Supporting a Focus on Wellness Across Alberta School Authorities

CASS Wellness Environmental Scan and Needs Assessment

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LIST OF ABBREVIATIONS

ASEBP   Alberta School Employee Benefits Plan

CASS   College of Alberta School Superintendents

CSH   Comprehensive School Health

MHCB   Mental Health Capacity Building

PD   Professional development (Professional Learning)

SELPP   System Education Leader Practice Profile

SLQS   Superintendent Leadership Quality Standard

INTRODUCTION

Purpose of the Report

The purpose of this report is to summarize the results of interviews conducted with Alberta school authority representatives in 2019.

Background

The College of Alberta School Superintendents (CASS) is directly connected to education system leaders across Alberta and includes a mandate to support their learning. The CASS Wellness Project is intended to support such new learning as it relates to the *Superintendent Leadership Quality Standard Practice Profile* and the *School Education Leader Practice Profile.* CASS, through this wellness work, is also very interested in supporting healthy school communities and workplace wellness with an emphasis on the mental wellbeing[1] of leaders and staff as well as students. This work is indicated in the *CASS Strategic Plan* as approved by the CASS Board of Directors and discussed at the CASS 2020 annual general meeting.
https://www.cass.ab.ca/strategic_plan

Through funding from the McConnell Foundation's WellAhead initiative[2], two half-time Directors of Leadership Learning – Wellness were hired to improve CASS' capacity to deliver on strategies related to these broad goals.

Toward that end, interviews were conducted with all the superintendents of all public and separate school authorities in Alberta.

GOAL AND OBJECTIVES

The goal of this work is to better understand how wellness and mental wellbeing are currently being addressed in school authorities and how CASS can support system leaders in this area moving forward. The findings will be used by CASS to plan next steps around supporting a focus on wellness across Alberta school authorities.

The specific objectives of the interviews and their intended application are to:

1. Learn about the diversity in context, background, successes and challenges related to the wellbeing of teachers, staff and students across Alberta.

2. Collect information that may be helpful to other school authorities with similar contexts.

3. Provide the background for a framework of support for future wellness and mental wellbeing work as requested by the school authority.

4. Explore how wellness and mental wellbeing strategies may be embedded into the Superintendent Leadership Quality Standard (SLQS) and the CASS System Education Leader Practice Profile.
    https://cassalberta.ca/resources/practice-profile/

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[1] Mental wellbeing refers primarily to mental wellness / social and emotional wellbeing. It encompasses student wellbeing as well as the wellbeing of teachers, school staff and leaders.

[2] More information about the McConnell Foundation can be found in Appendix A.

Scope

It is out of scope for this report to present a strategic agenda for CASS to implement in an effort to support education system leaders in the area of wellness. Rather, considerations based on the interview data are presented as one source of information for future discussions dedicated to strategy planning.

METHODS

Recruitment and Data Collection

Two CASS Directors of Leadership Learning, Wellness invited Alberta public and Catholic school authority superintendents, including Francophone and First Nations Authorities to participate in an interview to understand their wellness-related activities in alignment with the goal and objectives outlined earlier. 59 Alberta School Authorities participated in the interviews. The Directors of Leadership Learning developed the interview guide (See Appendix A). Interviews were conducted from spring through fall, 2019.

Interviewers typed bulleted, summary notes of the conversations, which were sent back to interviewees for validation. Transcripts were brief and interviewees reviewed them in full.

Data Analysis

Typed interview notes were coded under broad categories that aligned with the content of the interview questions, as well as the audiences to which comments referred, where possible. New findings from each subsequent interview were compared with existing codes for fit, generally following the constant comparative method[3]. Emergent findings that did not fit with existing codes were given new codes.

Report structure

Report sections are presented according to broad organizing categories, within which emergent themes, exemplar quotes, counts and percentages[4] are summarized in tables for leaders, teachers/staff, and students. The overarching categories were used to organize pertinent data, no matter where they emerged in the interview (i.e. in response to any question), and they are: features of school authorities' approaches to wellness and mental wellbeing[5]; challenges[6]; and, are there other ways CASS might support school authorities in building capacity to support the implementation of organization, leader and staff wellness, including mental wellbeing.

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[3] Glaser, B.G., & Strauss, A.L. (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. New York: Aldine De Gruyter.

[4] Percentages should be interpreted with caution because the lists or descriptions of activities that emerged from each interview are not exhaustive, and thus not reflective off the total overall count of wellness activities underway across all school authorities in Alberta. Rather, percentages are offered to provide a coarse, overall impression of the "footprint" these types of activities took up across all interviews as one way to highlight/prioritize possible areas for CASS investment, given its goal for this work.

[5] This category emerged as a combination of interview questions 1 and 2. In several transcripts, these questions were answered as one (i.e. written notes explicitly stated these questions were addressed with one answer). Further, the written notes from several interviews were organized under broad headings, including *successes,* reflecting the broader points of the conversation.

[6] This category emerged from several interview questions. These tended to converge on the same overall types of challenges, whether they emerged under interview question 3 or 5. Question 5 was not answered in many transcripts thus did not warrant separate analysis. Written notes from several interviews were organized under the broad heading *challenges*.

Because of variations in how questions were asked and answers recorded, it was sometimes not possible to ascribe responses specifically to leaders, staff and student categories. Where it was evident, responses were coded under these audiences.

FINDINGS

Typed notes were received for 59 interviews, and one PowerPoint template describing a school authority's wellness efforts, for a total of 60 submissions.

Features of School Authority Approaches

This category of comments emerged as having the largest volume of responses, overall.

It was evident that there have been many efforts undertaken collectively across all school authorities to support leader, teacher/staff, and student wellness. The extent to which supports have been operationalized, however, in each authority and with each audience varies. Descriptions of assets to leverage included positive environments and school cultures, and, at the superintendent level, a sense of support for each other and having strong teams. Of note, many interviewees highlighted that leadership prioritizes a visible culture of care and concern, demonstrating respectful, caring practices like showing appreciation for colleagues, and generally being present in schools. Several interviewees noted that supportive boards and, to a lesser extent, other mechanisms, like negotiations and collective agreements, created broader support for teacher and school staff wellness (e.g. one school authority has Teacher Board Liaison Committee that facilitates discussions about non-collective bargaining items to improve conditions for teachers and staff.)

The following sections include summaries and tables showcasing the prominent themes that emerged from the descriptions of wellness offerings and supports for leaders, teachers and staff, and students. Some comments applied to the entire school community or environment, overall, and are summarized in an additional table.

Leaders

The most prominent theme that emerged was around strategies to make time management easier for leadership. It was clear that this theme applied to teachers and other school staff as beneficiaries because school authority leadership strongly influences school culture. Leaders spoke of modeling strategies that helped to better achieve balance within the workday, as well as work/life. Many interviewees mentioned email management protocol, identified as either 5-5 or 6-6 protocols. Streamlining or automating work processes for efficiency and consistency were employed to a lesser extent, as were scheduling solutions. These sub-themes and exemplar comments, as well as a minor theme describing various leadership development programs are shown in Table 1 below.

Table 1. Features of wellness programs and/or establishing a wellness culture focused on leaders

Themes / Sub-themes	Exemplar Quotes	Number (%)[*]
Managing workload		**13 (22%)**
Strategies to contain/confine work creep	6-6 or 5-5 email protocol e.g. emails only sent / read between 6:AM and 6:00 PM Right to disconnect, no phone calls or emails, etc. after 6:00 PM.	

Themes / Sub-themes	Exemplar Quotes	Number (%)*
Streamlining or automating processes Streamlining or automating processes (continued)	Tools to reduce administrative burden. Consolidating requests for information from central office, streamline communication. [Software] that can send email at specific times. Streamlining professional assignments. Consistent supervision expectations across the division.	
Scheduling to better balance time	Different meeting structures and later start time [in the morning] for meetings.	
Leadership development	Aspiring Leaders program 2-year mentorship	**4 (7%)**

* The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

Teachers and Staff

Nearly two-thirds (62%) of the interviews included descriptions of various training programs or curricula used within school authorities. The most commonly cited were Go-To Educator and/or mental health first aid, followed by training and support offered by Dr. Jody Carrington. Not surprisingly, a similarly high percentage (about half, 53%) of interviews noted generic, wellness-focused professional development (PD) opportunities available to teachers and staff. These two top themes are closely aligned with each other, the former reflecting a specific sub-set of the latter, and a product of how interview questions were asked and answered. Of note, a small minority of PD comments focused on leader or principal wellness-related training; for ease of summarizing, these are captured under the teacher/staff category. Table 2 highlights the number of school authorities who noted using various training programs and curricula and offers a sense of the most common approaches.

Nearly half of the interviews (48%) contained descriptions of the benefits, employee and family assistance programs, health spending accounts, and subsidized recreation and fitness opportunities available to teachers and staff. Recreational and fitness program offerings varied widely according to the local context and availability.

Another prominent theme that emerged was the importance of a demonstrable culture of care (about one-third or 35% of interviews). A culture of care would certainly translate into benefits for the whole school community but this theme was grouped under teachers and staff because many comments reflected the importance of caring for each other and being responsive to needs; that is, staff and leadership needs. Generally, the importance of leaders modeling this culture came through very strongly in the interviews, followed by a more minor sub-theme of valuing teachers through recognition programs. A unique offering was a retirement transition program.

Many interviewees, about one quarter (25%), described absence management or attendance monitoring as part of the range of tools available to support leadership in their efforts to support teacher and school staff. Some comments falling under this theme simply noted the presence and availability of these programs, where others described their use and success. Still others characterized these programs as attendance support, as opposed to a punitive program, within a complement of broader wellness offerings focused on building strong morale.

One-quarter (25%) of interviews contained descriptions of using available data from the Alberta School Employee Benefits Program (ASEBP), or other data obtained from staff engagement surveys to inform planning. Comments referring to ASEBP data were generic in nature and did not specifically point to the kind of data obtained. Other kinds of information collected for the purpose of teambuilding and understanding the complement of skills and strengths on a team, like the Clifton Strength Finder, were noted.

These main themes and a few additional minor ones are summarized in Table 2.

Table 2. Features of wellness programs and/or establishing a wellness culture focused on teachers

Themes / Sub-themes	Exemplar Quotes	Number (%)*
Training approaches/ curricula	• Go To Educator (Stan Kutcher/Andrew Baxter) / Mental Health first aid / mental health literacy (n = 21) • Jody Carrington (n = 15) • Violence Threat Risk Assessment (n = 9) • Trauma-informed classrooms (n = 9) • Kurtis Hewson / Collaborative response model (n = 6) • Brain development (n = 8) • Caregiver/provider/first responder focused training (n = 2) • HeartMath (n =1) • Classroom management (Todd Whitaker) (n= 1) • Nature and early learning (n = 1)	**37 (62%)**
Professional development opportunities (generic descriptions, and non-curricular offerings)	[PD focused on] inclusion and respect. PD with principals.	**32 (53%)**
Benefits, employee portals with supports, resources, EFAP, health spending accounts, etc.	EFAP/Homewood Health. Health spending account. Subsidized fitness and recreation opportunities.	**29 (48%)**
Demonstrating/ acknowledging value		**21 (35%)**
Culture of care	Deep positive connections with people, authentic. It's the little things consistently over time. Belonging and caring. Listening carefully. One of my questions to my Deputies and CFO when I meet with them is: "How are you making your job easier?" Accessibility and visibility of Superintendent.	
Recognition programs	We have an extensive staff recognition program. Years of service [recognition]. Retirement transition program [is] seen very positively as having an impact on wellness [because it allows them the opportunity to] get used to the idea!	

Themes / Sub-themes	Exemplar Quotes	Number (%)*
Absence management/attendance monitoring	Noted absence management and an informal practice of calling staff if they are ill for more than 3 days to see "How (they) are doing?" We endeavor to get our staff back from extended leaves seamlessly. We have tracked our absenteeism stats and have gone from 22.5 days/year to 16 days/year. Absence rates are fairly flat.	**15 (25%)**
Using data to inform wellness initiatives	Staff engagement survey every year includes wellness. Gallup-Clifton Strengths Program. Use ASEBP data [Annual Health Profile Report for each school authority e.g. long-term disability rates and medication rates for chronic conditions such as arthritis, depression, etc.].	**15 (25%)**
Wellness supports are co-located	Many of the specialists we work with have space in division office Guidance counsellors and/or staff with [specialized training] in each school, including psychologists. Board funded. We partnered with the health authority, neighbouring school authorities and the municipalities to fund a program to have doctors in place to serve students with mental health needs.	**8 (13%)**
Mentorship and/or buddy programs	Mentorship coach for new teachers. We try to ensure each staff member is connected with another staff member.	**7 (12%)**
Specialized staff and/or community positions	Cross ministry support person, our employee. Family Resource Support Worker. Lead LGBTQ teacher; Central support team – critical incidences for staff, students.	**5 (8%)**
Joint efforts with ASEBP	One of our trustees sat on ASEBP board, [and] that seemed helpful. Guarding Minds at Work – ASEBP. Piloted with School leaders. Pilot 2 years ago – staff wellness champions with ASEBP.	**4 (7%)**

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

Students

There were many school- and authority-level initiatives listed in interview notes; it is clear that many student-focused health and wellness-related activities are underway. Most descriptions of activities and initiatives were highly dependent on the local context, partnerships and priorities; they therefore did not converge on a high number of common responses (i.e. themes).

Descriptions or mentions of Mental Health Capacity Building (MHCB) programs were offered in more than one quarter (25%) of interviews. Access to these funded mental health projects is not offered equally across the

province and more comprehensive lists of MCHB programs are available elsewhere.[7] However, since these projects were often noted, they are included within the summary table, Table 3, below.

Less than one-quarter (18%) of interviews described using data collected from students to inform wellness activities and initiatives. The Our School student survey, formerly called Tell Them From Me, was the most commonly cited source of data, followed by generic descriptions of using student survey data to understand the prevalence of anxiety and other mental health issues. Some school authorities relied on more than one source of student survey data.

Health champions, a role for adults within schools and school authorities, are common across the province, and were often noted in the interviews in connection with student-specific supports. These champions often play a lead role in moving forward school-level wellness initiatives that target students and connecting more broadly with school-authority wide initiatives. Of note, one school authority moved away from a health champion model to a student-driven model. No further descriptions were offered as to what necessitated the change. A small percentage of interviews (13%) described student-driven or student-focused programs, like gay-straight alliances (GSAs), student engagement with Boards, peer mentorship, and, generally, mechanisms to gather and reflect student voice.

These themes are summarized in Table 3.

Table 3. Features of wellness programs and/or establishing a wellness culture focused on students

Themes	Exemplar Quotes	Number (%)*
Mental Health Capacity Building Projects	*No quotes are offered because references to MHCB programs emerged as listed items in addition to other wellness offerings in response to the relevant interview questions.	**17 (28%)**
Using data to inform wellness initiatives	Our School / Tell Them From Me student survey SOS-Q	**11 (18%)**
Student engagement/leadership	Student voice is likely our strength. Student leadership groups – pizza meetings. Organically driven with lots of student autonomy.	**8 (13%)**

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

All of School

A number of comments described benefits to the whole school community. The most prominent theme featured the Comprehensive School Health (CSH) Framework, an evidence-based approach to supporting school health in an integrated, holistic way. Nearly one-third (30%) of interviews highlighted CSH as an overall approach to health and wellness in schools and school authorities.

Descriptions of program and/or support design came through in about one-quarter (25%) of the interviews. This theme included general remarks about the pyramid of interventions as well as descriptions of planning or design decisions particular to the school authority (i.e. would not otherwise be widely recognized across many other school authorities). In relation to the pyramid of interventions, many interviewees noted the availability of wrap-around supports in alignment with the top tiers. Still others noted that the focus was on universal interventions in place to support all students. One school authority, Red Deer Public School District, has

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[7] Mental Health Capacity Building Initiative, including map of project communities:
https://www.albertahealthservices.ca/amh/Page2754.aspx

considered applying the pyramid of intervention, used to understand the inter-relationship of mental health states for students, to staff with only slight variations in concepts. Other unique program designs included blocking dedicated time in the day allowing students seeking support to connect with appropriate resources (Lloydminster Catholic School Division), reintroducing recess in junior high schools (Battle River School Division), and incorporating an Indigenous lens into school calendar year planning (Northland School Division No. 61). Other examples are reflected in Table 4.

Table 4. Features of wellness programs and/or establishing a wellness culture focused on all of school

Themes	Exemplar Quotes	Number (%)*
Comprehensive School Health	CSH framework helps to drive health promotion and prevention. Lots of specific activities related to CSH; Build capacity with schools.	**18 (30%)**
Design – program supports	Universal not just top-of-pyramid supports. Most of our work [is in] prevention. Some community middle tier. One high school moved away from counsellors to a school centered approach – looking at environment. Reviewing the development of balanced [school year] calendars that match up with Indigenous needs.	**15 (25%)**
Physical environment	Sensory rooms. Safe spaces and self-regulation spaces.	**5 (8%)**

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

Challenges

All Levels (Students, Staff, and Leaders)

Interviewees described a variety of conditions that challenge their efforts to support student, staff and leader wellness, and mental wellbeing. These challenges provide context to the experiences that are particular to leaders, teachers and staff, and students.

An overarching and highly prominent theme noted in more than half (60%) the interviews is a lack of time and resources. A wide range of comments were captured under this theme, reflecting the inability of school authorities to respond to the needs of both staff and students due to competing priorities and workload pressures, to difficulties garnering buy-in for teacher and staff wellness, to a lack of resources to support adult wellness.

Many school authorities are challenged to provide training and support for teachers, or funding for dedicated wellness roles, noting there can be no or limited resources to pay for PD and associated teacher release time. A few interviewees also described inequities in funding. For instance, some school authorities have allocated operational funding for wellness leads, where others have not (specific reasons not described). Some grants have been eliminated further challenging school authorities' ability to accommodate training opportunities. Still others noted that even if they are successful in obtaining grants, it can create difficulties with sustainability. For example, with uncertainly around wellness-related funding, some staff end up working on a wellness portfolio "off the side of their desk".

A related challenge is that wellness-focused activities and training may be viewed as an add-on for students, but also appears to be especially true for teachers and staff, particularly if funding isn't stable. According to

some interviewees, there is a perspective shared by some teachers and staff, and Board members, that school staff wellness is not part of the mandate of school authorities.

Finally, ever increasing demands – on reporting, classroom complexities, etc. – create challenging conditions for teachers and staff. One interviewee referred to "mandate creep", which generally describes that more and more is expected of teachers and school-based administrators.

Nearly one-third (30%) of interviews contained comments about the lack of mental health and other specialized professionals in schools or in the immediate geographic area, of which nearly half noted challenges with either the Regional Collaborative Service Delivery partnerships or MHCB programs. One school authority noted that this creates a situation in which there are "limited interventions higher up the pyramid [which] creates wellness issues for students, staff, schools." There remains a question of whose responsibility the provision of much needed support and services falls to; interviewees suggested it can fall on the shoulders of educators in some cases.

Some more minor themes that emerged in terms of their overall numbers, but which are highly impactful on school authorities' ability to advance wellness efforts include: rural and remote geography; political climate; parent/community expectations; and, lack of provincial direction or a framework. Table 5 summarizes these themes as well as the major themes described above.

Table 5. Overarching challenges to establishing a wellness culture

Themes	Exemplar Quotes	Number (%)*
Time and resources	So dependent on a grant. Now on the side of a desk. Grant applications so time-consuming. The accountability is hardly worth the effort considering the size of some of the grants. Competing interests within the district. Time and training for professional development. Wellness is still viewed as an add-on. Allocating resources to sustain adult wellness a bit of an issue for sure. Too much for one health champion.	**36 (60%)**
Lack of mental health professionals in schools (or local geography)	Challenges related to Regional Collaborative Service Delivery partnerships or MHCB projects. We cannot get mental health support in schools in our community, class complexity is a serious issue. School social workers were lost when CFS could not fill positions in core work areas.	**18 (30%)**
Geography	Large geographic spread and few district staff – difficult to give someone a wellness portfolio.	**7 (12%)**
Lack of provincial direction/framework	Still siloed, even when there are resources. We need a provincial approach. [What are the] key priorities? 5 goals from the province? Too many.	**5 (8%)**

Themes	Exemplar Quotes	Number (%)*
Political climate	Uncertainty and change. U of A wellness grants – dollars seem to come and go. Plans in place and then dollars pulled. New government. Governments really don't understand what it takes to run a school authority.	**4 (7%)**
Parent/community expectations	Community expectations are high. Parents, stakeholders ever more demanding, expectation to respond to communication.	**4 (7%)**

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

Leaders

A primary concern that emerged in about 18% of interviews is communication and garnering buy-in around wellness-related efforts. Some of the specific challenges under this theme are related to developing growth mindsets in teachers and staff, and other stakeholders, and change management efforts. Other comments highlighted traditional views on wellness, which could be a barrier to buy-in.

Challenges around measurement emerged as a concern in a small number of interviews (about 6 interviews, or 10%). Specifically, leaders expressed concern about using appropriate metrics to appraise wellness efforts, and particularly, those efforts connected to grants. Measuring staff wellness presents additional challenges. Still other comments highlighted that data sharing could be improved.

Inadequate tools and resources to support staff mental health emerged as a concern in a small number of interviews (5 interviews, about 8%). Awareness of resources was connected to this issue, as was availability.

Table 6. Challenges to establishing a wellness culture – leaders

Themes	Exemplar Quotes	Number (%)*
Communication and buy-in	Building consistent buy in from all staff and students. Once we develop our workplace wellness plan, how do we communicate that to get buy-in? Varying perceptions of what is "workplace wellness"? Traditional views of some. Change mindsets to growth and abundance mentality from scarcity mindset.	**11 (18%)**
Measurement	Evaluation of the wellness initiative [is a challenge]. Are we measuring the right things? Measuring them appropriately? Developing the metrics to analyze the results of our work associated with wellness and the grants connected to that.	**6 (10%)**
Inadequate tools to address mental health, and other issues amongst staff.	What are the options out there? [Inadequate tools] around leadership resiliency. Principals still don't have the tools to deal with staff with mental health issues.	**6 (10%)**

Themes	Exemplar Quotes	Number (%)*
	Principals don't necessarily recognize the seriousness of teacher behaviours related to mental health issues. Need more training in this area.	
Engagement around leadership competencies	Leaving us out of the LQS and SLQS was detrimental to us. Straighten out our roles and responsibilities. Lost a little of ownership.	**2 (3%)**

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

Teachers and Staff

A small number (9, 15%), of interviewees described how challenging it can be to find the breadth and availability of needed experience and qualifications across many roles. Some comments reflected the difficulty in attracting high quality applicants due to rural or remote geography, others pointed to challenges encountered when teachers (and administrators) were new to the profession or role.

About six interviewees (10%) described challenges related to individuals developing their own capacity for wellness. This theme reflects two sides of one main issue, and they are: individual wellness behaviour/modeling among adults is not always ideal from the perspective of administrators; and, conversely, the pressure they, adults in the school setting, experience to "be perfect" when it comes to wellness. The latter is also related to comments indicating stigma around accessing certain kinds of supports is still a strong deterrent.

Challenges related to teacher and staff attendance rates, short-term absences and medical leaves came up in about four interviews (7%).

Three interviewees (5%) noted the lack of French language resources for teachers and staff is a challenge. For one interviewee, these challenges extended to personnel; there are a limited number of French-speaking human resource professionals.

These themes and exemplar comments are summarized in Table 7.

Table 7. Challenges to establishing a wellness culture – working with teachers and staff

Themes	Exemplar Quotes	Number (%)*
Skill set of staff and others providing supports	Many are young teachers, new to the profession and new to Alberta. Staffing, we struggle to get high numbers of quality applicants because we are in the north. Some of our wellness champions are stronger than others. In rural [areas], we don't always have health folks who have the background. Sometimes teachers are in roles they have no business being in. Very young and inexperienced admin group. Need capacity there.	**9 (15%)**
Developing individual capacity for wellness	Some staff still embarrassed to access resources. Modeling not always what we would like. Still stigma around adult wellness. Pressure to be perfect.	**6 (10%)**

Themes	Exemplar Quotes	Number (%)*
Attendance rates declining	Perceived increase in short term absences.	**4 (7%)**
	Staff absence rates definitely on the rise.	
	Attendance rates on the decline.	
Limited availability of evidence-based resources in French	*No comments included as they aligned exactly with the theme.	**3 (5%)**

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

Students

Classroom composition and changing demographics emerged as a challenge in about eight (13%) interviews. In east-central Alberta, schools encounter specific mental health issues among children of Canadian Armed Forces families. Student diversity in terms of ethnocultural background, differing experiences with trauma, and living through natural disasters like wildfires all create increased complexity in the classroom.

Some interviewees (10% of interviews) noted that there are more students who experience serious mental health issues than in the past, which presents a host of challenges, including providing the right complement of supports for them. In communities that have experienced natural disasters, there may be more students whose needs fall in the higher tiers of the pyramid of supports, which may then result in a shift of resources away from the universal supports.

Three themes, increasing or high rates of anxiety experienced by students, increasing wait times for referrals, and social complexity, especially digital citizenship and social media, emerged in smaller numbers. These and the other themes earlier described are summarized in Table 8.

Table 8. Challenges to establishing a wellness culture – students

Themes	Exemplar Quotes	Number (%)*
Classroom composition	Students with more diversity of need. Complex classrooms.	**8 (13%)**
	Student diversity and wide level of student skills. Teacher skill in this area. Levels of family trauma, diversity.	
	First Nations, Mennonite, Hutterite, virtual education campus, outreach schools, Catholic/public mix.	
Serious mental health issues/high needs and acuity	Suicidal ideation.	**6 (10%)**
	More complex now with kids than a decade ago (e.g. aggression at a younger age).	
	Students with more diversity of need. Complex classrooms.	
	Three years after the wildfire and some students, parents and staff in our school authority are still struggling, and the top tier seems to be higher than 2-7% of our youth population	
Increase in student anxiety	TTFM survey – anxiety rates higher than national norm.	**6 (10%)**
	Need to recognize real mental health concerns from normal stressors that adolescents may have.	
	High anxiety.	

Themes	Exemplar Quotes	Number (%)*
Referral wait times	Wait times in health, urban – numbers create an access issue.	**4 (7%)**
	Rapid access to support with kids who really need support is lacking, especially middle tier.	
Society complexity	Complex society, digital citizenship.	**3 (5%)**
	More and more people struggling with social media.	
	Societal issues – drugs, family issues, level of trauma increasing, social media and bullying.	

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

Actions CASS Can Take to Support School Authorities on their Wellness Journeys

Interviewees offered a variety of comments on the types of supports CASS could offer to school authorities on their wellness journeys. To reflect the breadth and variety, tables in this section of the report offer more detail than earlier sections.

A strong majority (72%) of school authorities said it would be helpful for CASS to function as a clearinghouse of sorts, facilitating access to repositories of information or resources, showcasing school authority exemplars, and providing access to data, evidence, and research. Examples of such resources are reflected in the exemplar quotes in Table 9.

Of note, sharing resources and sharing school authority exemplars clearly emerged as the most commonly described sub-themes; each were noted by more than half of interviewees in this category, overall.

Table 9. Taking action: Provision of information and resources

Themes / Sub-themes	Exemplar Quotes	Number (%)*
Act as a clearinghouse		**43 (72%)**
Resources	Sample one-year plan with corresponding resources as a starting point for building local plan that address local needs.	
	Auditing tools (for getting started on the key conditions).	
	Access to qualified presenters at reduced cost.	
	Resources and module would be extremely helpful. We serve others, maybe not so good at serving ourselves. Healthy adults supporting children is what we hope to accomplish.	
	Tools to help our staff. Support [them] to navigate database for resources. Resource library.	
	Interested in an implementation model.	
Share school authority exemplars	*Examples of what school authorities would like to receive include: Wellness administrative procedures or policies; mental health strategic plans; best practices; support structures; and system-wide approaches.	

Themes / Sub-themes	Exemplar Quotes
Data, evidence, research	Simple instruments for gathering information.
	We could use some help in this area and data mobilization.
	Lack of resources to do this work. (i.e. finding the data).
	Also wondering about KPI's; how are we measuring our successes and shortcomings on the wellness side?

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

One-third (33%) of interviewees said CASS could have a role in capacity building through facilitating opportunities to connect and the provision of direct support through mentorship, for example, and support with personnel issues.

Many expressed support for in-person connection at conferences and zone meetings. There was modest support for CASS taking the lead on communities of practice.

These and other capacity-building actions are summarized in Table 10.

Table 10. Taking action – Capacity building

Themes / Sub-themes	Exemplar Quotes	Number (%)*
Capacity building		**20 (33%)**
Annual meeting or other in-person opportunity (e.g. conferences)	Keep making [wellness] a priority at CASS events.	
Community of practice	*No comments included as they aligned exactly with the theme.	
Zone meetings	Interjurisdictional collaboration among school authorities with common strategies.	
	CASS presence at Zone meetings.	
Mentorship	How will CASS support us as the "brain trust" (i.e. veteran superintendents) retire? [Name] liked the idea of the mentorship program for practicing superintendents not just new ones.	
	Continue to mentor new CASS members.	
Support for common human resources experiences	Could we strike a committee with CASS taking the lead re: HR issues? It would be good to have CASS' impartiality to help with this. School authorities can't do it alone.	
Support with new teachers	In addition to what we are currently doing, what can be done to help us with the first-year teacher stress issue?	

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

Nearly one-third (30%) of interviewees offered comments related to CASS' role in provincial leadership, whether it was clarifying its mandate, or suggestions for content areas in which CASS could show leadership. Specifically, some comments noted that it would be helpful for clarity around CASS' obligations as a professional organization, as well as setting provincial direction for wellness-related actions that all school

authorities can look to. A common suggestion was for CASS to help navigate various political relationships in local school authority catchment areas with boards and Trustees.

Messaging around wellness and its importance to help advance this priority within school authorities emerged as a top comment. It's not entirely clear what interviewees would find most helpful, but it appears that key messages that could be shared, and communication coming from CASS may carry some weight with stakeholders in terms of garnering buy-in.

This theme is summarized in Table 11.

Table 11. Taking action – Leadership role and mandate

Themes / Sub-themes	Exemplar Quotes	Number (%)*
Leadership role, mandate		**18 (30%)**
Supporting school authorities with political relationships	Help with board governance roles and understanding. Support trustees better understand their role with wellness. [Help us] anchor the work with our board? Work with our board – vision/leadership.	
Communication – congruent messaging	Support with] congruent messaging and buy-in [for wellness related efforts]. Help communicate the message more widely. Promotion of what central office does.	
Clarify CASS roles and responsibilities	Clear roles and responsibilities – what is being done to support CASS members and school-based leadership? What does CASS stand for? Professional Organization? We seem to be lost in the conversation. What is the role of the organization?	
Leadership standards and practice profiles	LQS is a real opportunity. To have this conversation based on 61 school authorities could be very powerful. Practices to support practice profiles.	
Provincial frameworks	Strategy leaders/experts to work with provincial leaders and/or district leaders to develop working frameworks. There is nothing in the way of wellness support for those of us in the office, this needs to be a priority for CASS. More support, provincial direction required. We do the best we can to embed practices at authority level.	

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

Nearly one-quarter (22%) of interviewees suggested CASS' participate in advocacy to help school authorities advance wellness-related efforts. The most commonly suggested action was for CASS to advocate to the Alberta government for funded wellness-related positions, leadership wellness to be prioritized, and for coordination across various ministries.

A smaller number of comments focused on advocating for equity in the provision of RCSD and MHCB projects across the province, and a lesser number of comments related to advocacy for supportive policies for teachers, resources in French, specialized training opportunities in universities and for Indigenous peoples in Alberta.

This theme and its sub-themes along with exemplar quotes are summarized in Table 12.

Table 12. Taking action – Advocacy

Themes / Sub-themes	Exemplar Quotes	Number (%)*
Advocacy		**13 (22%)**
Long-term, cross-ministerial response and support for wellness	Lobbying for long-term positions funded at the ministerial position in our school boards. Need to find ways to efficiently work with other ministries. Advocate for funding for wellness leads. More collaboration with AHS and Children's services to focus on how to support severe mental health needs. Feeling like Education is in need of support from other ministries.	
RCSDs and MHCB projects	CASS could investigate ways to ensure that all jurisdictions (rural, urban, "rurban") have access to exploring mental health and wellness solutions through Mental Health Capacity-building grants. Equitable and sustainable and universal MHCB supports to all authorities. Capacity based on the people available in rural areas.	
Policy and/or legislative instruments	Workplace harassment – safe and healthy workplaces. Teacher professional code of conduct – is it outdated? [Regarding] the whistleblower legislation: Is this something that CASS should take on? This current policy is trauma-causing for teachers who have a complaint/concern. No support for those teachers. Advocate with government related to the pressures for central office staff. Very specialized roles. Not well understood.	
Resources in French	*No comments included as they aligned exactly with the theme.	
Universities	For more seats for mental health workers. Course work at U of A related to mental health for preservice teachers. Better job of collaborating. Period. Bring U of A, ASEBP, AHS together to talk about such a course.	
Agencies that offer support to Indigenous peoples in Alberta	Advocate for federal and provincial funding partners for First Nations communities to talk so that such communities feel welcome at all tables, including the RCSD table for inclusive partnerships and resources.	

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

Continuing to focus on key partnerships emerged in a small number of interviews (8, or about 13%). Alberta Medical Association, ASEBP, ATA and were named, specifically. Of note, comments related to working with Alberta Medical Association reflected the challenges school authorities encounter related to medical leaves and return to work. In particular, a lack of standards in this area and challenges related to processes involved in documenting leaves were noted.

Comments associated with their respective key partners falling under this theme of key partnerships are summarized in Table 13 that follows.

Table 13. Taking action – Partnerships

Themes / Sub-themes	Exemplar Quotes	Number (%)*
Partnerships		**8 (13%)**
Alberta Medical Association	Can we work with the Alberta Medical Association? BC has more direction from doctors in return to work. Check in with the AMA. [Are there] standards for [medical] leaves?	
ASEBP	Generally, comments converged on a strong value for this relationship and the need to continue work on this key relationship. [Some school authority leaders would like help making staff more aware of the wellness support role of ASEBP as compared to the benefit provider role and further conversation about return-to-work programs, especially with support staff].	
Alberta Teacher's Association	Relationship with ATA provincially. Advocate with ATA related to teacher welfare. Can something be done to improve the relationship and get on the same page?	
AHS	Promote the collaboration between school boards and AHS on wellness initiatives.	

*The denominator is 60. Percentages add up to more than 100% because interviewees offered several comments that were coded under more than one theme.

DISCUSSION

The collective findings from the interviews lend guidance to CASS on their next steps around supporting a focus on wellness across Alberta school authorities. This report presents a wide range of comments and perspectives, reflecting diverse definitions of wellness that exist in Alberta—thus, when interpreting the findings, it is important to consider what might be actionable, feasible within the scope of this project and aligned with the mandate of CASS. Looking at external context, including the political landscape, trends in education, and the roles of outside partners is also important. Nevertheless, some key highlights from this environmental scan are described here, including:

- Varying definitions of wellness

- The use of data to drive decisions, as both a current practice and a challenge

- Proposed roles and supports from CASS

- Planning and implementation of student-focused wellness activities and efforts is at more mature stage than staff wellness

Across interviews, there were many different definitions of wellness, and large variation in reported wellness strategies—for some, it was about mental health, for others it was about managing workload. The wide range of offerings at PD days also reflected broad definitions of wellness. Sometimes this work is time-limited (e.g. one-time events or activities that aren't tied to a broader strategy) while other times work is sustained over a greater period of time, at more of a systems level. CASS may be in a position to offer guidance about a consistent definition related to systems wellbeing/wellness, and the role that systems leaders can plan in moving this work forward. It may also be helpful to define the audiences (e.g. students, teachers, leaderships), recognizing that while there will be some overlap, strategies used for each audience do require specificity.

It was noted that many school authorities are using data to drive their practice related to wellness. This data comes from many different sources (e.g. student surveys, teacher engagement surveys, employee benefit program data). Interestingly, it was also noted as a challenge and an area that CASS could better support related to wellness. As CASS moves forward with this project, it will be important to provide school authorities with guidance around appropriate measurement and use of data to support wellness-focused work.

There were a number of clear roles highlighted for CASS by participants. These included taking a lead on advocacy related to wellness issues as well as a role in standardizing approaches to wellness (e.g. a consistent provincial direction or framework). Recognizing the autonomy of each school authority, CASS is positioned to help streamline the work of school authorities so they can leverage and replicate approaches that have already been shown to be effective and aligned with best practice. School authorities are challenged to find time to do this work on their own and would find value from provincial direction in this area. In providing this direction, respondents also highlighted the importance of clearly understanding how CASS would support the work (clarification of mandate).

On a related note, almost three-quarters of interviewees expressed a desire for CASS to facilitate access to resources and information—a clearinghouse function to enable sharing of resources, best practices and exemplars. Awareness and availability of resources emerged as a challenge for some school authorities, particularly related to mental health. A repository could help to bridge this gap. The exemplars of school authority actions highlighted in the *Features of School Authority Approaches* section of this report could provide a starting point for sharing across school authorities in the province.

CONCLUSION

Alberta school authorities clearly recognize the benefits and value of wellness for leaders, teachers and students. Findings from these interviews illustrate the many diverse strategies that systems leaders and those with whom they work have used to address wellness and mental well-being. It is also clear that this work does not come without challenges, and that system leaders do see a role for CASS in supporting their efforts. Moving forward, CASS will use the findings from this report alongside input from key stakeholders and consideration of CASS' overarching mandate to inform the next phase and deliverables for this project.

In addition to the actions as described in this report, there seems to be some trend data to suggest that CASS could consider:

1. Creating a workplace wellness framework that considers the unique and complex context of school authorities.
2. Creating a resource library and professional learning module that aligns with the information found in this report and that aligns with the workplace wellness framework and implementation plan template.
3. Creating an implementation and planning guide that supports school authority's awareness and understanding as they develop their workplace wellness plans.

APPENDIX A: MCCONNELL FOUNDATION BACKGROUNDER

WellAhead is a philanthropic initiative of the McConnell Foundation, a private foundation that works nation-wide on a variety of social, cultural, economic and environmental issues. The focus of WellAhead is on integrating social and emotional wellbeing into K-12 education. Following work in BC and Ontario, in late 2016 WellAhead began exploring how it could support efforts in Alberta. Results from extensive research and consultation led to a focus on the areas of leadership, networks, student voice and scaling what works.

In addition to its partnership with CASS to support professional learning of superintendents on wellbeing, WellAhead is working with the University of Alberta and UBC-Okanagan to conduct case studies of select school authorities that will focus on how and why school communities are able to shift their district culture to one that prioritizes and promotes wellbeing. Case studies will be completed in Alberta and BC, and shared nationally.

WellAhead and CASS continue to welcome input and feedback on how the work in Alberta can complement and align with related initiatives and efforts in the province.
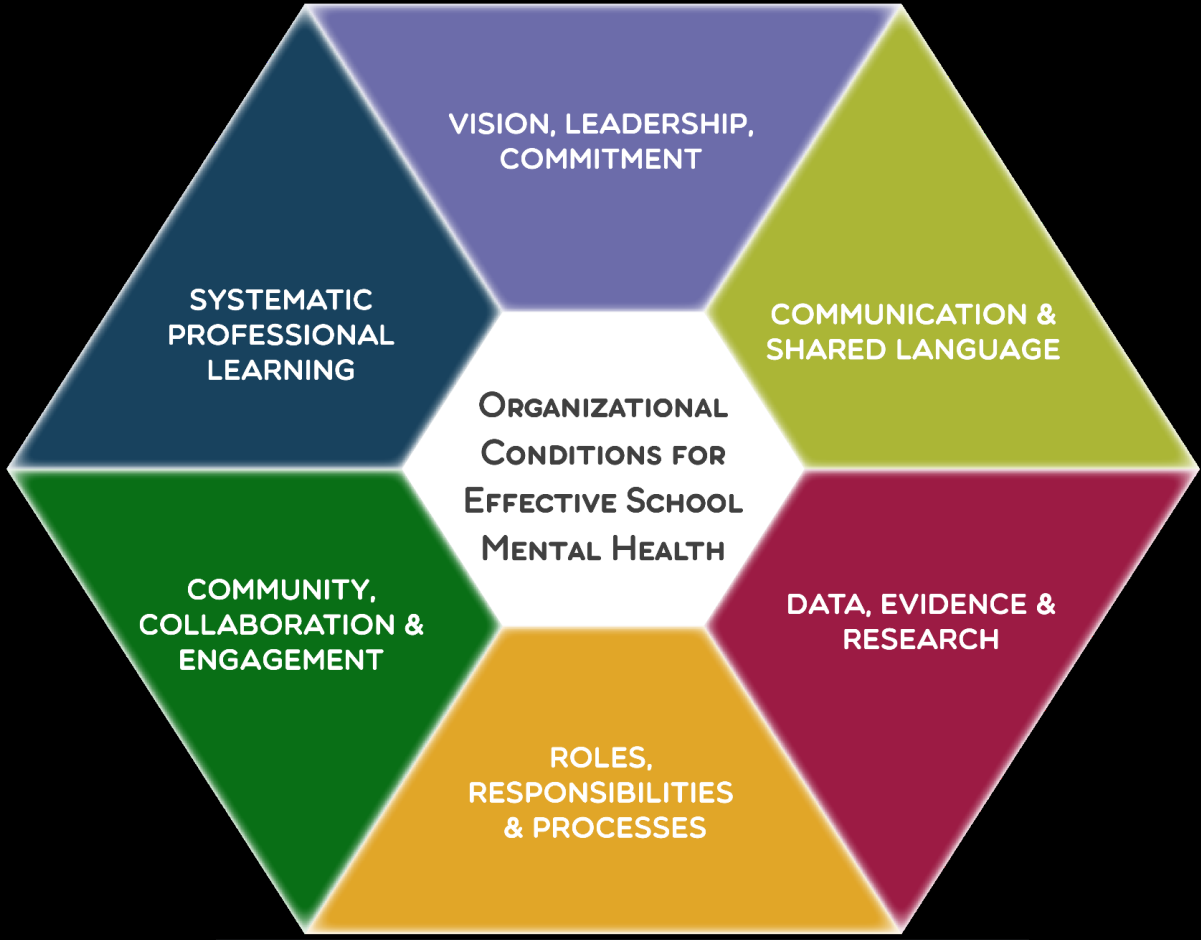
APPENDIX B: INTERVIEW GUIDE

1. Please describe for us the various aspects of your school authority's approach to wellness and mental wellbeing, including any key successes, in the following areas:
    a. Leadership wellness and mental wellbeing
    b. Teacher / staff wellness and mental wellbeing
    c. Student wellness and mental wellbeing

2. Who are the key people involved in wellness and mental wellbeing at the school authority level (HR, Education, OHS, etc.)? Who are key partners?

3. What challenges have you faced in supporting student, staff and leader wellness and mental wellbeing in your school authority?

Review the Organization Conditions graphic (see end of document) for elements that have been proven to be necessary in order to plan for sustainable improvements in workplace wellness and mental wellbeing. This graphic is a representation of the framework as indicated in this document: https://arpdcresources.ca/consortia/working-together-support-mental-health-alberta-schools/

4. Are there any of these conditions that you believe your school authority has had a start on?

5. Are there any implementation challenges preventing the authority from meeting any of these conditions?

6. If yes to #5 above, is there anything you can think of that CASS and the CASS wellness directors might do to support implementation?

7. Are any of these conditions of particular interest to your school authority moving forward? Is there anything that CASS or the CASS wellness directors might do to support your school authority getting started with conditions of interest?

8. Is there a wellness policy / procedure? If so, please describe any successes or challenges implementing the policy. May we have a copy?

9. Are there any goals or strategies related to wellness in the Board's Education Plan? If so, please describe any successes or challenges implementing these strategies. May we have a copy?

10. Are there other ways CASS or our many key organization allies (e.g. AHS, ASEBP) might support your school authority in building capacity to support the implementation of organization, leader and staff wellness, including mental wellbeing? E.g. Community of Practice development, needs assessment, resource development, partnership development, knowledge mobilization strategies (video, documents, etc.)

11. Are we asking the right questions? Have we left anything out? Do you have anything else you would like to share?

VISION, LEADERSHIP, COMMITMENT

COMMUNICATION & SHARED LANGUAGE

SYSTEMATIC PROFESSIONAL LEARNING

ORGANIZATIONAL CONDITIONS FOR EFFECTIVE SCHOOL MENTAL HEALTH

DATA, EVIDENCE & RESEARCH

COMMUNITY, COLLABORATION & ENGAGEMENT

ROLES, RESPONSIBILITIES & PROCESSES

Credit to: Government of Alberta
Working Together to Support Mental Health in Alberta Schools