thinking ahead about people we can reach out to, and strategies we can use when we're troubled can help us cope more effectively.

This module will summarize some of the important concepts explored in previous modules. It will give students the opportunity to identify supportive people, strategies and resources in their own lives. It will also encourage them to think about how they can positively support others.

## **Learning Goals**

### **Students will:**

- Recall major concepts learned in previous sessions.
- Identify people in their lives, personal strategies, and resources that can help when things get rough.
- Outline ways to support others.
- Consider situations when it might be necessary to break a friend's confidence.

## Appendix B: Linking *HTFHS* modules and activities to SEL competencies

	Self-awareness	Self-management	Social awareness	Relationship skills	Responsible decision-making
Module 1: Introducing mental health skills for everyday life	X				
Module 2: Taking care of you	X Mindfulness in everyday life, negativity bias	X Mindfulness in everyday life, negativity bias			
Module 3: Bouncing Back	X Bouncing back (interconnection between thoughts, feeling and action)	X Bouncing back (role of positive self-talk)	X (Importance of having the support we need to bounce back)		
Module 4: Taking charge of thoughts	X Hot/Cool thoughts	X Hot/Cool thoughts		X Hot/Cool thoughts	
Module 5: Catching flies with honey		X How to talk so others will listen, active listening	X How to talk so others will listen, active listening	X How to talk so others will listen, active listening	
Module 6: Handling conflict		X Handling conflict		X Handling conflict	
Module 7: Paddling in rough water	X Emotional pain	X Coping strategies			
Module 8: Problem solving	X Lateral thinking	X Lateral thinking, problem solving STEPS			X Problem solving STEPS
Module 9: Getting pulled to shore when you're in over your head		X Newfoundland dog	X Newfoundland dog	X Newfoundland dog	

## Appendix C: Proposed changes to the *HTFHS* resources by category of participants

Areas	Students <sup>3</sup>	Teachers	Mental health leads	School administration
Current content				
More culturally-relevant information throughout (First Nations, immigrants)			x 2	x 1
More examples in the resources to reflect possible sub-groups of students (e.g., special needs, youth at risk, First Nations, LGQBT students, immigrants, etc.)		x 2	x 2	
More group or interactive activities	x 2 FG			
Add more in-depth information on each existing topic, especially for more advanced students (e.g., statistics, coping mechanisms, how you know you are improving in your mental health, peer support, creating good mental health habits)	x 2 FG	x1	x 2	
Module 8: Include more complicated lateral thinking puzzles	x 2 FG	x1		
Add more videos, accompanying app, or other media tools related to existing content		x1		x 1
Include more mindfulness activities (not shared by everybody)	x 2 S		x1	

<sup>3</sup> FG: Relatively unanimous in indicated number of focus groups; S: Number of individual students who proposed changes.

Areas	Students <sup>3</sup>	Teachers	Mental health leads	School administration
Wrap up activity or longer term project throughout the modules (e.g., journal, writing something good about someone regularly, etc.) to reinforce knowledge acquisition	x 1FG	x 1	x1	
Reinforcing stress reduction strategies (especially to manage school issues)	x 3 FG	x1		
<b>Additional content</b>				
Expend the material (more modules)	x 1FG	x 2		
More information on mental health illnesses (e.g., risk factors, signs and symptoms, treatment, etc.) – Most mentioned were depression and anxiety	x 3 FG	x 1	x 1	
Well-being and cyber technology (e.g., cyber bullying, navigating online presence)		x 1	x 1	
Add a parental component (e.g., one-time meeting)		x 1		x 1
Healthy (and unhealthy) relationships with peers, family or romantic relationships (e.g., bullying, peer pressure)	x 2 FG		x 1	
<b>Teachers' guidelines for delivery</b>				
Allowing flexible delivery (allow teachers to adapt timelines for delivery)				x1
Create a comfortable and safe space for students (e.g., offer to share comments anonymously on specific topics, open-minded climate)	x 2 FG			

Areas	Students <sup>3</sup>	Teachers	Mental health leads	School administration
How to deliver successful mindfulness activities and how mindfulness differentiates from Christian meditation		x 2		x 1
Guidelines for special needs students (e.g., smaller classes, more interspersed lessons)				x 1
How to tailor resources to the school population		x 1	x 1	x 1
Add opportunity for assessments/assessment tools		x 2		
Guidelines for smaller communities or communities who may have issues in terms of confidentiality and limited availability of mental health resources (implication from other findings)				
Guidelines where additional in-class supports (e.g., guidance counselors, neer-peers) may be appropriate (implication from other findings)				







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