A Well Place to Be: The Intersection of Canadian School-Based Mental Health Policy with Student and Teacher Resiliency

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Abstract

This policy analysis identifies and critiques dominant narratives in the school-based mental health (SBMH) movement in Canada, with an eye to the ideas and resources being mobilized. The policy narratives were identified as SBMH problems and solutions, represented by the websites and links to other resources of the ministries and departments of education in Canada. There are three areas under-represented in the policy narratives that deserve more nuanced attention in SBMH initiatives; these are (a) to work with educators to develop communities of practice on school mental health around the notion of resiliency, (b) to consider the structural and material factors that affect people's ability to be resilient at school, and (c) to extend the current focus on promoting student wellness to include teacher wellness. We ground these recommendations by contrasting the policy

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narratives with the story of our work with educators on a website about resiliency through the lenses of positive psychological health and a sociomaterial perspective on resources. We suggest that a sociomaterial approach to SBMH initiatives, using conceptual tools from implementation science and workplace psychological health, may help both students and teachers develop resiliency.

Keywords: school-based mental health policy, resiliency, workplace psychological health, implementation science, critical narrative research, sociomaterial perspective

Résumé

Dans cette analyse de politiques, les auteurs identifient et critiquent les récits dominants au sein du mouvement en faveur de la promotion de la santé mentale en milieu scolaire (SMMS) au Canada dans la perspective des idées et des ressources qui sont mobilisées. Ces récits ont été identifiés comme des problèmes et des solutions en matière de SMMS, tels qu'ils sont représentés par divers sites et les hyperliens menant vers des ressources des ministères de l'Éducation au Canada. Trois facettes sont sous-représentées dans les récits dominants; elles mériteraient une analyse plus nuancée dans les initiatives axées sur la SMMS : a) le travail avec les éducateurs en vue de développer des communautés de pratique en SMMS centrées sur la notion de résilience; b) la prise en compte des facteurs structurels et matériels qui affectent la capacité d'une personne à être résiliente à l'école; c) l'inclusion, dans la promotion actuelle du mieux-être, de celui des enseignants en plus de celui des élèves. Les auteurs fondent leurs recommandations sur la comparaison qu'ils font entre les récits portant sur les politiques et le récit de leur travail en compagnie d'éducateurs sur un site Web au sujet de la résilience à travers le prisme de la santé psychologique positive et d'un point de vue sociomatériel sur les ressources. Les auteurs avancent qu'une approche sociomatérielle quant aux ressources en SMMS, approche faisant appel à des outils conceptuels tirés de la littérature sur la science de la mise en œuvre et sur la santé psychologique en milieu de travail, pourrait aider les élèves et les enseignants à développer leur résilience.

Mots-clés : politique en santé mentale en milieu scolaire, résilience, santé psychologique en milieu de travail, science de la mise en œuvre, recherche axée sur l'analyse critique, perspective sociomatérielle

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Introduction

> *It's a fine June day, the sun is streaming through a wall of windows looking onto a garden, and a group of K–12 educators—teachers, education assistants, and principals—are taking a day away from the routine. They are participating in a design planning session for a website to help Canadian educators engage with issues of mental health and wellness in schools. Muffins and coffee pause, mid-air, as the research team asks: What do you need to know about student and teacher mental health and wellness? Shoulders slump. Despite the loveliness of the day, a chill frosts the room. As Sarah,[1] an elementary teacher, later puts it, "There is a cadence to the job"—and June is the best and worst of times to ask teachers about mental health in their workplace.*

In this article, we contrast our critical analysis of the dominant narratives in Canadian school-based mental health policy (SBMH) with a story about the *co-production* (New Economics Foundation [NEF], 2008) work of a group of educators, mental health professionals, and researchers developing a website of resources by and for Canadian K–12 educators about school mental health. The goal of the website, which launched in May 2017, is to help educators "teach resiliency."[2] Our purpose for the narrative research reported in this article is to begin a conversation about the need to bring the expertise of educators and mental health professionals together in schools to help students and teachers develop resiliency, and to comment that, at this time, the dominant narratives in Canadian school mental health policy do not adequately support this conversation.

The need for a policy analysis developed from questions emerging from our previous work engaging with educators on school mental health. From the focus groups we conducted with teachers on the development of mental health curricula (Rodgers et al., 2014), to the mental health literacy courses we taught to pre-service teachers at a faculty

1 All names of advisory team members are pseudonyms.

2 We use footnotes to provide information about online sources that informed this study but do not have specific publications to reference. For more information on the "Teach Resiliency" website, which is hosted on the Centre for Mental Health and Addictions (CAMH) porticonetwork, see: https://www.porticonetwork.ca/web/teach-resiliency

of education in Ontario, to the survey data we acquired on sources of stress in the profession from 600 teachers across Canada (Marko, 2015), we found that educators reported feeling ill-equipped to cope with the mental health needs of their students, while at the same time expressing an increase in their own levels of stress. We noted on the survey that the greatest source of stress teachers reported was "policy" in general. We wondered specifically how SBMH policy, then, might be helping or hindering teachers to develop resilient responses to the mental health challenges facing themselves and their students. Following Michael Ungar's (2004) work in bringing *resiliency* to the attention of Canadian school mental health experts, we define resiliency as the ability to cope and grow through adversity, a set of skills which can be learned as a way to respond to stress. It is important to understand that resiliency does not mean being well all the time, it better reflects the ability to bounce back.

Using Stephen Ball's (1993) policy analysis framework of "text, context, and consequence," we consider the story of the website development with educators as data on the context and consequences of SBMH policy. We theorize through this story the resources educators draw on to be resilient and to teach resilience, expanding the notion of resources from social and conceptual to structural and material factors. We find that some of the resources educators could be drawing on for resiliency are "silenced" in their accounts. Turning to the online texts of SBMH policy makers, we ask: Whose knowledge is included in SBMH policy narratives, and how do they represent the problem? What resources do policy makers employ for SBMH strategies? Whose wellness is being addressed?

Conceptual Framework

Research on a complex and boundary-crossing field such as education is best served by an innovative assemblage of tools (Law, 2004; Lee, 2010). Cross-disciplinary and cross-country in scope, this policy analysis draws on concepts and analytical tools from the literature on positive psychological health and workplace psychological health (Deci & Ryan, 2008; Gable & Haidt, 2005; Kunyk et al., 2015; Lamontagne et al., 2014; Morrison & Kirby, 2010; Standards Council of Canada, 2013), implementation science (Damschroder et al., 2009), critical policy analysis (Ball, 1993; Ball & Olmedo, 2013), critical

narrative research (Iannacci, 2007), and sociomaterial perspectives (Edwards & Fenwick, 2015; Fenwick, 2013; Fenwick, Nerland, & Jensen, 2012) to make its case. Some of these analytical and methodological tools were chosen at the outset, others selected to help us understand the website design process and the policy analysis as they unfolded and informed each other; their unfolding together raising more questions and leading us into more literature. Throughout the account, we try to make the development in our thinking trustworthy by making it visible.

Methods of Inquiry

Stephen Ball (1990) theorizes policy as a project of reform—from our perspective of critical narrative inquiry, a policy story with a problem and a solution. As a framework for data collection we drew on Ball's conception of policy as a trajectory, moving from a social context that generates a framing of a problem to a proposed solution in a policy text, and then to the effects the policy enacts when taken up (1993). The data sources were collected and analyzed critically as narratives using a non-linear, iterative approach to Ball's (1993) policy analysis model. We use the terms "narrative" and "story" interchangeably to reflect our position that knowledge is narrated in ways that are mediated by power and open to question. "Stories" are serious business: storytelling is theory building (Bochner, 1997). The work of critical narrative research is to identify and interrogate the theoretical assumptions in dominant narratives (Iannacci, 2007), asking: Is there another, more just way to tell this story?

Understanding the Context and Consequences of SBMH Policy

The research team obtained ethics approval from Western University and consent from the educator team members to collect transcripts and observations of the website development meetings and online conferencing. The 26 members of the advisory team included elementary and secondary teachers, education assistants, principals, vice-principals, resource teachers, and school board mental health leads. The methodology for the website development drew upon *capabilities* and *co-production* models for developing resources for mental health settings with users (Davidson, Ridgway, Wieland, & O'Connell, 2009;

NEF, 2008), and *design studio*,[3] a collaborative and iterative website design process. A forthcoming program evaluation will expand on the methodology of the website and its effects on users. The data collected for this article considers the design choices the educators generated. Represented as narrative vignettes, we analyzed the data thematically to help us understand SBMH from educators' perspectives and to develop the questions for the policy scan.

Interrogating Policy Texts

Education governance in Canada is administered provincially by ministries and departments of education. However, there is recognition that SBMH initiatives require broader inter/intragovernmental strategies of collaboration with ministries of health, mental health professionals, and research groups. In this article, we use the term *knowledge brokers* as a broad category, acknowledging the collaborative work of policy formulation these policy makers and players undertake. From July 2015 through December 2016, we used the search terms "mental health," "mental health strategy," "mental health policy," and "mental health literacy" to search the websites of Canadian SBMH knowledge brokers, including all ministries and departments of education. The textual artifacts included over 5,000 words drawn from 22 websites.[4] Included were links from the ministry and department of education website pages to school mental health resources such as policy memoranda, healthy school grant applications, curricula and materials repositories, healthy school frameworks, government health strategies, and the websites of other SBMH knowledge brokers. Although we acknowledge these websites do not represent all the inner workings and meanings of policy makers, they do present a story about SBMH that has both a problem and a solution.

We begin with the context and consequences for teachers of the SBMH movement in Canada, drawing on concepts from the literature on positive psychological health (Deci & Ryan, 2008; Morrison & Kirby, 2010); implementation science (Damschroder et al., 2009) and workplace psychological health (Gable & Haidt, 2005; Kunyk et al., 2015;

3 For more information, see: https://www.bigspaceship.com

4 The website locations for these are cited as footnotes in the text.

Lamontagne et al., 2014; Shain, 2009; Standards Council of Canada, 2013) to frame the questions for the policy scan.

The Context for another SBMH Website

In Canada and across the world, a broad policy movement has placed educators on the front lines of addressing the mental health and wellness of students (Jourdan, Samdal, Diagne, & Carvalho, 2008; Koller & Bertell, 2008; Morrison & Kirby, 2010; Santor, Short, & Ferguson, 2009). No teacher doubts the need nor faults the desire to respond: the fact that one in five children experiences a diagnosable form of mental illness (Demyttenaere et al., 2004), to say nothing of the many more that "fly under the radar" (Flett & Hewitt, 2013), is more than a statistical average—go into any school, any classroom, on any day, and you will find students hiding under desks…running out the door…silently "checking out" of learning…or having violent outbursts. As Ross Greene (2009) normalizes it: What do *you* do when you run out of resources to cope—are you a runner, or a fighter? Yet despite the increasing attention of education policy makers and players to develop policy initiatives and professional learning activities to meet these pressing needs, Canadian teachers often feel isolated and overwhelmed in the face of the immediacy of their students in distress and their own responses to stress (Froese-Germain & Riel, 2012; Marko, 2015; Rodgers et al., 2014).

Teachers believe they need more professional knowledge to help students struggling with mental health issues. They also know their students need more than knowledge resources, as a teacher participant in a focus group on teacher mental health education put it: "I just wanted to say there's no dearth of curriculum out there…I have boxes I could give you" (Rodgers et al., 2014, p. 36). The most recent pan-Canadian surveys of teachers' perspectives on the implementation of school-based mental health initiatives highlight the call from educators to provide the material resources—time, money, and people—that they believe will make a shift from crisis behaviour management to wellness promotion sustainable (Froese-Germain & Riel, 2012; School-Based Mental Health & Substance Abuse Consortium, 2012). But knowledge is brokered by power. There are many ways to know—and act on—knowledge about mental health and wellness, and some speak louder than others. For example, the Mental Health Commission of Canada

(MHCC), a powerful policy player, reported an uptick in schools completing the foundation module of the Joint Consortium for School Health (JCSH) Healthy Schools Planning Tool as the indicator for SBMH improvement, because it was the only easily quantifiable measure with pan-Canadian data (Jones, Goldner, Butler, & McEwan, 2015).

The Consequences for Educators

There is another kind of knowledge, not just *about* mental health but *with* those on a continuum of mental health, the knowledge of the caregiver. Educators as caregivers, not just pedagogues, have vital knowledge about the needs of the students in their care (Tolan & Dodge, 2005; Climie, 2015). This knowledge has been downplayed in the neo-liberal trend to managerialism in education and other professions, with the effect of dis-enabling professionals (Hibbert, 2015; Grimmett & Chinnery, 2009; Rose, 1999). The regulation of expertise is likely one of the factors in the role confusion that Rodgers and colleagues (2014) found in their focus groups with teachers:

> The question that most frequently emerged was, "When and how involved do teachers become in helping these students?" Teachers are being asked to be the "caring adult" on the front lines of student mental health, while at the same time being told that legally and procedurally only mental health professionals should be dealing with issues related to mental health. (p. 20)

What does it mean to be silenced? In a text, the things that are not spoken—the gaps, absences, and silences—can reveal the hegemonic assumptions that include certain types of knowledge and experience and exclude others. Such critical readings are associated with the work of Foucault and Derrida (Makaryk, 2000). In this sense, silencing is an act of discounting—and to be discounted is disheartening. Self-determination theory (Deci & Ryan, 2008), a "macro theory of health and motivation," asserts that positive psychological health is influenced by an interplay of the ability to meet three human needs: competency, autonomy, and relatedness. An individual who is able to participate as a competent, autonomous, and connected person is not likely to remain discounted or disheartened for long—he or she will demonstrate resiliency. But silencing can also occur by way of constraints and limitations on resources. In the next section, we represent the voices of

the educator team members in two stories and consider their experiences in light of what is silent and resilient.

Story 1: What's in Your Wellness Backpack?

> *The first website working group meeting begins with an ice-breaker. Each team member is given a paper with a picture of an empty backpack, and we envision the backpack filled with the things that we mentally carry around. We jot down what we would like to take out, and what we would choose to add to this mental load in order to improve our well-being. We share our choices with a partner and introduce one another. Janice, an elementary teacher, describes the magnitude of her burdens in the discussion that follows: "I have a split 7/8 class, 32 kids, and 12 IEPs [Individual Education Plans]—it's mission impossible."*

We recorded the words and ideas of the educators and charted them in the "Take Out"' and "Add In" columns in Table 1.

Table 1. What's in Your Wellness Backpack?

Take Out	Burdens/ Responsibilities	Add In
Negativity of self Negativity of others	**Relationships**	Joy/fun/humour/ Positive relationships/collaboration Trust Help Safe places
24/7 work schedule Disorder	**Time**	Organized lifestyle Balance
Unrealistic expectations Unproductive activities Obstacles and barriers	**Expectations**	Priorities/focus/choice/control Positive outcomes Start with why Innovation
Compassion fatigue Overwhelming needs Fear/lack of confidence Reactive Selfishness	**The Self**	Self-care/compassion/acceptance Understanding/integrity Confidence Proactive Limit-setting

Later, as the research team considered the things that seemed to be both stretching and sustaining this group of teachers, we realized that many of the "Burdens" were two sides of the same coin: for example, dealing with negative people and enjoying positive collaborations are part of being in a relationship. We began to reconceptualize the burdens as "Responsibilities"— responsibilities to others, responsibilities to ourselves, and the responsibilities to manage time and expectations. We thought about how these responsibilities correspond to the idea of what it means to be resilient: to bounce back when we feel stretched too far one way or the other. Thinking about burdens as the "responsibilities we carry" led us to consider responsibilities in a more neutral way—as "resources." If resiliency is the ability to bounce back, we can see that, at times, we can be under-resourced or overstretched in our resources.

Greene (2009) has helped educators understand student behaviour in terms of internal resources, such as cognitive and emotional regulation skills, to cope with stress: linking skills to adaptive responses to stress points to the understanding that resiliency can be learned. However, resiliency can also be helped or hindered. In this article, we take a critical sociomaterial (Edwards & Fenwick, 2015) approach to resources, acknowledging that resources for resiliency are both internal and external to us, social, conceptual, material, and structural. The next story considers the design features teachers are looking for.

Story 2: A Virtual Staffroom

> *The advisory group takes part in a collaborative design planning activity to "up vote" the kinds of content and design features they would like to find in a SBMH website. Offered the choice of breaking into content planning groups for mental health for elementary students, mental health for secondary students, or teacher wellness groups, it is telling that the most crowded table is the teacher wellness group. Sarah explains: "We're always talking about student mental health—I'm struggling too." Work groups of educators and researchers end the day by presenting their top choices as "screen shots" that encapsulate the kinds of content and design features they want and need from a mental health website for educators. The principals in particular want links to community supports for mental health, and evidence-based school resources. But: "I'm tired and frustrated,"*

> *says Kaitlyn, a teacher who spent the past two years in a First Nations, Metis, and Inuit consultant portfolio. "My students need teaching that embodies the medicine wheel—teaching that engages not just their minds but their bodies, emotions, and spirits—and I feel like if I don't tweet #math, it's not heard." She offers to contribute ideas on culturally responsive teaching and medicine wheel teachings to the website. Marianne, a behaviour resource education assistant, suggests that users of the site can contribute pictures of classroom set-ups that foster safe spaces. Other forms of participatory and practice-relevant content such as blogs featuring school success stories on mental health initiatives, and podcasts about developing resiliency in the profession, are up voted. "Bring the content to me," says Sarah, "I maybe have time to listen to a podcast on the way to work." Rachel shares slides of an art unit she did with secondary students to give visual expression to their anxieties. John, an elementary teacher, sums it up: "It'd be like a virtual staffroom—a place to go to vent, tell stories, and get support and good ideas."*

The design ideas summarized in the "virtual staffroom" story demonstrate that what the resource educators most want in a SBMH website is a community of practice (CoP) (Wenger, 1998). The educators agreed they wanted a safe space to talk about both student and teacher mental health, and to both find and contribute "good ideas" for teaching resiliency. It makes sense that creating an educator CoP on school mental health is resiliency-promoting, especially when you consider the ways that co-developing knowledge values the core components of positive mental health—competency, autonomy, and relatedness (NEF, 2008). However, Fenwick and colleagues (2012) caution that a CoP approach to professional learning does not adequately account for the power relations in communities that enable or dis-enable particular knowledges and practices, nor sufficiently account for the material aspects of work. In the vignette above, we see power at play as Kaitlyn expresses the frustration of a caregiver, who can only voice academic knowledge about her students.

In our review of the context of SBMH and narrative analysis of the website development work, we have highlighted the issue of teacher resources and resiliency, relating these to the silencing of the knowledge of the caregiver and the obstacles educators are facing to meet needs for competency, autonomy, and relatedness. The silencing of teachers' competencies, autonomy, and relatedness as caregivers occurs not just in its absence

from policy narratives but also in the constraints of piled-on expectations, unproductive activities, and overwhelming needs: we hear the diminishing of Janice's competency when she describes her work as "mission impossible." We argue that the "burdens" in Table 1 that educators want to take off their shoulders represent unmet needs for autonomy, competency, and relatedness in their workplaces. By the same token, the "responsibilities" educators want to take on can be conceptualized as resources that are employed in resilient ways to meet their needs for choice, support, and time to care.

Self-determination theory is used by the pan-Canadian Joint Consortium for School Health (JCSH), a major school mental health knowledge broker governed by the deputy ministers of health and education across Canada, to envision schools as settings that promote *mental fitness* for students:

> Mental fitness is defined as a state of psychological wellness that reflects people's self-perceptions (feelings and cognitions) regarding the fulfillment of three basic psychological need areas. These include the need for relatedness, competency, and autonomy. (Morrison & Kirby, 2010, p. 13)

We argue that schools cannot be settings that promote mental fitness for students if they are not psychologically healthy settings for educators. In the following sections, we draw on literature from the fields of workplace psychological health and implementation science to consider what a psychologically healthy setting for educators might look like.

New Standards on Workplace Psychological Health

There are many philosophies concerning the role of school in society, but in practice, school must also be seen as a shared workplace for adults and children. There is an emerging social agenda for change in adult workplaces from legal (Shain, 2009), medical, and productivity standpoints to address the work-related factors that influence employee mental health (Kunyk et al., 2015; Lamontagne et al., 2014). Acknowledging this trend, the MHCC recently collaborated with the Standards Council of Canada (2013) to develop a voluntary standard on Workplace Psychological Health (WPH). In section 4.3.4.2 of the standard, factors for an organization to consider include (but are not limited to) workload management, work/life balance, involvement and influence, reward and recognition, and organizational culture. Organizations are encouraged not only to assess these factors from

a risk management perspective but also to identify opportunities for promoting psychological health. Taken together, these factors map well onto the framework for positive psychological health identified by Deci & Ryan (2008) of choice, autonomy, and relatedness. These factors also represent a progression from the anti-harassment protections of previous occupational health and safety standards to acknowledgement that there are structural/material as well as person-centred issues that affect psychological health (Lamontange et al., 2014). The MHCC (2015, 2016) is now collaborating with researchers and workplaces to identify best practices in implementing the standard. However, Dimoff and Kelloway (2013) assert that the field of occupational mental health would benefit from more theoretical development with the aim of integrating and contextualizing findings. There are lessons to be learned from the field of implementation science in this regard.

The Science of Implementation

Damschroder and colleagues (2009) undertook a systematic review of 19 major studies in implementation science to find common constructs across theories in order to create a consolidated framework for implementation research (CFIR). The CFIR comprises five domains that interact in complex ways to influence implementation effectiveness: intervention characteristics, contextual features of the external and internal settings, the individuals involved, and the process of implementation.

There has been a strong focus in the literature on educational administration and school improvement over the past two decades on the constructs of organizational culture and the effect of leadership (Fullan, 2003; Harris, 2014; Leithwood, 2013). There are two problems with this. First, when taking the measure of organizational culture and leadership, it is easy to say the right thing. In a recent study analyzing workplace leaders' reactions to the new Canadian standard on WPH, a theme was identified in the focus groups as to how these standards were not really new: "One participant stated that their organization 'already had the tools to do that,' with another observing that 'every single one of these points could be incorporated in our existing systems'" (Kunyk et al., 2015, p. 4). It's also easy to ask someone else to do it. Dunnagan, Peterson, and Haynes (2001) note that despite attention to the role of management in sustaining mentally healthy workplaces, oversight of occupational mental health is usually delegated to human resources professionals.

The second problem with the current focus on culture and individuals is that it ignores "systems thinking" (Leithwood, 2013, p. 28) about structural and material effects on work, such as time, workload, and distributed responsibilities (Fenwick, 2013; Fenwick et al., 2012). In a factor analysis of a survey of over 1,000 teachers in Norway rating self-efficacy and burnout, Skaalvik and Skaalvik (2010) found particularly strong associations between time pressure with burnout and job satisfaction. Teacher autonomy was also an important predictor of job satisfaction. Skaalvik and Skaalvik argue these are worrying findings, given the international trends toward increased time pressure on teachers and diminished teacher autonomy, concluding that a thorough analysis of the roles and responsibilities of teachers and how teaching is organized is called for.

The value of the CFIR is its collation of many other important structural and material variables to consider for effective implementation of new workplace practices. Some of these, such as "access to resources," "cosmopolitanism," and "process of implementation" (Damschroder et al., 2009) will be explored further in the section on implications.

In the next section, we discuss our readings of Canadian SBMH policy narratives, informed by our work with educators on the website, our sociomaterial perspective on resources, and the literature on workplace psychological health and implementation science. Implications for future research and suggestions for policy directions follow.

Discussion: Dominant Narratives in Canadian SBMH Policy Texts

Our design work with educators on the website, and engagement with literature to understand psychological health in the workplace, led us to read the online texts and artifacts of Canadian SBMH knowledge brokers with the following questions in mind: Whose knowledge is being mobilized in SBMH policies, and how do they frame the problems? What kinds of resources are being employed in the policy solutions? And, to what extent are educators included with students in policies regarding wellness promotion?

Whose Knowledge?

Provincial governments locate SBMH initiatives under three policy umbrellas.[5] These umbrellas are safe schools (e.g., anti-stigma and anti-bullying initiatives and regulations), health curricula (updating curricula to add mental health content, programs, and professional learning), and school improvement planning (e.g., the JCHS Healthy Schools Planning Tool, the Ontario School Effectiveness Framework and Wellness Strategy, the Alberta Wellness Framework, Nova Scotia Healthy Schools, and British Columbia Healthy Schools). These policies ought to be complementary, but have the potential to be competitive, contradictory, or redundant in the ways they are resourced. Past president of the Canadian Teachers' Federation, Emily Noble (2009), refers to this problem when she editorializes:

> Let us not attempt to reinvent any wheels… The Canadian responses to violence, crime and bullying have already included attention to caring and positive school climates, so we need not develop new paradigms for promoting respect, tolerance and cohesion among students and staff just because we now have one more reason (mental health) to support those effective school policies and practices. (p. 2)

When you add in the layer of SBMH knowledge brokers to policy formation, the potential for competition and contradiction gets even more complicated. For example, the Mental Health Commission of Canada recently adopted the number of schools using the JCHS Healthy School Planning Tool (Jones et al., 2015) as the indicator of improvement for SBMH. Yet large provinces such as Alberta and Ontario, while they have adopted language on positive mental health and comprehensive school health planning from the JCHS, have developed their own wellness planning frameworks.[6]

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5 Some provinces and territories locate mental health initiatives in safe schools and health curricula. For examples of this approach, see New Brunswick: http://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/MentalHealth/ActionPlanProgressReport2015.pdf; Newfoundland: http://www.ed.gov.nl.ca/edu/k12/safeandcaring/policy.pdf; and Nunavut: http://www.gov.nu.ca/health/information/mental-health. Others take a comprehensive school health (CSH) planning approach; for examples, see Prince Edward Island: https://www.princeedwardisland.ca/sites/default/files/publications/mhareport.pdf; and Saskatchewan: http://publications.gov.sk.ca/documents/11/85649-2199-12F-2014%20CSCH%202%20pager%202014_en.pdf

6 For Alberta, see: https://education.alberta.ca/wellness-education/updates-to-wellness-education-program/; for Ontario, see: http://www.edu.gov.on.ca/eng/policyfunding/memos/feb2015/EducatorMAHR.pdf

While there are many agencies and research collaboratives that play a role in brokering SBMH knowledge across Canada, there are several key players with a recurrent voice in provincial and territorial policy texts. These are the Joint Consortium for School Health (pan-Canadian), School Mental Health ASSIST (Ontario), and the Sun Life Chair in Adolescent Mental Health (Nova Scotia, expanding the research base to BC, Alberta, the Yukon, Manitoba, and partnering with School Mental Health ASSIST in Ontario). The mandates or research interests for these, as outlined below, are directing Canadian SBMH policy currently. This begs a critical look at their programs.

The Joint Consortium for School Health.[7] The Joint Consortium for School Health (JCSH) is a pan-Canadian collaborative of researchers and government representatives in health and education supporting advancement of the comprehensive school health (CSH) framework in Canada. The JCHS acknowledges the challenge of this task: "As might be imagined, facilitating cooperation across the health and education sectors is not an easy task, primarily because the two have very different mandates." We surmise that the caregiving role health authorities expect of teachers must clash with the accountability frameworks of education systems that demand continual improvements in student achievement. CSH is an attempt to integrate a focus on mental fitness into existing school improvement frameworks and healthy schools planning. However, elements of the CSH framework are found to varying degrees of workload in every provincial and territorial education website, from grants in Manitoba[8] and British Columbia[9] tied to healthy school planning, to language on safe and healthy schools in Quebec.[10]

Ontario School Mental Health ASSIST.[11] The Province of Ontario created an external "implementation support team" of mental health professionals as part of its mental

7 For more information, see: http://www.jcsh-cces.ca/index.php/about

8 For more information, see Government of Manitoba: http://www.edu.gov.mb.ca/k12/specedu/smh/mh_resource.pdf

9 For information, see Government of British Columbia: http://healthyschoolsbc.ca/healthy-schools-bc-resources/healthy-living-grants/

10 For more information, see Government of Quebec: http://www.education.gouv.qc.ca/en/references/publications/results/detail/article/healthy-schools-guide-for-the-education-community-and-its-partners-for-the-educational-success-1/pubLang/1/

11 For more information, see Government of Ontario: http://www.edu.gov.on.ca/eng/policyfunding/memos/feb2015/EducatorMAHR.pdf

health strategy. Responding to the data on the lack of role clarity and inconsistent implementation efforts from the survey by the School-Based Mental Health and Substance Abuse Consortium (SBMHSAC, 2012), this team has authorized the hiring of senior mental health clinicians as Mental Health Leads in each school board to "provide leadership support in their school board to develop and implement a coordinated, comprehensive board-level student mental health and addictions strategy."

While this approach has many benefits in terms of providing additional expert support to school systems, it may also have the effect of dis-enabling the caregiving expertise of educators. Our research team encountered this effect when one of the participants, a school administrator no less, felt the need to seek permission to continue on the website advisory team when the school board got a new ASSIST lead. It will be important for sustainability for the School Mental Health ASSIST team to take a critical approach to the messaging and positioning they provide to the educators they support. And, since an organizing principle of School Mental Health ASSIST is to attend to the principles of implementation science, they would do well to consider structural and material as well as human factors that affect efforts to improve mental health.

The Sun Life Chair in Adolescent Mental Health.[12] This research team is based out of the division of psychiatry at Dalhousie Medical School in Halifax, Nova Scotia. The team's foci are mental health curricula for students and mental health literacy for teachers. Its current projects include "Go-To Educator Training" (educators trained to "identify, triage, and support young people who may be at high risk for a mental disorder"), which has been taken up by school boards across Nova Scotia and in Calgary, Alberta, and a mental health literacy curriculum for pre-service teachers, which is being provided to faculties of education.

The Chair in Adolescent Mental Health is responding to the call from educators for more knowledge on how to address student mental health concerns (SCBHSAC, 2012). However, in order to address role confusion (Rodgers et al., 2014; SBMHSAC, 2012), this program of research should consider the implications of health interventions in schools. Language that confuses school with health care settings should be avoided;

12 For more information, see: http://www.schoolsplus.ednet.ns.ca/articles/novascotia-173k-2015-11-24

although educators want more time to care, their profession prepares them to teach, not triage.

Most critically, "training" for educators should be conceptualized as professional learning. Educators are professionals, and their knowledge and competencies are complex, contextual, and distributed across work sites and systems (Fenwick et al., 2012; Harris, 2014). A distributed notion of competency and a constructivist design to professional learning cannot be evaluated by a survey at the end of a workshop. But it is a more just, effective, and sustainable approach to changing practice.

What Resources?

Knowledge appears to be the key resource that policy makers are investing in for SBMH. The policy text scan contains almost double the references to professional development for mental health curricula than it does for mentioning the provision of human resources, such as psychologists and social workers. The only references to the need for more mental health experts for school systems came not from government sources but from outside reports such as the SBMHSA consortium survey commissioned by the Mental Health Commission of Canada (SBMHSAC, 2012).

References to knowledge resources also abounded in links to promotional materials such as posters, videos, and the like to support anti-stigma efforts and positive mental health messaging among students and their communities. But resources are also spatial, temporal, and organizational. In the 22 websites reviewed, there was one reference to the effects of the physical environment on wellness—about the need for clean and well-designed places to play—from Nova Scotia's Department of Education.[13] And there was only one reference in all of the texts that considered the effects of workload on wellness—from the perspective of students—in Alberta's wellness framework.[14] This leads to the final discussion point.

13 For more information, see: https://nshps.ca/sites/default/files/root/files/HPS-09-Brochure-Eng.pdf

14 For more information, see: https://education.alberta.ca/wellness-education/updates-to-wellness-education-program/

Whose Wellness?

There were only two references to educator wellness in our initial search of Canadian SBMH policy texts. Since 2016, the Department of Education for the Northwest Territories has had a webpage dedicated to teacher wellness, offering a six-week online course in mindfulness training.[15] The Province of Nova Scotia defined a healthy school approach as "promoting the physical, social, emotional, spiritual, and mental health of all students and staff."[16] However, Canadian policy narratives are universally directed to wellness promotion for students. We all want our children and youth to be well, so what is wrong with this focus? First, we insist that, practically and equitably, schools must be seen as a shared workplace for students and teachers. The second problem with the current focus on wellness promotion is the focus on individual rather than external contributing factors.

Lamontagne and colleagues (2014) use the constructs of *work directed* or *worker directed* to organize interventions directed at improving wellness in the workplace. A work-directed intervention is classified as a primary intervention aiming to reduce job stressors at their source by modifying the job or the environment (p. 3). A worker-directed intervention is secondary, an attempt to modify how individuals respond to and cope with job stressors. Although systematic reviews of job stress prevention (Lamontagne et al., 2014) show that the most effective interventions combine both work and worker directed approaches, the focus on positive work psychology is limited by the emphasis to date on the individual (Gable & Haidt, 2005; Lamontagne et al., 2014). Returning to our argument that the resources to cope with any situation are both internal and external to an individual, we contend that the predominant emphasis in SBMH policy on student wellness needs to shift toward developing the resiliency of students and educators. Such a shift requires a profound rethinking of the structural and material factors that make school a *well place to be*.

15 For more information, see: https://www.ece.gov.nt.ca/en/services/ressources-pour-les-enseignants-en-poste/teacher-wellness

16 For more information, see: https://nshps.ca/sites/default/files/root/files/HPS-09-Brochure-Eng.pdf

Implications

The breadth of this cross-country scan of SBMH policy texts cannot treat the intricacies of local policies, nor get into the complexity of defining best practices. We acknowledge, as just one example, the work the York District Board of Education in Ontario is doing in developing procedures for improving workplace psychological health (MHCC, 2016). Our intent in this section is to offer conceptual tools for education system leaders, policy makers, and researchers to plan sustainable, local responses to the mental health needs of students and staff.

We advise system leaders to adopt a sociomaterial perspective on professional learning (Fenwick, 2013; Fenwick et al., 2012). Such a perspective brings attention to the often overlooked ways that resources other than knowledge act on practice: "Encouraging human participation, then, becomes far more a matter of attunement to things seen and unseen…than a brute assertion of human intention and control" (Fenwick et al., 2012, p. 7). We also call on these leaders to foster resiliency by building into the system the social, conceptual, structural, and material resources that students and educators need to feel competent, autonomous, and connected at school. To that end, the CFIR (Damschroder et al., 2009, pp. 7–9) offers a wide range of variables and constructs beyond internal factors to consider for implementation planning. The following is a list of suggested starting points for a sociomaterial approach to research and policy formation on SBMH that is attuned to both student and teacher wellness.

Cosmopolitanism: The degree to which organizations are networked externally and promote boundary-spanning roles of their staff.

- How are schools networked to external organizations? Do schools promote boundary-spanning roles? In what ways does the focus on academic achievement set up barriers to the teacher role of caregiver?

Compatibility: How the new practice fits with existing workflows and systems.

- How does a SBMH responsibility for the teacher such as curriculum, program intervention, or the caregiving role affect their existing work?
- Have school policies, frameworks, and curricula been subjected to an integrated workload review for compatibility, redundancy, and realistic

expectations? Alberta's Ministry of Education was the only government body to suggest that existing wellness curricula expectations and sequencing should be subjected to this sort of review.[17]

Available resources: The level of resources dedicated for implementation and ongoing operations, including money, education, physical space, and time.

- For example, Heydon's (2015) case study of three kindergarten classrooms transitioning to the full-day kindergarten program in Ontario draws on actor-network theory to analyze the stress on both teachers and students brought on by smaller rooms with larger class sizes.

Access to information and knowledge: In an age of information overload, is there access to digestible information about the intervention and how to incorporate it into work tasks?

- For example, this study introduces a SBMH intervention that seeks to provide digestible, practice-supportive information from the perspective of the educators using it.

Process: Implementation plans can be evaluated by the degree to which stakeholders' needs and perspectives are considered.

- How are teachers' needs and perspectives considered in a shared workplace with students?

Conclusion: An Alternative Policy Narrative

In this policy analysis, we identified places in the text, context, and consequence trajectories of SBMH policy in Canada that constrain or silence the resources teachers bring to school as both caregivers and pedagogues in a shared workplace with students. From the educator on our team who wasn't heard if she didn't tweet about math to the difficulty within the Joint Consortium in negotiating cooperation between ministries of health and education, there is a tension between academic and caregiving functions embedded

17 For more information, see: https://education.alberta.ca/wellness-education/updates-to-wellness-education-program/

in the practice of education. If teachers are to do more than teach students how to be well—if they are to provide care by noticing their students' stress and taking the time to talk to them, to their families, and to community support systems, to be *go-to educators*, in fact—then a much broader and deeper examination of the role and reality of school today is demanded. Policy makers and implementation planners must expand the notion of SBMH competencies beyond a set of knowledge and skills to acknowledge the distributed effect of the power relations, knowledges, materials, role expectations, and responsibilities that hold together a practice (Fenwick, 2013; Fenwick et al., 2012; Harris, 2014). We suggested that the way forward is not to funnel more knowledge about mental health and wellness into educators, but to develop communities of practice with them.

We also developed the notion of resilience. Individuals can bounce back from adversity when they have the ability to meet needs for competency, autonomy, and relatedness. We provided examples of sociomaterial questions for future research and policy direction on workplace wellness and SBMH initiatives that can treat both internal and external factors that affect resiliency. Importantly, we argued that educators must be included with students in policies on positive psychological health. If teachers are to effectively teach students the skills needed to be resilient, their resiliency in the profession must also be fostered. But as Stephen Ball (2015) laments, we are constantly incited to work on ourselves. A minimum requirement for system leaders should be to conduct a comprehensive review of the workload of all curricula and initiatives so that expectations do not continue to be piled on, only adding to the stress of students and teachers. As one positive development since the beginning of this research, the Ontario Ministry of Education has outlined a new policy (Ontario Ministry of Education, 2016, PPM 159) on "collaborative professionalism," which is committed to hearing the voices of all educators and establishing a provincial committee to streamline initiatives into more coherent and sustainable directions.

The goal of critical narrative research is to suggest a better story. In Ball and Olmedo's (2013) more recent work on critical policy analysis in education, they look for ways that teachers resist dominant demands on their practice and demonstrate "care of the self" in the telling of their stories. As a final word, we conclude with an account of our last website production meeting with the educator advisory team. We call it "Care for the Caregiver":

It's the end of November, and the educators are back for a production meeting with the research and design teams on the website project. Prior to the session, most educators would only commit to listening to the discussions and offering feedback. They did not see themselves as having worthwhile knowledge to share about student or teacher mental health and wellness. Adding to their stress, report cards should have been submitted weeks ago, but due to a prolonged job action, the reports were now due. Once the teams break into round table discussions on topics of interest, however, the room starts to buzz. You can feel the positive energy in the room as the educators warm to their subjects, find collaborators, and start producing infographic tip sheets, blog posts, and podcasts—digestible, contextual information that will be posted on the website for educators. This positive feeling is no happy accident—it is the result of a community of practice around school mental health coming together; the exercise of autonomy, competency, and relatedness in the work being done.

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