



Theme 2: Mental Health and Well-being

Participants expressed that, throughout the pandemic, well-being and mental health ranged from those who flourished to those who languished. There is a clear need to acknowledge and address the wellness gaps experienced by students and staff, both individually and collectively. Participants shared several ways to recognize and address these gaps going forward.

Capacity and Resilience

Participants highlighted the significant effect of the pandemic on mental health across the education system. Factors effecting mental health and wellness included increased isolation, stress, increased demands on the medical system, uncertainty and disruption to daily life, grief, and lost time due to sickness and long-term symptoms connected to “Long COVID”. The pandemic has left many across the education system with what participants described as a feeling of “depleted capacity and diminished resilience”. At the same time, the pandemic revealed many opportunities and innovations within the system that can and should be maintained.

We heard that there is a need to support increasing and strengthening capacity and resiliency across the system. Potential solutions shared included:

1. Increasing the availability and use of sick days to prevent burnout and to recover from sickness.
2. Increasing the number of mental health resources available as well as awareness of and accessibility to them.
3. Prioritizing staff and student well-being by providing ongoing supports and programs.

Proactive Approach

Participants highlighted that a proactive approach is vital; we cannot wait for the presence of a crisis to address mental health needs. The pandemic affected people differently. For some, it increased stress and isolation. For others, it provided more flexibility and comfort (i.e., remote learning). There is a need to develop a better understanding of the complex and intersecting factors that affect mental health. There was also significant concern about there not being enough quantitative and qualitative data collection and the need for this data to be shared more broadly across the education system.

We heard that we must implement a proactive approach to mental health across the education system by understanding the scope of mental health within the school system, learning how to address early signs of mental health crisis, and understanding the range and scope of services offered outside of the education system across regional health and social services. Examples of proactive actions shared by participants included:

1. Revitalizing the “OurSchool” survey (formerly the “Tell Them From Me” survey)
2. Providing training in Mental Health First Aid and ASSIST
3. Increasing land-based learning opportunities
4. Increasing Indigenous language programming
5. Using “Thrival Kits” to show children how to develop positive coping strategies and tools to deal with life events and emotions
6. Expanding the Roots of Empathy programming
7. Increasing awareness and use of Zones of Regulation programming
8. Implementing the CASEL (Collaborative for Academic, Social, and Emotional Learning) framework

Resources and Information Sharing

Participants expressed that support resources continue to be a priority as we implement solutions to challenges highlighted by the pandemic. They also shared the benefit of Kindergarten to Grade 8 remote learning resources and noted a limitation within high school remote learning due to a focus on reporting, credit attainment, and graduation. There is a perception of limited room in the curriculum for additional mental health education and resources. Renewal of the Physical Education/Health Education curriculum will be well-received in this post-pandemic era.

Participants also shared that they know less about their students than they did in the past due to separation throughout the pandemic. Students have shared concerns of falling behind and becoming overwhelmed. Common challenges across the system included access to and knowledge of available mental health resources, particularly in rural communities.

Planning considerations suggested to improve resources and information include:

1. Expanding the focus on student achievement reporting with an increased focus on well-being, including new tools to measure mental health and well-being.
2. Continuing reflection and streamlining of information sharing on mental health initiatives across the education system.
3. Increasing technology use to help bridge the resource gaps between rural and urban communities (e.g., Telehealth) for regional health and social services.
4. Considering innovative ideas that could improve capacity and resilience in the system, such as changing testing, incorporating flexible start times for students, and changing the structure of the classroom.