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BUILDING MENTAL HEALTH LITERACY WITHIN ONTARIO (CANADA) HEALTH AND PHYSICAL EDUCATION

Research Article

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Abstract

The primary research question which drove this analysis asked: What is Mental Health Literacy (MHL) and how is this accomplished in elementary schools in Ontario, given the new directives within the 2019 Health and Physical Education curricular document? Utilizing a qualitative research mode, the understanding of MHL was investigated through a summative latent content analysis of the current Ontario provincial government positions arising from the recent release of 2019, Ontario Health and Physical Education curricular document. The document of 320 pages is broad and somewhat deep instigating several secondary questions which asked: How should MHL be achieved in Health and Physical Education? What level of MHL awareness should Ontario Physical Educators and students reach for at the elementary level? What are the existing MHL guidelines and orientations impacting Ontario teachers? To what extent are Ontario teachers urged via the new curricula to focus and emphasize MHL in schools. MHL is a priority in this era of pandemic and critical to growth and development of teachers, students and the wider community accounting for well-being or lack of therein.

Keywords: mental health literacy, health and physical education, curriculum, pedagogy

1. Introduction

The purpose of the present study was to explore and understand Mental Health Literacy (MHL) as revealed within the 2019 Ontario Health and Physical Education curricular document. The 2019 health and physical education elementary document includes “new expectations on mental health literacy; new expectations on social-emotional learning skills, to be taught in connection with all parts of the curriculum; and enhanced connections to mental health within existing curriculum expectations” (Ontario Ministry of Education, 2019, p.6). MHL can help students and teachers identify, understanding and respond to mental illnesses, while, lessening stigma and infusing well-being (Kutcher & McLuckie, 2010; Ryan & Munn, 2014). Educational facilities are actually an “ideal environment in which to address the mental health needs of children and adolescents” (Atkins et al., 2017; Vamos et al., 2020). However, at present there is a pervading belief that many elementary and secondary youth misapprehend mental health and mental illness (Coles et al., 2016; Ryan & Munn, 2014; Teng et al., 2017); therefore given the need to address growing mental health issues and challenges a new level of expectation for MHL is required and quite important in education (Vamos et al., 2020).

Education is pervasive in all regions of Canada, especially Ontario, and in general is one of the “key settings identified as a common denominator to address poor health literacy around the globe” (Vamos et al., 2020, p.2). Therefore, education appears to be a most appropriate arena to address MHL by adding Mental Health (MH) as a centrepiece within the new Ontario health and physical education curriculum. Indeed, it has been past practice to educate in schools as these institutions can “reach all school-aged children over a long period

of time making them a perfect target for long time interventions to develop and strengthen health literacy capacities” (Vamos et al., 2020, p.2). This belief that MH and MHL is a priority is both fortuitous and entrenched in 2019 the provincial government of Ontario new elementary health and physical education document. A number of expectations for students and teachers to explore and attain, suggest, “students will learn the skills needed to be successful in life as active, healthy, and socially responsible citizens” (Ontario Ministry of Education, 2019, p.7), by completing this curriculum in grades one through eight. Over this extended period of education beginning at approximately age six until age thirteen the new elementary “curriculum expectations related to this topic provide a specific progression of learning across the grades that is designed to develop students’ mental health literacy” (Ontario Ministry of Education, 2019, p.44).

Herein it is understood that Mental Health includes emotional, psychological, and social well-being (Keyes, 2006), and most students and teachers will need to further learn and appreciate that MHL “is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community” (Mental Health Commission of Canada, 2012, p. 14). A teacher is well positioned to monitor this well-being as an educator will work with students daily over many hours in various challenging personal and academic situations (OECD, 2019). More precisely, Canadian teachers (K-12) dedicate approximately twenty-one hours per week working with students building relationships, teaching and coaching (OECD, 2014). Education is better if people are coping, productive and moving forward with others, and this is accomplished in a school system that is supportive and aware of MHL.

A recent OECD (2019) document entitled: Future of Education 2030 - Making Physical Education Dynamic and Inclusive for 2030 - International Curriculum Analysis only mentions MHL twice in 105 pages, yet to be fair Mental Health is noted 38 times and Mental illness only once. Clearly more of an emphasis need be cast upon MHL in view of the changed world, post pandemic. Mental health challenges for educators in 2020 and beyond certainly revolve around the closure of schools and mandated daily behavioural changes (masking/staying at home) due to the pandemic. Mental health challenges arising due to the pandemic can include “any psychological, social, emotional, or behavioural problem that interferes with the students’ ability to function” (Reinke et al., 2011, p. 4). While it may be more difficult to stay in touch during the pandemic, technology does offer some respite as people reach out digitally. Within the next few years MHL will continue to be something for all to be mindful of since the pandemic has shifted our daily lives and made other modes of education both practical and necessary.

In times previous to the pandemic, and hopefully following the closures, school students will again be assessed and evaluated in many areas such as literacy, social skills, and relationships with others, and this is actually “another way of conceptualizing health literacy. . . to categorize the capabilities into basic/functional literacy skills, communicative/interactive, and critical literacy” (Vamos et al., 2020, p.1). This assessment and evaluation process of learning is “integral to the development of social-emotional skills and the understanding of connections between physical and mental health that are incorporated across the curriculum” (Ontario Ministry of Education, 2019, p.44). Educators and others need be mindful that MHL “involves the skills needed to get, understand and use information to make good decisions for health” (Ontario Ministry of Education, 2019, p.7).

MHL has undergone various changes over the past decade for instance, the Canadian Public Health Association's Expert Panel on Health Literacy (HL) (2008) "defines it as the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course" (Ontario Ministry of Education, 2019, p.7). We now know or should understand that merely increasing MHL is but one pathway to support and modify the means new teachers advance mental health issues personally and change how new educators communicate with their students to diminish negative outcomes, which present due to wanting MHL (Ryan & Munn, 2014; Whitley et al., 2013). MHL is particularly significant in an educational landscape since the elementary level is primary territory for children and youth to develop various mental health disorders (Vamos et al., 2020; Whitley et al., 2013). Indeed, the environment one is situated in can be impactful therefore some researchers have concluded that "school climate is a multidimensional construct that has been shown to have an impact on students, teachers, and other school personnel within the school environment" (McLean et al., 2017, p. 238).

Increasing educator understanding of MHL has the potential to lessen stigmatizing attitudes teachers may retain concerning MHL issues (McLuckie et al., 2014; Ryan & Munn, 2014). In the past it was possible to suggest that a majority of educators did not receive any MH training or professional development; some educators may believe they are unprepared to support students (Froese-Germain & Riel, 2012). Nevertheless, by increasing MHL in pre-service many teachers in Health and Physical Education, using the 2019 curricular document, will increase their knowledge, awareness and understanding of the ways in which educators can support students who have MH needs (Hoglund et al., 2015). There is much work to do since the odd dated study has concluded that most teacher training programs in Ontario omit or overlook MHL in their programs of study (Rodger et al., 2014). Certainly, this lack of attention in the past towards MHL is changing with new curricular documents and the impact of the pandemic is guiding educational stakeholders to focus on MHL hereafter.

2. Method

This investigation utilized a qualitative summative content analysis (QSCA) (Zhang & Wildemuth, 2009; Elo et al., 2014) partly understood as "a systematic, replicable technique for compressing many words of text into fewer content categories (headings) based on explicit rules . . ." (Stemler, 2001, p.1). Such a QSCA "involves counting and comparisons, usually of keywords or content, followed by the interpretation of the underlying context" (Hsieh & Shannon, 2005, p.1277). QSCA involves both data reduction and sense-making after taking a volume of qualitative material and identifying core consistencies and meanings (Kindermann, 2020; Patton, 2002). A basic unit of analysis, in this case, MHL, links well to a basic unit of text identified during this QSCA.

QSCA diverges from the positivist tradition via primary "assumptions, research purposes, and inference processes, thus making the conventional criteria unsuitable for judging its research results" (Zhang & Wildemuth, 2009, p.310). In QSCA text is revisited to concentrate, reassess and reconstitute interpretations (Schreier, 2012) to advance insights, producing a schematic to guide the inquiry (Kindermann, 2020). QSCA is "a research method for the subjective interpretation of the content of text data" (Hsieh & Shannon, 2005, p.1280). QSCAC permits users to describe and summarize text to reveal new perspectives (Schreier, 2012) while reaffirming theory and findings (Kindermann, 2020).

Content analysis is "a research method for the subjective interpretation of the content of text data" (Hsieh & Shannon, 2005, p.1280), that reveals explanations and perspectives (Schreier, 2012), while authenticating (Berelson, 1971; Kindermann, 2020).

Herein, the Provincial curriculum document was read and reread repeatedly to develop a list of common terms and frames of reference (Bowen, 2009). MHL related terms arose and included Health, HL, Mental Health Literacy and Wellness, which were used as search terms within the text analysis. The MHL focus was a mode and tool to filter text and arrive at frequency counts for terms via the review function of Microsoft Word finding. The term searches led to highlighting/counts and frequencies for each term, for example, the words Mental Health was highlighted 32 times in the 320-page curriculum document and Wellness appeared more than 30 times. If the word occurred ten times or more it was deemed significant and related material was used to address each term herein.

3. Ontario (Canada) Health and Physical Education

Ontario Children's Mental Health Ontario (2017) recently found that half of Ontario parents are concerned about their child's mental health leading to about one-third of these parents to encourage skipping school due to a child's mental health. Given that almost twenty-five percent of "Canadian youth suffer from mental health difficulties (Waddell et al., 2013), it is crucial that a "school's climate reflect an understanding and sensitivity towards student mental health and that schools are able to effectively address and support students' mental health challenges" (Ruddy, 2019, p.17). This forward thinking complements the recent research by Atkins et al. (2017) which concluded that educational institutions are ideal venues to address the MH if they are invitational, informed and inclined.

MHL is a basis for prevention of mental health issues (Coles et al., 2016), and supports the identification, management, and prevention of mental health issues (Ryan & Munn, 2014; Smith et al., 2019). This understanding of MHL has prompted the Ontario government to update and improve the Healthy Living strand in the new Ontario Health and Physical Education (2019) curricula which helps students "develop an understanding of the factors that contribute to healthy development, a sense of personal responsibility for lifelong health, and a respect for their own health in relation to others and the world around them" (p.39). MHL is mentioned several times within the 320 pages of the new curricula, it is defined, linked to many variables and described as teachable via scripts that include teacher prompts and possible student answers. MHL cannot be overlooked by any new or experienced person reading the 2019 document as MHL is a topic clearly listed in grades one to eight. For instance, on page 44, MHL is noted multiple times as is the case on many pages which piques a reader's eye and thoughts.

School remains something that is liked according to a recent study by Youth Mental Health Canada (2019) entitled: Analysis of Youth Mental Wellness Survey which also found most (80%) of the students felt safe at school and a similar number felt close to people at school. In 2019 and beyond in Ontario, educators will help students advance HL as students research, learn and develop new knowledge and skills needed to maintain, and experience "healthy living, as well as to solve problems, make decisions, and set goals that are directly related to their personal health and mental health and well-being. Learning how to establish, monitor, and maintain healthy relationships" (Ontario Ministry of Education, 2019, p.39), remains a higher-level expectation within the Ontario elementary curriculum.

As key elements are linked there is an amalgamation of "social-emotional learning skills and mental health concepts throughout the curriculum, and through the mental health literacy expectations in the Healthy Living strand, the topic of suicide may arise in discussions with students" (p.41).



Figure 1. Healthy active living (Ontario Physical Health Education Association, 2019).

The relationship between MHL, MH and mental illness is one that demands attention in schools, and it is through such images as illustrated in the healthy active living figure that the relationships can be communicated. Visual images such as this bind healthy living, with living, personal, and interpersonal skills in a manner that is memorable. Teaching health and physical education in 2020 requires an informed perspective advanced by caring adults who recognize that the topics related to health need to be addressed in a sensitive manner. For instance, “learning about suicide is best approached through structured, developmentally appropriate, adult-led instruction. It is important to conclude discussions with stories of hope, and information about seeking help” (Ontario Ministry of Education, 2019, p.41). Addressing such topics can inform healthy active living by supplying a perspective that is both instructive and guiding (Ryan & Munn, 2014).

Beyond the healthy active living figure one above, and embedded in the Ontario health and physical education elementary curricular text, is the health strand or theme which is divided into five areas including, “healthy eating; personal safety and injury prevention; substance use, addictions, and related behaviours; human development and sexual health; and mental health literacy. These topics have been chosen because they are fundamentally connected to students’ daily lives” (Ontario Ministry of Education, 2019, p.41), and can influence well-being while focusing upon a pathogenic disease prevention perspective of health promotion (Kickbush, 2017).

3.1 Mental Health: Instruction and Needs

Current positions suggest HL is “achieved and used across many settings (e.g., school, home, workplaces, government) achieving health and wellness for individuals, families, communities, and nations” (Vamos et al., 2020, p.2). However, schools “can reach all school-aged children over a long period of time making them a perfect target for long time interventions to develop and strengthen health literacy capacities” (Vamos et al., 2020, p.2). The responsibility to lead, coach and teach many young people about such sensitive topics over an extended period of time places pressure on the educators which creates stress that is at times difficult to manage. As a result of enduring pressures educators are particularly prone to mental burnout (Larivee, 2012; Ryan & Lielkalns, 2011), and schools often provide little support for educators. Mental health needs of educators in schools offer an indication of adult mental health issues (Kutcher, Wei, McLuckie, & Bullock, 2013). HL for adults and students has recently been “described as a concept, a process, an outcome and a public health goal. We know that lower health literacy is associated with poorer health outcomes and health behaviors” (Vamos et al., 2020, p.2), which can impact all aspects of well-being at school and in the community. All of us are susceptible to psychological stress (mental health) which can create a mirroring of need amongst people in schools (Arens & Morin, 2016; Oberle & Schonert-Reicl, 2016).

Contemporary instruction need be constructivist in nature, student-centred, and when possible experiential. The “constructivist view of learning position is that an active, self-regulated, goal-directed, and reflective learner constructs personal knowledge through discovery and exploration in a responsive learning environment” (Tennyson, 2010, p. 7). The social aspects where students with peers and educators intermingle is pedagogy as Murphy (2008) suggests that pedagogy involves “interactions between teachers, students, and the learning environment and the learning tasks” (Murphy, 2008, p. 35) in a learner-centered manner. “Students are more likely to become engaged with authentic academic work that intellectually involves them in a process of meaningful inquiry to solve real life problems that extend beyond the classroom” (Shernoff, Csikszentmihalyi, Schneider, & Shernoff, 2003, p.159).

The Ontario health and physical education teacher is a, “co-learner and facilitator, promotes authentic experiential learning and learning through inquiry, provides engagement through student-initiated work, creates a sense of community through teamwork and collaboration” (Ontario Health & Physical Education, 2019, p.55). Hands-on, authentic problems and projects (in class health fair, debates, discussion of community needs, video analysis of movies, guest speakers) that are developmentally appropriate offer all students a means to opt in within an environment that is respectful, safe and planned. Above all, “students of all social and cultural back- grounds, abilities, sexes, gender identities, gender expressions, and sexual orientations – feel included and recognized in all activities and discussions” (Ontario Health & Physical Education, 2019, p.63). In order to include all student’s instruction is “based on principles of universal design and differentiated instruction focuses on the provision of accommodations to meet the diverse needs of learners” (Ontario Health & Physical Education, 2019, p.63). In addition, some students may need modifications:

Modification may also include the use of expectations at a different grade level. Modified expectations must represent specific, realistic, observable, and measurable goals, and must describe specific knowledge and/or skills that the student can demonstrate independently, given the appropriate assessment accommodations. (Ontario Health & Physical Education, 2019, p.67).

All instruction need be channeled via student abilities and by adjusting rules, activities and approaches students and teachers can build quality bonds that are inclusive and respectful.

Pedagogy is really about the social construction of human relations with all stakeholders including students, peers, and professional colleagues, that can enhance job satisfaction for all educators (Vamos, 2007) which may ward off professional burnout (Uzman & Telef, 2015). From the onset of Ontario teacher training which unfolds over two years of study, preservice Health and Physical educators in 2020 are made aware that “healthy relationships are based on respect, caring, empathy, trust, and dignity, and thrive in an environment in which diversity is honoured and accepted” (Ontario Health & Physical Education, 2019, p. 73). Positive relationships create a class that is encouraging and supportive as we learn from one-another it is possible to establish a warm mentoring environment that provides support to all. Teachers in-service and in pre-service teacher training demonstrate care and model cooperation with colleagues, while learning, discussing and debating diversity in schools and the wider community. Teaching is about building relationships with an emerging community and this challenge repeats itself each year as new student faces surface annually.

3.2 Learning about Mental Health and Mental Illness

As a Health and Physical Educator there is a desire to be aware of, and understand, both the content and the means to teach this content. Pedagogy is about interaction and the implementation of planned actions, embedded in learning principles and human development theory which is “directed toward both instructional delivery and classroom management, that increase the probability of affecting a positive change in student behaviour “(Levin & Nolan, 2004, p. 16). An Ontario Health and Physical Education teacher need be informed, aware and understand what needs to be planned in the school year, term and daily classes. This informed stance can only come about by reading the new 2019 curriculum guide which is quite supportive, guiding and current. As Ontario teachers set foot in Health classes, they bring with them backgrounds and histories that at times are essential to achieve certain curriculum expectations.

Educators currently need to read and study the Health and Physical Education document to prepare, plan and eventually teach Health and Physical Education. The Ontario elementary educator will continue to learn while reading the curriculum repeatedly, as they plan, educators are motivated knowing that “limited health literacy is negatively associated with multiple health outcomes” (Benes & Alperin, 2019, p.30) which are not all positive. Consequently, enhancing student ability to understand, assess, and communicate health information as a means to encourage, preserve and increase health in various settings across the life-course is important and a means to motivate educators who strive to educate students (Fleary et al., 2018).

Enhancing student ability means Ontario elementary students will learn that MH is distinctive from mental illness and something “all people have and that it is a significant contributor to overall health. Students learn to explore the connection between thoughts, emotions, and actions and to see how they can impact mental health” (Ontario Health & Physical Education, 2019, p.44). The HL of individuals “plays a fundamental role in chronic disease self-management as well as individual’s day-to-day functioning” (Vamos, 2012, p.38). Positive MH in the words of the Public Health Agency of Canada, is “the capacity of each and all of us to feel, think, act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity” (Ontario Health & Physical Education, 2019, p.309).

Ontario students are expected to “explain how word choices and societal views about mental health and mental illness can affect people and perpetuate stigma and identify actions that can counteract that stigma” (Ontario Health & Physical Education, 2019, p.290). The curriculum guide actually provides a guiding script to support teachers, for example:

Teacher prompt: “Mental health is often misunderstood, and when people hear someone mention ‘mental health’, they may automatically think ‘mental illness’. Negative feelings or judgements about mental illness can be the result of not understanding or of being afraid. We all have ‘mental health’. How might societal views on mental health and mental illness perpetuate stigma and even cause harm?”

Student: “They can stop people from getting the help they need. If people who have a mental illness do not feel safe to talk about it or to get help, they can end up feeling hopeless, lonely, and hurt.”

Teacher: “There are lots of things that we can do individually or as part of a group to address stigma and help get rid of it. The way we treat people and talk about mental health and mental illness is one way. There are also groups and organizations in the community

that we can be a part of that help create awareness about mental health. Can you think of some ways that you could take action to reduce stigma associated with mental health?”

Students: “Lots of schools, like ours, have wellness clubs that create awareness and plan events to bring attention to the importance of mental health. They also provide an opportunity for us to learn about different strategies and to support one another. I know that there are also youth groups in the community and even across the province that focus on mental health and on giving youth a way to use their voice to help bring about change. I think being involved in groups like this not only helps others, but can make us feel good too, because we’re being a part of something bigger and we’re doing something that is making a difference.” (Ontario Health & Physical Education, 2019, p.290)

This script helps the educator initiate and move forward in class as student awareness and understanding grows. This is essential since the Canadian Public Health Association (2014) found that “increasing rates of chronic diseases in the Canadian population require individuals to manage their own care more than before” (p.6). By beginning the conversation with young students they are invited to share, and by sharing in a safe respectful environment “students learn to identify when help is needed – for themselves and for others – by learning to recognize signs of stress and by developing an understanding of the body and brain’s response to stress” (Ontario Health & Physical Education, 2019, p.44). Mental illness can be introduced, discussed and in doing so students realize that mental illness is somewhat commonplace in society and includes a range of illnesses that “are characterized by alterations in thinking, mood or behaviour associated with significant distress and impaired functioning” (Ontario Health & Physical Education, 2019, p.44). A mental illness is hopefully something clinically diagnosed, once a person reaches out for help, for instance, mental illnesses includes various disorders such as mood, personality and anxiety; depression; and schizophrenia which affects the ability to function (Government of Canada, 2020). Often the illness begins early in life and presents later in adolescence and/or adulthood and knowing what to look for can help a person reach out for help or help another person support another who they believe is unwell.

4. Conclusion

From the onset the purpose was to explore Mental Health Literacy (MHL) within the 2019 Ontario Health and Physical Education curricular document. MHL was found to be a frequent term in the curricular document and a necessary topic of study early in life which this curricular guideline seems to address fortuitously. The provincial guideline suggests students need to “demonstrate an understanding of how incorporating healthy habits and coping strategies into daily routines” (Ontario Health & Physical Education, 2019, p.285), which is critical in these times of pandemic and beyond. It is important that all stakeholders including students become aware of the difference between MH and mental illness in developmentally suitable ways, progressively increasing their understanding of the impact that any stigma associated with mental illness can have on people and society (Ontario Health & Physical Education, 2019, p.44). Ontario elementary Students are further encouraged to “learn to support their own and others’ mental health by developing a range of skills and strategies and by making healthy choices with respect to mental health” (Ontario Health & Physical Education, 2019, p.44). These are ambitious goals at the elementary level yet MHL is something all people need to grasp from an early age as the global landscape becomes more complex and challenging for all.

In sum, the Ontario Ministry of Education states within the 2019, Ontario Elementary Health & Physical Education curricular guide: “I think the best thing we can do is show kindness and compassion. Listening to others, respecting what is different and unique about

everyone, and showing empathy for other people's feelings and experiences encourages others to respond in the same way" (p.290). If elementary school students are able to achieve this, the future is bright for all who eventually graduate and take on roles beyond school.

5. Conflict of Interest

The author declares that there is no conflict of interest.

6. Ethics Committee Approval

The author confirms that the study does not need ethics committee approval according to the research integrity rules in their country.

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