

« Knowledge Exchange, continued

The challenge of creating a “Knowledge Exchange Centre” was evident from the start. Mental health is complex. It includes a wide range of needs across a spectrum of intensities, across the lifespan, with most services available falling outside of what we would recognize as a formal system. Yet, there is no health without mental health. As educational leaders, you know that education is more difficult when there are mental health difficulties, whether in the student, the teacher, the parent, or administrators.

Strategy Development



For the past few months, Commission staff have been meeting with people across Canada. These include leaders in child and youth mental health; family and caregivers; First Nations, Inuit and Métis; lawyers and judges; scientists; researchers; policy-makers; seniors’ mental health; service systems; and the workforce. Staff have also been meeting with people who have expertise in pushing content out; pulling partners in; cultural diversity; context analysis; e-communication; social networks; international trends in knowledge exchange; and social media.

What is emerging is a clear sense that “knowledge exchange” is really about facilitating the “exchange of knowledges”—knowledge is plural. It is fundamentally a social process. Data and information do not become knowledge until they have a social life—a diversity of social lives. While KE is often supported by technology, the human demands must drive the supply of tools and activities—not the other way around.

The strategy that is developing involves bringing together several core concepts:

- Push, pull, linkage, and exchange as the key knowledge exchange processes;
- Content, context, capacity, and culture as the key points of conversation;
- Managing the what, so what, now what questions as part of a value chain; and
- Balancing logic, technology/techniques, ethics, and empathy in order to be more inclusive.

Furthermore, it is apparent that leadership is not from the top or from the bottom, but from the middle and for a purpose. Value creation can come from many sources and may not always be captured by measured outputs, but will likely show up as outcomes. Innovation is both conceptual as well as applied—new ways of thinking are as important as new ways of doing. We are aiming to be demand-driven and supply-influencing rather than the other way around. The aim is to be transparent with high levels of integrity, managing but taking risks, and seeking to create diverse partnerships to assist us with creativity, continual learning, and adaptation.

Practice

The challenge is how to bring all of these concepts into practice. While a KE strategy for the Commission is still in the drafting stage, it may be useful for you to know what is being planned.

Building on the evidence of good KE practice, core activities include:

1. Developing a knowledge-access/content-push strategy that includes implementing a content management system for Commission and Advisory Committee projects, the development of protocols for multiple formats of “knowledge artifacts,” and the identification of current mental health and practice content leaders.
2. Identifying KE leaders, both those within mental health but also those interested but not necessarily inside the “system,” and linking them to each other in a pan-Canadian community of practice that includes both electronic and face-to-face communication that is facilitated and ongoing.
3. Developing a strategy to foster the use of social media and conversation support. While the focus of the attention on social media is often on the technology, we are placing an emphasis on the social part. Better linkage often leads to better exchanges. We plan to convene and facilitate conversations about knowledge areas in mental health using both electronic tools and face-to-face techniques that support better dialogue and discussion, in an effort to recognize and respect the complexity of the issues and the diversity of cultural and experiential perspectives.
4. The Commission has received funding for 10 years and has a sunset of 2017. Recognizing this, we plan to build the capacity of individuals and organizations to do KE across Canada so that the work catalyzed by the Commission may have a better chance of continuing whether or not the Commission continues to exist.

Infrastructure

Over the past 10 years, I have argued that KE is part of the infrastructure that Canadians need—like roads, water, schools, and electrical grids. We educate people and have a literate, intelligent, creative population. We produce data and information at ever-accelerating rates on an accelerating range of topics. We do not, however, have a system or culture that facilitates getting what we need to know, when we need to know it, in a format we can use, available in a timely and cost-effective way. It happens sometimes, but we all know how many decisions get made without good access to the needed evidence.

The Senate Committee heard this loud and clear and recommended that KE be included as a core strategy of the Commission. But this has never been done in mental health in Canada and has not been completely implemented anywhere else in the world as far as I have been able to ascertain. Over the previous two years, there has been significant discussion about what a Knowledge Exchange Centre should look like but it is still an idea—a good idea but a difficult one.

Knowledge Exchange is now recognized as part of the infrastructure we need to build. KE is a core piece of the puzzle in supporting “the social life of knowledge.” Having data and information is important, but it does not necessarily lead us to where we want to go. In fact, we all hear the cries of ‘too much information.’ The Commission recognizes that we need to facilitate discussions, we need to filter data and information from many

sources to make it palatable for consumption, we need to convene groups of people to come together to determine meaning and directions to go in, and we need to amplify the messages that show how to help those in need and to build the capacity of the communities they reside in.

This does not happen on the corner of the desk of some well-meaning but overworked person—at least, not for very long. It happens when there are resources, training, colleagues, tools, and a profession of dedicated individuals embedded in contexts as diverse as the needs of the people they serve. KE is important both for economic and ethical reasons. It makes good sense to use what we know more effectively.

During the time that I worked with the CODE Special Education Project, it was very clear to me that the tenets of knowledge exchange are very much a part of the work of educators. The educational community will be an important contributor as we move the mental health knowledge exchange agenda forward across the country.

It was a privilege to discuss how best to create a KE system for mental health for all Canadians. The strategy development period from January to May 2010 was filled with many possibilities; however, the real challenge lies with implementation.

For more information on the Commission and its work in KE, please contact Geoff Couldrey, Vice-President, Knowledge and Innovation at the Mental Health Commission of Canada, Suite 800, 10301 Southport Lane SW, Calgary, AB, T2W 1S7.

To learn more about knowledge exchange and actions for mobilizing knowledge in your practice and context, please contact Peter Levesque, Director, Knowledge Mobilization Works, 2-2026 Lanthier Dr., Suite 388, Ottawa, ON, K4A 0N6. Peter can be reached by email (pnlevesque@gmail.com), by phone (613-552-2725), on Twitter (@peterlevesque), or using Skype (peterlevesque). ●

✉ Comments about this article? Email pnlevesque@gmail.com

Introducing the National School-Based Mental Health and Substance Abuse Consortium: Building Awareness, Mobilizing the Field

Lori Wilder, Superintendent of Student Services, Bluewater DSB
Kathy Short, Clinical Child Psychologist, Evidence-Based Education and Services Team, Hamilton-Wentworth DSB
(On behalf of the SBMHA Consortium)

Taking Mental Health to School, 2009

When students aren’t “in the room” because they are troubled, they are not ready for the curriculum – we are talking about 1 in 5 kids – so many are impacted

Mental health issues consume our daily work, from policy to staffing to coordination to liaison – this is our number one concern.

It scares us – we don’t know what to do. We don’t get mental health 101, but we deal with this every day. Educators don’t have the tools they need.



Some amongst you will recognize these words - because they are yours. Last spring, Directors and Superintendents of Education from across the province participated in interviews supporting a scan of the Ontario practice landscape in School-Based Mental Health (SBMH). This work culminated in a policy-ready paper and companion scan document, *Taking Mental Health to School* (Santor, Short, & Ferguson, 2009), that was presented to senior policy officials from five Ontario Ministries that “touch” child and youth mental health. During the interviews, we asked you what you wanted us to tell policy-makers about the needs related to mental health in schools. This is what you told us.

1. We are gravely concerned about student mental health. Children and youth appear to be suffering more and more under the weight of emotional and behavioral problems.
2. Student achievement and student mental health are strongly linked. We need to pay attention to this issue as educators.
3. Educators are ill-prepared to manage the emotional distress they witness each day within the student population we serve. Mental health literacy is not a routine part of teacher education, nor is it systematically included in professional learning activities.
4. Cross-sectoral provincial coordination and leadership is needed in this area. Policy-makers need to model the collaborative approach that is required, and to provide direction to school boards about how best to serve the mental health needs of our young people.
5. In spite of current challenges, school boards throughout the province are implementing creative, collaborative approaches to supporting student mental health. Many of those interviewed described wonderfully innovative models of service delivery, and the adoption/development of many universal mental health promotion and prevention programs in schools.
6. Current efforts, while innovative and resourceful, are insufficient for meeting the needs of our most troubled students. Much more needs to be done, systematically across the province, to support educators in their attempts to support children and youth at school. Educator mental health literacy was identified as a critical need for the system.

« Mental Health and Substance Abuse Consortium, continued

Much of what Ontario school board leaders told us last spring is consistent with the literature in SBMH. Child and youth mental health problems are prevalent.

Studies suggest that as many as one in five Canadian children and youth experience mental health issues that have a significant impact on their academic, social, and family life (Canadian Council on Learning, 2009; Canadian Institute for Health Information, 2009).

Mental health and student achievement are, indeed, linked.

Mental health difficulties contribute to problems with achievement and relationships in the classroom. In severe cases, they prevent students from regularly attending school. More often, students struggle on with these problems on a daily basis, leading to further social and academic functioning concerns (Chan, Zadeh, Jhang, and Mak, 2008; Kessler, Foster, Saunders, and Stang, 1995).

And educators around the globe do feel ill-prepared to manage these difficulties.

The recent International Survey of Principals concerning Emotional and Mental Health and Well-being (Intercamhs, 2008), and other Canadian reports (Bourget and Chenier, 2007; Kirby and Keon, 2006) proclaim the need for mental health literacy amongst educators. In many ways, this flows from the understanding that schools are good places to promote positive mental health, to identify and intervene early to prevent the onset of problems, and to respond to children and youth in distress. In fact, in many cases, schools are the only place that children and youth receive any type of support for mental health difficulties (Manion, Davidson, Clark, Norris, and Brandon, 1997; Offord et al., 1987a; Rohde et al., 1991).

National School-Based Mental Health and Substance Abuse Consortium, 2009-2012

In response to concerns about child and youth mental health, and the potential for schools to assist with supporting students with social-emotional development, the Mental Health Commission of Canada has initiated a research and practice synthesis project which is being undertaken by the National School-Based Mental Health and Substance Abuse (SBMHSA) Consortium. This Consortium is led by the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO, and includes 40 core members, representing 23 research and practice organizations, reaching in excess of 75 networks. The mandate for the Consortium is to conduct a synthesis of the national and international literature on SBMHSA, to initiate an environment scan of Canadian programs and services, and to lead a national survey of school districts, with a view to developing a broad framework and practice recommendations related to school-based mental health and substance abuse in Canada.

The SBMHSA Consortium is organized into four teams:

1. **Review Team** (will conduct a systematic review of reviews on SBMHSA),
2. **Survey Team** (will connect with service providers, researchers, and policy-makers about SBMHSA implementation issues),
3. **Scan Team** (will collate best practices from the field), and
4. **Knowledge Translation and Exchange Team** (will field test some strategies for sharing Consortium findings and building momentum related to SBMHSA in Canada).

The Teams have been hard at work for the past year completing foundational work for their assigned tasks. Over the next year, the review, survey, and scan will be conducted. All of the Consortium work will culminate in 2011-2012, with knowledge and products that are relevant to the work of schools and communities in supporting child and youth mental health. The KTE Team will ensure that information gathering by Consortium teams is shared with key knowledge audiences.

Directors and Superintendents of Education, and others in leadership positions associated with school-based mental health and substance use (e.g., Chief Psychologists, Directors of Social Work Services), are a critical knowledge audience for the Consortium. We want to ensure that we provide leaders with the information that they need to mobilize mental health promotion efforts in their districts and communities. To this end, we invite you to connect with the Consortium at any time to describe your knowledge needs, to become involved in engagement activities and/or to nominate a promising program to the Scan Team. Please feel free to directly email any of the team members with your suggestions and questions (Key Contacts: Dr. Ian Manion, manion@cheo.on.ca (Consortium Lead, Scan Team Lead), Dr. Charles Ungerleider, cungerleider@directions-eprg.ca (Survey Team Lead, Review Team Lead), and Dr. Kathy Short, Kathy.Short@hwdsb.on.ca (KTE Team Lead)).

It is anticipated that through the work of the national SBMHSA Consortium, school district leaders will be better equipped with the knowledge needed to support children and youth with mental health problems, and to play a role in promoting the social-emotional well-being of all students that we serve in Canadian schools. The Consortium aims to work alongside school district and community leaders to build awareness and to mobilize efforts towards a healthier student population, locally, provincially, and nationally. ●

Hewlett-Packard–International Society for Technology in Education (ISTE) Professional Learning Program

Joan Rocha, HP Education Services

"I'm very interested in technology and would like to take our board to the next level in regard to assistive technology and meeting the needs of exceptional students," writes a special education consultant in Peterborough Victoria Northumberland and Clarington Catholic District School Board (PVNCCDSB). A mentor advises him that setting goals is an important first step. The key is picking the right goals: "From the infinite number of possible goals, how do you begin to decide what to choose and what is most important?"

The consultant is one of several educators from PVNCCDSB and the Kawartha Pine Ridge District School Board (KPRDSB) in Peterborough participating in a professional learning program through CODE. The program is offered by Hewlett-Packard (HP) in collaboration with the International Society for Technology in Education (ISTE). The educators will work online with their mentor to design, implement, and measure the impact of improvement initiatives designed to help educators use technology effectively to improve teaching and learning. Within that work, each of the individuals on the team will develop an individual learning plan for their professional growth and select from an array of online courses, publications, and other resources to increase their individual effectiveness in using technology to improve student learning.

In both of those pursuits, setting goals is an important early step. The mentor continues, "There are varying ways to do this, but I might recommend you start with (gulp) assessment scores and other data. Here are some examples:

1. Reading scores have dropped (or have remained consistent) in our elementary schools. Let's make reading our focus. (You could get even more detailed—'Are we talking reading fluency or decoding skills?'—but I think you get the idea). In fact, let's make reading our focus for the entire year, for all students (which, of course, includes students in special education).
2. The science scores at middle school are low. Let's make improving our science scores a goal.
3. The number of students with plans that have goals focusing on communication has increased (Preschool, Autism, some LD, SLI, etc.) Let's set a goal for improving communication strategies.
4. There are a number of high school teachers who have reported that the incoming students from middle school seem to be lacking in their ability to write. Let's make improved writing at the middle school our goal.

"One thing that you might notice from all of the examples is that they are all centred around the change you want to make regarding students (changes in student/school performance), and NONE of them mention technology."

This advice might be unexpected coming from a mentor in a program offered by two organizations focused on technology, but it is one of the keys to success in the more than 2,000 teams that have participated in the program in the last six years. Start with the goals that describe changes in student learning or system effectiveness, and then select the strategies and technologies that will most directly impact those goals.

When an educator is planning how to teach a concept, that educator analyzes the students within the class and decides the best way for those students to receive the information, be engaged by the content, and then express what they know. To anyone who has ever been in a debate, argument, or discussion (and who hasn't?), it should come as no surprise that people are different. Part of acknowledging our humanity involves recognizing that people vary and have different thoughts, opinions, and desires. Students are people, and therefore each will have a preferred method for taking in information and then expressing what they've learned. Recognizing this diversity and structuring lessons around this understanding are the core principles upon which the idea of the Universal Design for Learning is built.

According to the National Center on Universal Design for Learning (www.cast.org), "Universal Design for Learning helps meet the challenges of diversity by recommending the use of flexible instructional materials, techniques, and strategies that empower educators the tools they need to meet students' diverse needs." The core principles of Universal Design for Learning include providing multiple means of representing information, provision of multiple means of expressing thoughts and knowledge, and providing multiple means of engaging students. Technology can be used by the teacher to differentiate instruction based on the learners within the class.



When a teacher develops a lesson, that teacher plans different ways for representing the information, provides different avenues for students to express what they've learned, and develops different ways to engage students in the content based on the students' preferred learning styles. Using the technology available, the teacher differentiates the lesson to meet the needs of each learner. Technology can be used to help provide these different

forms of representation, expression, and engagement. For instance, as a teacher develops the lesson for how to teach a concept, she analyzes her class and determines that some students need the information presented orally, while some other students need to experience the content visually, and other students need to act out the content in order for it to make sense.