

# The Wellness Centres Evaluation Framework Initiative

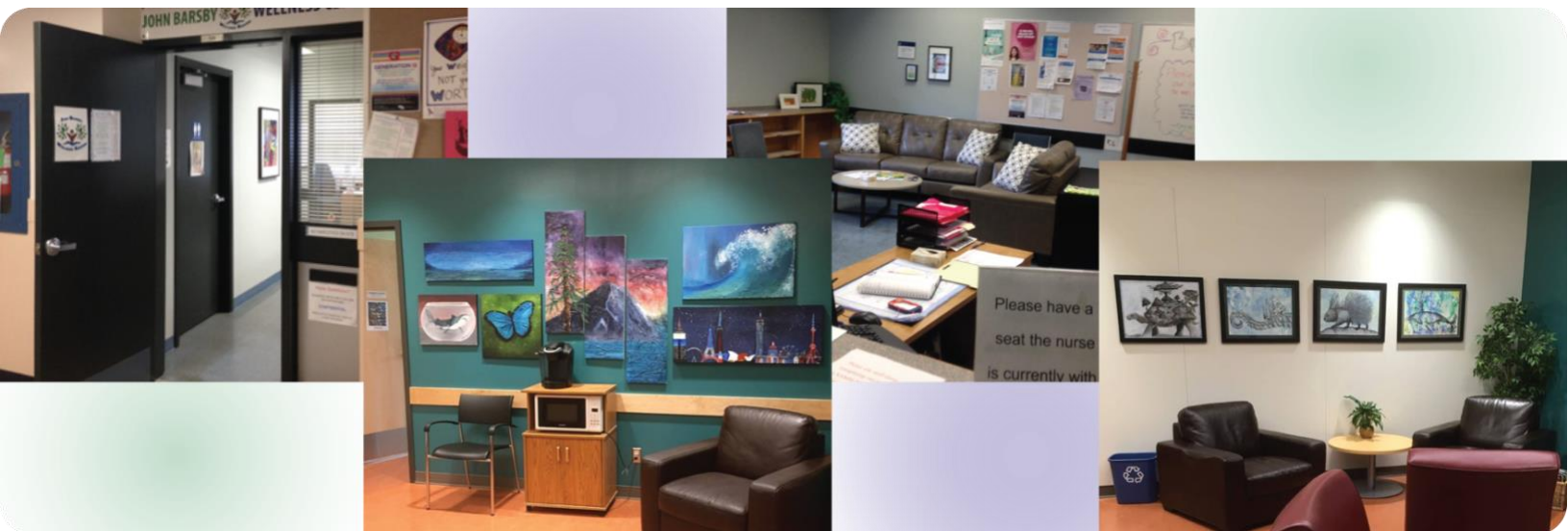
## Implementation Evaluation

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### Final Report

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October 2018



Prepared for the Institute for Health System Transformation and Sustainability  
by Jeanne Legare and Associates

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## **Documents in this Wellness Centres Evaluation Framework Initiative Series:**

### **2018 Reports**

The Wellness Centres Evaluation Framework Initiative: Implementation Evaluation - Final Report, October 2018.

The Wellness Centres Evaluation Framework Initiative: Implementation Evaluation Final Report - Technical Appendices, October 2018.

### **2017 Report**

The Wellness Centres Evaluation Framework Initiative: Performance Monitoring, Progress and Impact Evaluation Framework for Secondary School-Based Wellness Centres in BC - Year One Final Report and Evaluation Framework, July 2017 (revised).

Download the Wellness Centre Reports at: <http://ihsts.ca/wellnesscentresEFI>

# Acknowledgements

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Evaluations are designed to answer questions and always raise new questions to be answered. It is our hope that this report provides information to support improved understanding of the wellness centres, and the impacts they are having on the lives of students in BC secondary schools. The evaluation team would like to express their sincere gratitude to all who contributed to the evaluation over the past two years:

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- McCreary Centre Society
- Nanaimo Division of Family Practice
- Office of the Provincial Health Officer
- School Districts 62, 68 and 71
- Snuneymuxw First Nation
- Tillicum Lelum Aboriginal Friendship Centre
- University of British Columbia Human Early Learning Partnership
- Wellness Centre service providers and leaders

The evaluation was strengthened by the wisdom and guidance of the Wellness Centres Evaluation Framework Initiative Advisory Committee and the Evaluation Coordinating Team. Their shared passion for students and for the wellness centres resulted in many hours reviewing, discussing and facilitating the evaluation process. Team members are identified in **Appendix 1** of this report.

This evaluation could not have been conducted without the support and engagement of secondary school students in School Districts 62 and 68 who shared their perspectives, ideas and enthusiasm. They understand the value of health and the strength of resilience, and helped to define and refine the essentials of a safe, welcoming, youth-focused centre where a trusted service provider team supports their journey toward enhanced wellness.

The evaluation team would also like to thank the Institute for Health System Transformation and Sustainability for supporting and funding this evaluation. It is hoped that the lessons learned about this new approach to multi-stakeholder support for adolescent health and wellness will contribute to understandings of how systems collaborate to transform and build sustainable services.

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# Executive Summary

## Introduction

There is a broad literature and a ground-level knowledge among primary care practitioners, public health, and education that youth have multiple physical, mental/emotional and sexual health needs, yet are less likely to access health services than are other populations. There is also evidence that physical and mental health and life challenges can prove a barrier to school attendance, educational achievement and secondary school graduation.

In response to these realities, Island Health, School Districts 62 and 68, the Nanaimo Division of Family Practice, and a myriad of community agencies developed a model for school-based youth-focused holistic care, delivered by a multi-disciplinary team with strong roots to community resources and services. The John Barsby Community School Wellness Centre was launched in Nanaimo in 2015, the culmination of years of efforts between program champions and 19 community member agencies. The Wellness Centre at Belmont was launched in 2016, based on learnings from the Barsby model, strong collaboration with SD 62 and leveraged relationships with community partners.

The Wellness Centres Leadership Group reached out to the Institute for Health System Transformation and Sustainability, and were provided funding to develop and implement an evaluation framework. The evaluation framework is as an evidence-based, policy-aligned and community-supported inquiry that identifies priority issues for success, sustainability and potential scale-up.

*For further information, see Performance Monitoring, Progress and Impact Evaluation Framework for Secondary School-Based Wellness Centres in BC, 2017.*

## About the Evaluation

The school-based wellness centres are a new phenomenon in BC, and are a rich source of learning for service partners and stakeholders committed to developing an effective model for serving the health and wellness needs of secondary school youth. This evaluation was conducted between September 2016 and June 2018. Developmental and participatory evaluation techniques were used to explore and share findings and insights among wellness centre staff and internal and external stakeholders. Evaluation Advisory Committee members and stakeholders determined the areas of focus, informed methods and tools, clarified data collection and stakeholder participation, and drove interpretation and reporting of findings.

*The Wellness Centres Evaluation: Technical Appendix, 2018 provides detailed information on methods, instruments and analysis.*

## Evaluation Findings

The evaluation findings, discussed under priority evaluation themes, are presented below.

### Access to Care

#### **TO WHAT EXTENT DO THE WELLNESS CENTRES SUPPORT ACCESS TO HEALTH AND WELLNESS SERVICES?**

The findings of this evaluation support existing evidence that many students do not have regular access to health and wellness services. Fully one-third of students reported that they were not, or did not know if they were, under the care of a doctor or nurse practitioner. Almost all students seek care when they have a physical health concern, usually through a family doctor or walk-in clinic. However, students reported that they are much less likely to seek professional help for mental/emotional health concerns, or regarding risk behaviours such as sexual activity, smoking and substance use. For these issues, students most frequently sought the advice of a friend, and often times the internet rather than care from a health professional. When considered alongside findings that approximately 10% of BC students do not access physical or mental health care even when they believe they need it there is clearly a rationale for providing youth with a model of care that is youth-friendly, easily accessible and relevant to their needs.

#### **TO WHAT EXTENT ARE THE WELLNESS CENTRES SERVING THE STUDENT POPULATION AND STUDENTS AT RISK?**

While BC students generally consider themselves in good physical and mental health, there is a consistent proportion of students in each school who rate their physical and/or mental health as fair or poor. Approximately 10% of students rated their physical health as fair or poor, and 27% of students rated their mental/emotional health as fair or poor.

Evaluation findings show that approximately one-third of students in each school attend the wellness centre in each school year, most often for reasons related to physical, sexual health or mental health. Students who visit the wellness centres are more likely to consider themselves in fair to poor physical and/or mental/emotional health, tend to have higher risk profiles than adolescents seen in family physician offices, and may be seeking help for distress associated with complex issues in their lives outside of school. Educators and wellness centre staff noted that many vulnerable students have no other opportunity to access primary care services. Students, school and wellness centre staff report that student anxiety, depression and self-harm are at the forefront of their concerns regarding wellness. Wellness centres are serving an important need for support among students with real health and social challenges, many of whom appear to 'fly below the radar' of other supports and services.



## SATISFACTION

Satisfaction can be a preliminary indicator of program success, and can provide insight into quality of care or services. Overall, there is widespread satisfaction with the wellness centres: students report high satisfaction with their experience of care, wellness centre staff enjoy working with youth and report immense job satisfaction, educators appreciate having trained professionals available to students and recognize the contribution of improved health to improved attendance to academic performance, service partners are enthusiastic about working in this multi-disciplinary holistic care environment, and stakeholder organization support remains high.

## Educational Achievement

Secondary school graduation is one of the strongest predictors of life success and overall health outcomes. BC currently graduates 84% of eligible secondary school students however, this achievement is not evenly distributed among population groups. Students in School Districts 62 and 68 are less likely to graduate in comparison with all BC students, as are Aboriginal students, those with special needs. One educator wondered, *“are schools graduating the less capable, the more vulnerable students or are they losing them?”*

Students attending discussion groups articulated a clear relationship between wellness centre services and improved educational achievement. They explained that the wellness centre can help them manage anxiety and depression, or to ‘rebound’ from the physical and psychosocial impacts of bullying – so they are less likely to skip classes, or to skip school all together. The finding that the wellness centres are helping students improve academic performance is an important and exciting outcome.

The evaluation findings show that secondary school-based wellness centres provide a diverse array of supports to enable students to remain in school and graduate. These include:

- Supporting students whose physical or mental/emotional health hinders school attendance, academic achievement and graduation.
- Assisting students to develop the skills to deal with adversity and change that are a normal part of adolescence, and which may be heightened by factors beyond their control (i.e. skills to enhance resilience).
- Supporting students who do not have a competent adult in their lives, or an adult they trust and feel connected to (in order to foster belonging and connectedness).
- Supporting students to avoid unwanted pregnancy, and/or put the proper supports in place for a healthy pregnancy and academic success.
- Providing students with the opportunity to minimize time away from school for health and wellness matters.



## Student-Reported Wellness Impacts

Students who had used the wellness centre were asked about changes in their health, knowledge, confidence and health-related behaviour. Their responses show that students perceive that the wellness centres are helping them to improve their physical and mental/emotional health, to manage their health concerns, to feel more confident about what to do and to make some positive behaviour changes.

## Building Capacity in the Health and Education Systems

### WELLNESS AND RESILIENCY

Support for youth wellness involves building resilience, strengthening social connections and building on their understanding of wellness to strengthen their ability to proactively manage their health and wellness concerns. Students participating in discussion groups at Barsby and Belmont schools described wellness as *“incorporating physical and mental health, and most importantly a balance between the two”*. The terms mental health and wellbeing are discussed interchangeably, and there is an overall positive perception of both concepts. Students also identified behaviours related to nutrition, physical activity and sleep as important contributors to their wellness.

Wellness centre staff build health promotion and teaching into each interaction, supporting students to take initiative in learning about and managing their wellness concerns, and to build skills in decision-making. A strong theme running through this study is the recognition of the strength and resiliency of students, particularly those who maintain their school connectedness and academic pursuits through difficult personal circumstances. Educators and wellness centre staff describe this as *“finding their strengths”*, *“building their confidence”*, and *“building relationships of trust”*. Increasing school connectedness through strong relationships to staff helps students to feel that they matter, and build or maintain capacity for school attendance, academic success and graduation.

### CAPACITY FOR APPROPRIATE USE OF HEALTH SERVICES

Wellness centre staff integrate concepts of health literacy and agency in their interactions with students as they engage them as a partner in their care. Students are supported to increase their capacity and confidence in building wellness, preventing illness, managing their health and practising self-care. In building knowledge of the current health system, understanding how to use health information to make responsible care decisions participating as an active partner in their own care, students build the skills to make appropriate health service choices now and in the future.

### CAPACITY FOR SCHOOL WELLNESS AND COMPREHENSIVE SCHOOL HEALTH

BC’s education sector is transforming its approach to learning through a new K-12 curriculum focused on engaging students in their own personalized learning, and fostering the skills and competencies students will need to succeed in life. These goals are consistent with those of the wellness centres, and provide timely starting points for building integrated approaches to health literacy and wellness strategies at the individual, group and school population level. School-based wellness centres are a

leverage point for enhanced education, health and community sector relationships, which create new opportunities to enhance wellness in the school community and environment.

## Sustainability

The wellness centre models were built with sustainability in mind. The wellness centre strategies are embedded in health and education policies, linked to ongoing Ministry initiatives for primary care and mental health services delivery, and supported by student input and participation. The successes of the wellness centres are based largely in the knowledge, wisdom and collective strength of the partnerships formed to develop and support this model of care, and an appreciation that the wellness centres belong to the collective community, not a single stakeholder.

The report discusses ten key conditions that are influential in local wellness centre sustainability and four systems level supports that are important to overall sustainability of regional or provincial programs. (*Refer to page 35 for detail*).

## Social Return on Investment

Social Return on Investment (SROI) is a systematic way of incorporating social, environmental, economic and other values into decision-making processes. This SROI analysis compares costs and identifies wellness centre outcomes (better physical health, healthier habits and behaviours, improved mental health and wellness, improved education outcomes) against the estimated financial value of broader health and societal benefits.

The SROI was very conservatively estimated by making use of only those outcomes for which financial proxies were readily available, estimating most financial values based on one student only while the evaluation findings support the possibility of numerous students avoiding the alternative outcomes. The choice of outcomes was driven in part by the availability of reliable cost return valuation, which resulted in exclusion of contraception and sexually transmitted infection from this calculation.

The SROI analysis shows that the school-based wellness centres provide significant social return on investment. **For every \$1 in staff costs per year, (at least) \$8.31 of social value is created.**

## Wellness Centre Planning and Operations

Wellness centres are multi-sectoral, multi-disciplinary initiatives that unite communities in a partnership around a common youth wellness agenda. This chapter of the report offers guidance on starting a wellness centre, based on lessons learned, with a focus on 4 steps:

1. Establishing Strong Partnerships and adopting a shared vision and approach to care.
2. Establishing Strong Wellness Centre Governance and Leadership.
3. Planning for a School-Based Wellness Centre.
4. Staffing the Wellness Centre.

(*Refer to page 45 for detail*).

## BC HEALTH SYSTEMS TRANSFORMATION AND SUSTAINABILITY

Current transformation of health systems is influenced by sustainability concerns, the needs of a changing population and a shortage of skilled professional care providers. The wellness centre partners bring insights from parallel transformations in education, community and Aboriginal systems of care, creating new and exciting opportunities for collaboration toward common goals. In this dynamic environment, the wellness centres represent an innovative model to enhance student health, wellness and capacity for life success. Through their work promoting wellness and health education, building health literacy and student agency, and supporting students to take an active role as a partner in their health, wellness centres help to build the social and human infrastructure to create and sustain health systems change.

### Discussion

Adolescents are a special population for many reasons – rapid changes in physical and brain development, the stresses and strains of transitioning from a teen to an adult, emerging independence risk taking and sexual activity, and a sense of invincibility. The school-based wellness centres have proven an important resource for adolescents to access care, and to build health and life skills that increase their chance of secondary school graduation, and of leaving school as empowered, healthier and resilient citizens.

This evaluation provides considerable detail on the many successes of the school-based wellness centres, and highlights their value as a social return on investment. It considers how cross-sector system transformation is influencing and being influenced by the wellness centre concept. The challenges in the road ahead are being met with insights, strengths, collaborative strategies and a keen desire for continued learning by the wellness centre partners.

### Conclusions

The goal of the wellness centres evaluation initiative was to develop an evaluation framework that would be useful to wellness centre managers and stakeholders, provide answers to questions that matter and identify lessons learned for quality improvement or course correction. This evaluation shows that the wellness centre partners have been successful in developing and implementing a model of care that is responsive to student needs and highly valued by students and all stakeholders.

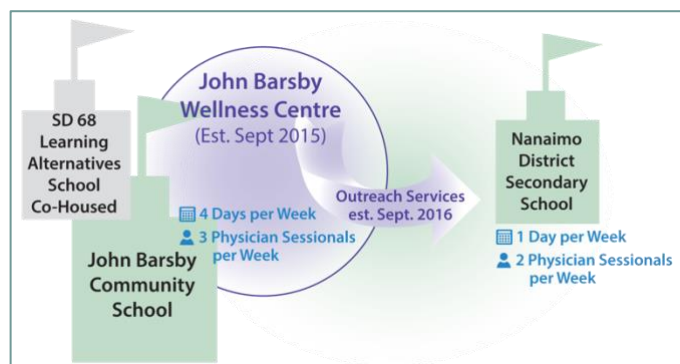
Over the past two years, opportunities and challenges within the models have been met with insights, strengths and collaborative action by the wellness centre partners, who continue to display a keen desire for continued learning. The longer-term wellness and system impacts may not be known for years or generations however, this evaluation documents important early successes toward those goals. Moving forward, the next set of questions is emerging as a focus on growth and spread of the service model to extend benefit to a greater number of BC students.

# 1. Introduction



For many years, a group of concerned Nanaimo-area health professionals, educators and community agencies collaborated with the intent of bringing accessible relevant health services to youth – particularly those with mental health challenges. In September 2015, representatives from 19 area organizations successfully launched the **John Barsby Wellness Centre (JBWC)** at John Barsby Community School (Barsby) in Nanaimo British Columbia (**Figure 1**). The goal of this multi-agency collaboration was to provide holistic health and wellness supports to students in a secondary school setting, operating 5 days per week.

In September 2016, the JBWC began offering outreach services to students at Nanaimo District Secondary School (Nanaimo DSS): service at JBWC was reduced to four days per week, and Nanaimo DSS wellness centre operated one day a week. In 2017/18, School District (SD) 68 Learning Alternatives School was co-housed within Barsby, providing easy access to health and wellness services for those students, and services at Nanaimo DSS were increased to two days per week.



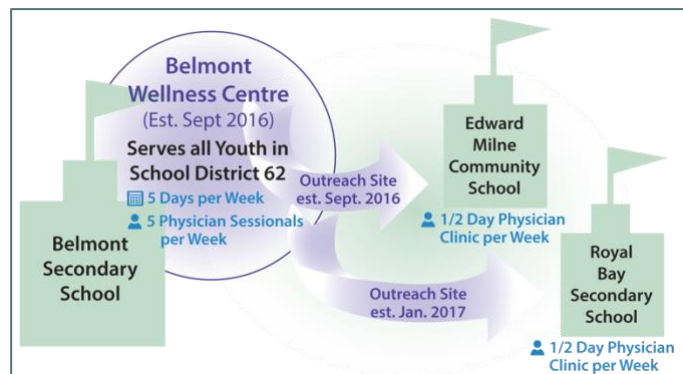
**Figure 1: John Barsby Wellness Centre.**





In September 2016, the **Wellness Centre at Belmont** was opened in a purpose-built space within the new building of Belmont Secondary School (Belmont) (**Figure 2**). It is intended to serve all youth in SD 62 regardless of whether they attend school. During the school year, the Wellness Centre at Belmont offers full wellness centre services five days a week and supports physician clinics at Royal Bay Secondary School (Royal Bay) and Edward Milne Community School (Edward Milne) one half-day per week.

Both Barsby and Belmont have strategies to ensure that students have access to care over school break periods (Christmas, spring break and summer). Arrangements are made as required for students needing ongoing medical care or counselling to meet with their doctor, nurse practitioner or counsellor. New or existing clients have access to weekly wellness centre clinics, or clinics at public health units. In summer 2018, the JBWC opened a youth site at the local community centre, available to all students in SD 68.



**Figure 2: Wellness Centre at Belmont.**

The wellness centres draw on the strengths of health, education and community partners to develop a model of care that provides accessible youth-centred services to secondary school students.

The goals for the wellness centres include providing access to holistic primary care<sup>1</sup> services, building competent and resilient youth, and improving secondary school graduation rates. It is expected that the goals and services will evolve as the wellness centres further integrate into the school and broader community, and build new knowledge around the needs and effective models of care for youth wellness.

The wellness centres have been a focus of great interest among those committed to providing youth with appropriate and accessible health and wellness services. In spring 2017, 37 representatives from a broad cross-section of stakeholders came together to determine priorities for this evaluation of the Barsby and Belmont wellness centres. (*Refer to Year One Final Report and Evaluation Framework, 2018*).

## Purpose of the Evaluation

The overall goal of the *Wellness Centre Evaluation Framework* is to develop and test a practical, evidence-grounded and utilization-focused quality improvement, performance monitoring and evaluation framework that:

- ✓ Supports decision-making to enhance service delivery and the health and wellbeing of students,
- ✓ Links local impacts with population-level trends on a defined set of wellbeing and educational achievement indicators, and
- ✓ Provides a provincial resource for evaluation and scaling up of emerging BC school-based wellness centres.

There is also a desire to document key learnings related to health system transformation through the evolution of the wellness centres.

## Evaluation Process (2016-2018)

The evaluation incorporated findings from the initial evaluation of the JBWC commissioned by the Nanaimo Division of Family Practice (NDFP) as part of their investment through the Doctors of BC A GP for Me initiative (Wagar, 2016). This evaluation was conducted using a developmental approach, which includes asking knowledge-generating questions and gathering information to provide feedback, and to support developmental decision-making and course corrections along the emergent path. As evidence is gathered, it is fed back to project staff and management for discussion and decision-making as appropriate.

Preliminary and background information and assessment of data sources, which support the development of the evaluation framework took place during the 2016/17 school year. The *Wellness Centre Evaluation Framework* was then developed through intensive consultation with wellness

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<sup>1</sup> In this document, the term “primary care” is used to refer to a broad range of basic health services that are the first point of contact with the health system.

centre service providers, leaders, and a broad variety of internal and external stakeholders and students. Final implementation of the evaluation framework spanned the 2017/18 school year.

## Evaluation Areas of Focus

The evaluation areas of focus (listed below) represent learnings that stakeholders deemed most critical to inform decisions regarding the wellness centres, particularly in the early developmental stages of implementation.

### A. Access to Care

- To what extent do the wellness centres support access to health and wellness services?
- To what extent are the wellness centres serving the student population and students at risk?

### B. Educational Achievement

- To what extent do the wellness centres support educational achievement?

### C. Student-Reported Wellness Impacts

- What wellness centre-related impacts do students report?

### D. Building Capacity in the Health and Education Systems

- To what extent do the wellness centres support youth wellness and resiliency?
- To what extent do the wellness centres support improved capacity for appropriate use of health services?
- To what extent do the wellness centres support the school community and comprehensive school health?

### E. Sustainability

- To what extent are the wellness centres sustainable? What facilitators and barriers to providing school-based wellness services have been identified?

### F. Social Return on Investment

- What is the social return on investment of wellness centres?

### G. Operational Considerations

- What are the important components and service provider team composition for school-based wellness centres?

### H. BC Health Systems Transformation and Sustainability

- How do the wellness centres contribute to health systems transformation and sustainability?



## Organization of this Report

The **Evaluation Report** begins with a brief Introduction about the wellness centres, followed by a summary of the Evaluation Process and Methods. The Findings chapter addresses the priority learnings identified in the framework in seven areas of focus, and ends with highlights of wellness centre contributions to health system transformation and sustainability. The Discussion chapter focuses on the main messages arising from the evaluation, highlighting priority issues that have quality improvement or planning implications. The report concludes with a Recommendations chapter to enhance processes and outcomes for the wellness centres. A Glossary of Terms and Abbreviations and a list of References are found at the end of the report.

The **Technical Appendix** entitled *The Wellness Centres Evaluation Framework Initiative: Implementation Evaluation Final Report – Technical Appendix, 2018* is a companion volume to this main report and contains more detailed information on methods, instruments and analysis.

*For additional information on the evaluation framework and process, consult The Wellness Centres Evaluation Framework Initiative: Performance Monitoring, Progress and Impact Evaluation Framework for Secondary School-Based Wellness Centres in BC - Year One Final Report and Evaluation Framework, July 2017 (revised).*

## 2. Methods

Data collection was carried out between September 2016 and June 2018, using the following methods:

- Update of 2017 literature scan and review of relevant research reports
- Review of relevant administrative documents
- Establishment of discussion groups with students at Barsby and Belmont schools (n=52 students)
- Administration of student surveys (Barsby, Nanaimo DSS, SD 68 Learning Alternatives, and Belmont schools) (2017 n=1,483, 2018 n=1,291)
- Administration of school staff survey (teacher, counsellor and support staff) (Barsby and Belmont schools) (2018 n=87)
- Interviews of individual and group key informants (n=45 informants)
- Review and analysis of wellness centre utilization data (Sept 2016 to June 2018)
- Development of an approach to determine the ‘Social Return on Investment’ for the wellness centres, and analysis of same.

*For additional information on the methods used in this evaluation, consult **Technical Appendices 2 - 6**.*

### Strengths and Limitations of this Evaluation

The school-based wellness centres are a new phenomenon in BC, and are a rich source of learning and support for emerging best practices in serving the health and wellness needs of secondary school students. The developmental and participatory evaluation techniques provide wellness centre staff and stakeholders the opportunity to explore the evaluation findings and implications alongside the evaluation team, and to make structural and operational changes throughout the evaluation period. This process supported quality improvement processes through the term of the study.

Ensuring student privacy and confidentiality were key features of all activities in this study. This precluded access to clinical data, or the use of individual stories describing powerful and poignant student impacts as a result of their connection to the wellness centres. Standardization of administrative data collection and reporting was achieved in the 2017/18 school year, as clinician experience and evaluation knowledge was used to develop standard data definitions that could be used in both administrative and evaluative reporting. In addition, there was a dearth of data on youth utilization of community health and wellness services, which posed a challenge to the interpretation of normal care-seeking behaviours among youth. Information from care providers in a variety of different settings were used to provide context and validation of perceptions arising from the available data. Finally, 2018 was the ‘year of the survey’ for students and staff in School Districts 62 and 68. Despite reported ‘survey fatigue’, students and staff did participate in project surveys and discussions, which provided a rich context for the conclusions drawn in this study.

## 3. Findings

### A. Access to Care

#### Care-Seeking Patterns Among Adolescents

This section begins with a brief synopsis of literature-based care-seeking patterns of Canadian/BC adolescents and/or secondary school students, followed by care-seeking for physical and mental health/emotional concerns by all students participating in the 2018 survey (n=1,291, 36% participation rate). It concludes with a description of care-seeking for various physical and mental/emotional health concerns among students who consider themselves to be under the care of a doctor or nurse practitioner.

#### **Evidence**

There is little data available on primary care or community health service utilization by Canadian or BC youth. Anecdotal evidence suggests that adolescents seek care for sexual health and injuries, but do not connect regularly with health care providers, supporting the perception that youth are low users of primary care services. The McCreary Centre Society 2013 Adolescent Health Survey (AHS) (Smith et al, 2014) reported that:

- A proportion of BC youth did not get medical help (9%) and/or did not seek mental health support (11%) when they thought they needed to. The most common reasons were thinking or hoping the problem would go away, not wanting their parents to know, and being afraid of what the doctor would say or do.
- Youth who had foregone necessary mental or emotional health care were more likely to have used substances because “they felt sad” than were those who had accessed the care they felt they needed.

#### Care-Seeking Patterns Among Student Survey Participants

Students participating in the evaluation survey were presented with a list of possible choices, including a write-in response, and asked to indicate where they go for care if they had a physical or mental health concern. More than one choice was allowed.

#### CARE-SEEKING FOR A PHYSICAL HEALTH CONCERN

The majority of students with a physical health concern reported seeking care from a family doctor. Responses varied by school and community, but the most frequent responses were the family doctor’s office or walk-in clinic. Students from Nanaimo DSS were more likely to see a family doctor (57%) than to visit a walk-in clinic (28%), while students at Barsby and Belmont schools were equally

likely to see a family doctor or attend a walk-in clinic. This finding may reflect service availability or personal choice. (Refer to **Table 1**).

### CARE-SEEKING FOR A MENTAL/EMOTIONAL HEALTH CONCERN

Students show a different pattern when seeking care for a mental/emotional health concern. Most often they seek the help of a friend and are much less likely to see a family doctor or go to a walk-in clinic, than if they had a physical health concern. Ten percent (10%) of students appear to be linked with a mental health counsellor. Fewer than 5% indicated they had accessed the school-based wellness centre. Approximately half of the students (34-45%) indicated they had not needed care for a mental/emotional health issue. The preference for support from a friend may reflect the nature and seriousness of the concern, or may represent incomplete knowledge on where and how to seek care for mental and emotional health issues. (Refer to **Table 1**).

**Table 1: Care-Seeking for Physical and Mental/Emotional Health Concerns, by School.**

	2018		
	Barsby	Nanaimo DSS	Belmont
School Population (approx.)	770	1,350	1,433
No. of Students Responding	306	706	279
<b><i>Where usually go if you have a <u>physical</u> health concern?</i></b>			
<b>Your Family Doctor's office</b>	<b>45%</b>	<b>57%</b>	<b>36%</b>
<b>Walk-In Clinic</b>	<b>49%</b>	<b>28%</b>	<b>43%</b>
School Wellness Centre	11%	5%	9%
Emergency Department	7%	8%	6%
School First Aid	2%	1%	1%
Internet/Google	8%	12%	11%
Friend(s)	6%	6%	7%
Haven't needed care	11%	12%	14%
<b><i>Where usually go if you have a <u>mental</u> health concern?</i></b>			
<b>Your Family Doctor's office</b>	<b>16%</b>	<b>12%</b>	<b>11%</b>
Walk-In Clinic	7%	2%	5%
School Wellness Centre	4%	1%	4%
Internet/Google	10%	9%	10%
School Counsellor	7%	6%	6%
Mental Health Counsellor	11%	8%	9%
<b>Friend(s)</b>	<b>25%</b>	<b>28%</b>	<b>27%</b>
Haven't needed care	34%	45%	43%

Source: 2018 Evaluation Student Survey.

Notes: Multiple responses were possible; column percentages may exceed 100%. Data is presented as a percentage of students selecting each response. **Bolded coloured numbers** indicate the top two responses for each question.

## REASON FOR LAST VISIT TO A CARE PROVIDER

When students were asked the reason for their last visit to a health care provider, they most often reported a short illness or injury, or a sports-related injury. As in **Table 1** above, approximately 10% had consulted a care provider for mental health or wellbeing. Few students reported that their last visit had involved a chronic health condition, counselling, or a sexual health or substance use concern. (Refer to **Table 2**).

**Table 2: Reason for Last Visit to a Health Care Provider, by School (2017 and 2018).**

	Barsby		Nanaimo DSS		Belmont	
	2017	2018	2017	2018	2017	2018
School Population (approx.)	800	770	1,340	1,350	1,310	1,433
No. of Students Responding	355	306	364	706	764	279
<b>What was the reason for last visit to a health care provider?</b>						
Short illness or injury	<b>43%</b>	<b>38%</b>	<b>44%</b>	<b>34%</b>	<b>40%</b>	<b>30%</b>
Sports-related injury	<b>21%</b>	<b>19%</b>	<b>30%</b>	<b>29%</b>	<b>23%</b>	<b>23%</b>
Mental health/wellbeing	6%	7%	8%	7%	9%	13%
Chronic health condition	<5%	6%	5%	<5%	<5%	<5%
Sexual health	<5%	7%	5%	7%	5%	6%
Counselling	<5%	<5%	<5%	5%	<5%	5%
Substance use	<5%	<5%	<5%	<5%	<5%	<5%

Source: 2017 and 2018 Evaluation Student Surveys.

Notes: Multiple responses were possible; column percentages may be less than or exceed 100%. Data is presented as a percentage of students selecting each response. **Bolded coloured numbers** indicate the top two responses to the question.

In discussion groups, students explained that they may go to a family doctor or walk-in clinic to get care for physical health issues, but they do not always feel comfortable in these busy care environments. For some students, limited consultation time with the doctor was a barrier to discussing what is *really* going on in their lives.

### CARE-SEEKING AMONG STUDENTS UNDER THE CARE OF A FAMILY DOCTOR OR NURSE PRACTITIONER

The majority of students (60-73%) participating in the survey considered themselves under the care of a family doctor/nurse practitioner and these students are more likely to have visited their family doctor/nurse practitioner in the past 12 months (73-77%) than were those without a primary care provider (48-55%)<sup>2</sup>. Half of all the students responding, have not seen a doctor in the past year.

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*“If kids had accessible care, there would be less need for a Wellness Centre— but they but they don’t; there are more and more kids who need access.”*  
~Educator

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Approximately one-third (32-40%) of students either were not, or did not, know if they were under the care of a doctor/nurse practitioner. The proportion of students in each category varies by school.

The survey data on care-seeking behaviours and reason for last visit to a health care provider suggest that students are less likely to seek help for mental/emotional health concerns, or for risk behaviours including smoking and substance use. There is no objective data on the seriousness or complexity of mental health/emotional concerns reported by students, and it may be appropriate for them to turn to friends or to the Internet for information or support. However, in serious or complex cases turning to a friend or the Internet does create conditions for misinformation or delayed/avoided treatment.

Educators and health professionals, including wellness centre staff, noted that vulnerable students may have little to no opportunity to access primary care services. This may impact the number of students in this survey who indicated they do not seek care, and is likely linked to factors impacting equity of access and outcome, including the social determinants of health<sup>3</sup>.

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<sup>2</sup> Visited with their family doctor or another care provider (e.g. walk-in clinic, emergency room, counsellor).

<sup>3</sup> Health Canada defines the social determinants of health as including income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture (PHAC, 2016).

## WHY DON'T STUDENTS ACCESS PRIMARY CARE?

As shown above, students and adolescents are low users of health and primary care services. A variety of studies, including the McCreary Centre Society 2013 AHS, have explored reasons why this is so.

### **Evidence**

Students participating in the 2013 AHS and some of those participating in the student discussion groups provided a number of reasons why they do not seek care when they believe they need it. Reasons include:

- Not knowing where to go (e.g. limited knowledge of the health care system, of health professional roles and their scope of practice),
- Not wanting parents to know,
- No independent transportation (e.g. would have to rely on parent),
- No money (e.g. to pay for transportation or prescriptions), and
- Experiencing existing care options (e.g. Walk-in Clinic or in some cases a family doctor) as not adolescent-friendly, offering limited time with the care provider, and not always attuned or responsive to adolescent needs and concerns (Smith et al, 2014).

## What are the Students' Health and Wellness Needs?

Information on student health status and care-seeking is drawn from the student surveys, interviews with educators and health care providers, and the discussion groups with students at Barsby and Belmont schools. Relevant literature sources have also been cited.

### **Evidence**

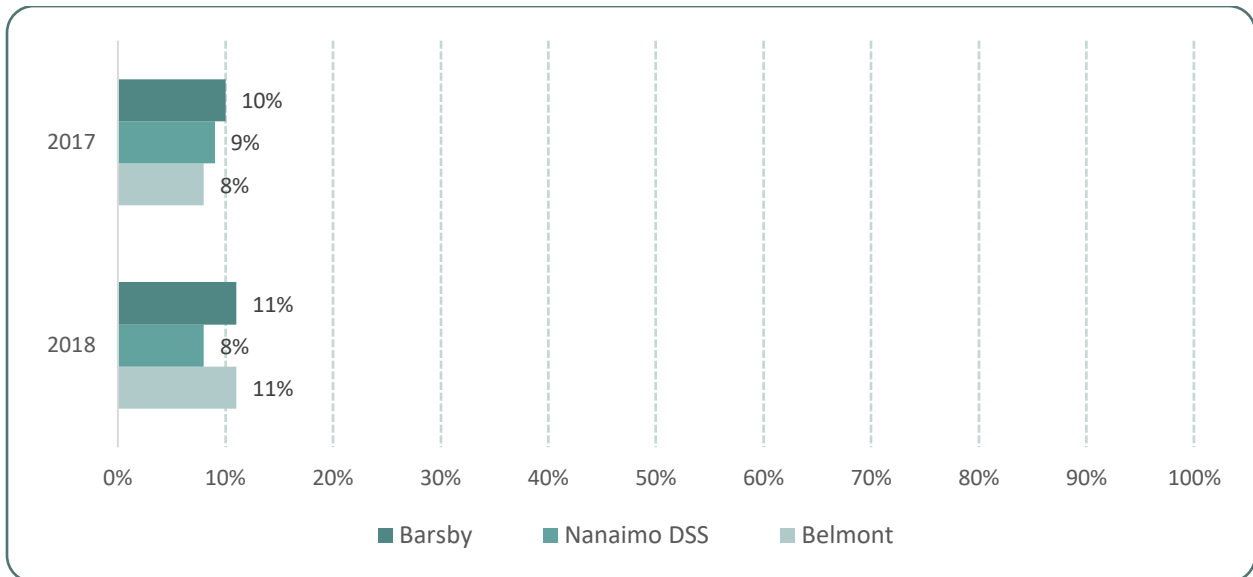
- Most BC students consider themselves as having “good” to “excellent” physical and mental/emotional health (Smith et al, 2014).
- Females aged 12 and over are more likely than males to experience extreme stress that prevented them from functioning properly (13% vs. 5%) (Smith et al, 2014).
- In 2018, almost 30% of students participating in the evaluation surveys rated their mental/emotional health as “fair” or “poor”. This rate is higher than that reported in the 2017 evaluation student survey, and much higher than the 19% reported in the McCreary Centre Society 2013 AHS survey.

## SELF-REPORTED HEALTH STATUS

As shown in **Figure 3**, the majority of students (80%+) in each school rated their physical and mental health as “good” or “excellent”, similar to that reported provincially in the 2013 AHS. However, 11% of students, or roughly one in 10 students rated their physical health as “fair” or “poor”.



**Figure 3: Percent of Students Rating their Physical Health as “Fair” or “Poor”, by Year, by School.**

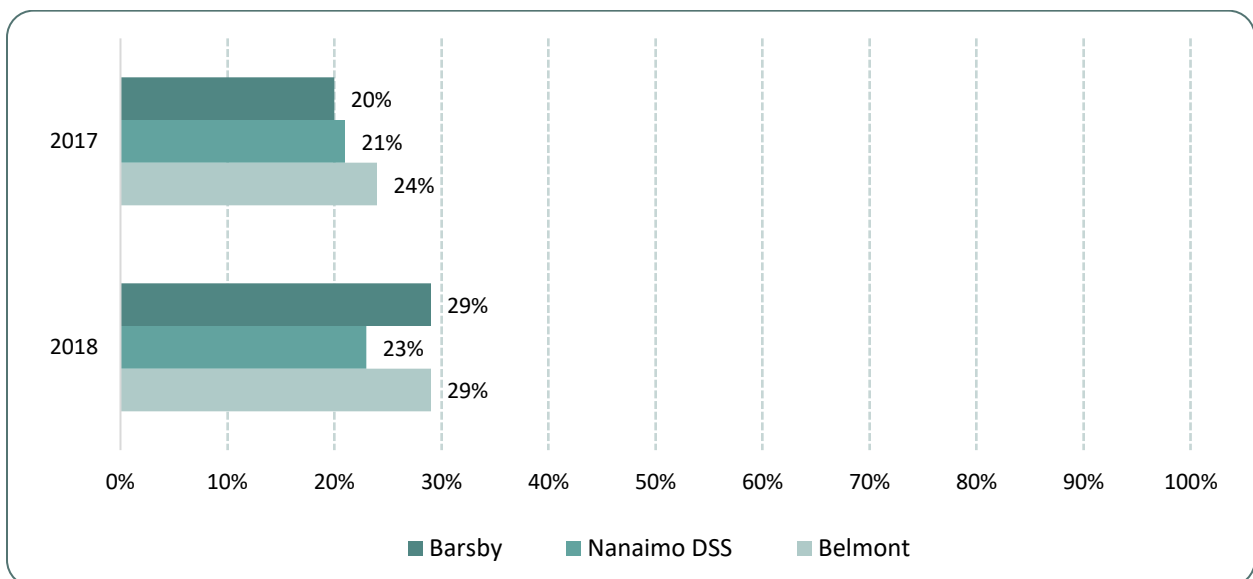


Source: 2017 and 2018 Evaluation Student Surveys.

Notes: Base is # of students responding “poor” or “fair” physical/mental health. 2017: Barsby (n=355), Nanaimo DSS (n=364), Belmont (n=764).

As can be seen in **Figure 4**, approximately 27% of students participating in the 2018 evaluation survey rated their mental/emotional health as ‘fair’ or ‘poor’. This is higher than the 22% reported in the 2017 student survey, and much higher than the 19% reported in the 2013 AHS survey. Longer-term monitoring is required to determine if this is a one-time finding or a trend. It is also worthwhile comparing these findings with the results of the 2018 Adolescent Health Survey when released.

**Figure 4: Percent of Students Rating Their Mental/Emotional Health as “Fair” or “Poor”, by Year, by School.**



Source: 2017 and 2018 Evaluation Student Surveys.

## SELF-REPORTED PROTECTIVE AND RISK BEHAVIOURS

Experimenting and risk-taking are a normal part of adolescent life and play a role in adolescent development (United States, 2018). Healthy growth and development is bolstered when adolescents have a range of protective behaviours/factors to mitigate the impact of risk behaviours and other risk factors, particularly those out of their control.

### Evidence

- BC students report making better life choices and engaging in fewer risk behaviours than in previous years (Smith et al, 2014).
- Protective behaviours in adolescence include health-enhancing behaviours such as attending school, healthier eating, engaging in physical activity and getting enough sleep (Smith et al, 2014).
- Youth who did not have an adult to talk to when there was a serious problem were less likely to agree that they usually felt good about themselves (55%) compared to youth who had an adult inside or outside their family (86%) to talk to when there was a serious problem. (Growing Up in BC -2015 p. 82).
- Preventing negative life outcomes among children and adolescents by having a caring and supportive relationship with at least one adult is extremely important for healthy development and for promoting resilience.
- Increased levels of connectedness were associated with reduced rates of depression and anxiety; and improved academic outcomes (Bond et al, 2007).
- Overall, 15% of the adolescents reported engaging in self-harm behaviour.
  - Self-harm, or injuring oneself on purpose without an intention to die, is increasingly common during adolescence, and typically used to deal with negative emotions, especially anger, depression and mixed emotional states (CMHA, 2016; Lovell et al, 2016; Laye-Gindhu et al, 2005).
  - Among BC students who self-harmed, more than a third (36%) did so six or more times in the past year: female students aged 14 or 15 years old were most likely to self-harm or have suicidal ideation (Smith et al, 2014).

Protective factors are those that build resilience and support students toward better health and life success, while risk behaviours can limit the student’s chance of life success. **Table 3** shows student response to a variety of protective and risk factors/behaviours<sup>4</sup>, and are compared with 2013 provincial rates from the AHS, where available.

<sup>4</sup> Students were presented with a list of 12 protective and risk factors/behaviours and asked “how often do you...” on a 5-point scale ranging from “not at all” to “always”, and “does not apply to me”.

**Table 3: Resilience-Student Self-Report Protective and Risk Factors, by School (2018) with Comparison to AHS Values (2013).**

	2018			2013
	Barsby	Nanaimo DSS	Belmont	Adolescent Health Survey
School Population (approx.)	770	1,350	1,433	-
No. of Students Responding	306	706	279	30,000
<b>Protective Factors</b>				
<b>How often do you...</b>	<b>% Always/ Sometimes</b>			
Attend classes	87%	95%	93%	N/A
Eat fruit and vegetables	85%	95%	92%	94%
Exercise/get physical activity	83%	91%	88%	75%+
Get enough sleep	72%	80%	80%	Males 31%+ Females 28%+
Seek help for difficulties in school	37%	39%	35%	N/A+
Seek help for stress and anxiety	24%	22%	26%	N/A+
Seek help for a chronic condition such as diabetes or asthma	9%	7%	6%	N/A+
Have an adult you can talk to if having a serious problem (% Yes)	86%	84%	86%	Males 76% Females 70%
<b>Risk Factors</b>				
<b>How often do you...</b>	<b>% Always/ Sometimes</b>			
Consume alcohol	19%	21%	12%	45-53% ever; 93% ever in past year
Smoke tobacco, e-cigarettes or vape	17%	17%	11%	21%
Use drugs recreationally (e.g. marijuana, Xanax)	13%	12%	9%	17%
Self-harm (e.g. cutting or burning)	5%	5%	7%	15%

Source: 2018 Evaluation Student Survey and McCreary Centre Society 2013 Adolescent Health Survey.

Notes: The percentage response is based on all students who participated in the survey.

“+” = not directly comparable as similar but different questions were asked on the two surveys.

### PROTECTIVE BEHAVIOURS/FACTORS

As can be seen in **Table 3**, students at Barsby, Nanaimo DSS and Belmont were more likely to report protective behaviours and factors than were BC students participating in the 2013 AHS:

- Almost all Barsby, Nanaimo DSS and Belmont students (87-95%) attend school regularly.
- The majority (72% or more) of students indicate that they eat fruit and vegetables, exercise or do physical activity and get enough sleep<sup>5</sup>.
- Thirty-five percent (35%) to 37% of students seek help for difficulties in school.
- More than 80% of students have an adult they can talk to if having a serious problem, which includes adults at the wellness centre.

### RISK BEHAVIOURS/FACTORS

The proportion of students reporting risk behaviours is generally lower than that reported in the 2013 AHS and other reports. This may be due to students' reluctance to report some risk behaviours, or it may be the true rate in this population group.

Students identified behaviours and life challenges that increased their risk of negative health, academic and social consequences. Among students at Barsby, Nanaimo DSS and Belmont:

- Between 5-13% reported they did not regularly attend class
- Between 20-28% reported they did not regularly get enough sleep
- Between 12-24% reported they consume alcohol, 11-17% smoked tobacco, e-cigarettes or vaped, and 9-13% have used drugs recreationally (e.g. marijuana, Xanax)
- Between 14-16% reported they have no adult in their life they feel "OK" talking to when they have a serious problem
- Between 5-7% reported self-harm behaviours such as cutting or burning themselves

Stakeholders from education and health sectors and wellness centre staff indicated that their experience with students led them to expect higher rates of smoking/vaping and recreational drug use than was reported by students. In addition, the proportion of students reporting self-harm behaviours (5-7%) is approximately half that reported in other BC student population estimates (roughly 15%). They perceived that students may under-report risk behaviours for a variety of reasons, including social desirability and the environment related to school-administered surveys; others commented that more sensitive measures may be needed in future.

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<sup>5</sup> Student perception of health behaviours are relative. For example, while 85-95% of students in this survey reported that they eat fruit and vegetables, a 2016/17 COMPASS report showed that only 2% of students met the recommended number of servings from all four food groups (Leatherdale et al, 2017).

## Student Access of the Wellness Centre

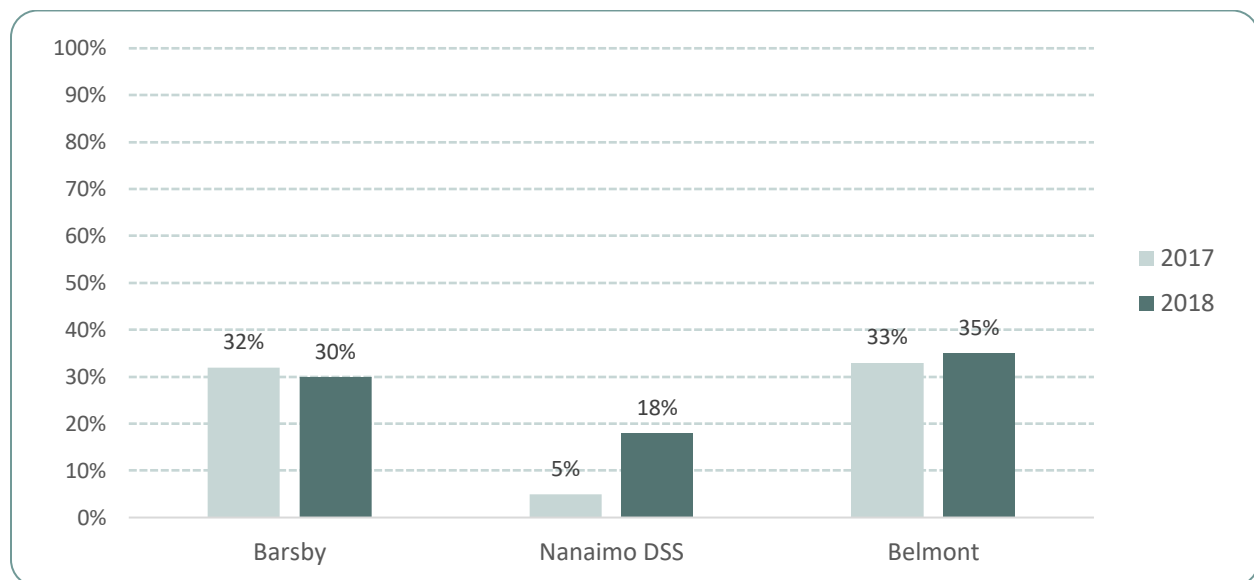
Wellness centre services address health and wellness needs of students, including information and supports on enforcing protective and mitigating risk factors under the student’s control.

The information in this section is drawn from the 2017/18 student surveys, and wellness centres administrative data. **Figure 5** draws on student survey data to show the percent of survey participants reporting they have used the wellness centres in 2017 and 2018.

Both survey data (**Figure 5**) and administrative data (**Table 4**) show that students are using the wellness centres:

- Approximately one-third of Barsby and Belmont student survey participants reported using the wellness centre at their school in both 2017 and 2018.
- Lower rates of utilization were reported by Nanaimo DSS student survey participants (5% in 2017, 18% in 2018). This can be attributed to service start-up, and fewer hours of service/lower levels of staffing than at Barsby or Belmont.

**Figure 5: Percent of Students Who Have Used the Wellness Centres, by School (2017 and 2018).**



Source: 2017 and 2018 Evaluation Student Surveys.

Students responding:

2017: Barsby (n=355), Nanaimo DSS (n=364), Belmont (n=764).

2018: Barsby (n=306), Nanaimo DSS (n=706), Belmont (n=279).

Wellness Centre users responding:

2017: Barsby (n=115), Nanaimo DSS (n=20), Belmont (n=251).

2018: Barsby (n=91), Nanaimo DSS (n=124), Belmont (n=97).

**Table 4** provides a snapshot of how students have used the wellness centre services at West Shore/Sooke (Belmont and Royal Bay) and Nanaimo (Barsby and Nanaimo DSS) over the past two years. Current statistics do not represent the full use of the wellness centres by students.

For example:

- Utilization statistics are collected based on the number of visits to the wellness centres and the primary category of the service provided. The number of unique students using the wellness centres is not reported.
- Statistics are not kept on the number of students who come to use the wellness centres as a safe space to relax and unwind. Staff report that, over time, many of these students establish trusting relationships with the staff and disclose mental, physical or sexual health issues that require support.
- Formal statistics are not kept on wellness centre staff outreach activities to engage students, ranging from visiting classrooms to organizing activities to draw students to the centre.
- Learning Alternatives students are included in the JBWS statistics for only the most recent year (2017/18).

As **Table 4** shows, wellness centre utilization was similar for Barsby/Nanaimo DSS and Belmont/Royal Bay for the school years 2016/17 and 2017/18:

- The wellness centres continued to attract new students (approximately 25% of visits in 2017/18), and service users were likely to return for subsequent visits.
- Visits are predominantly made by female students.
- Approximately half of the services were recorded in the physical health category, with relatively equal proportions of services recorded in the sexual health and mental health categories.
- Students most often visited with public health nurses, followed by doctors, nurse practitioners (at Belmont) and counsellors.

**Table 4: Student Utilization of Wellness Centre Services, by School (Sept 2016 - June 2018).**

	Barsby/ Nanaimo DSS		Belmont/ Royal Bay	
	2016/17	2017/18	2016/17	2017/18
Total No. of Visits	1,182	1,537	1,272	1,155
<b><i>New or Return Client</i></b>				
New Clients	16%	23%	35%	25%
Repeat Clients	84%	77%	65%	75%
<b><i>Gender</i></b>				
Female	82%	82%	72%	75%
Male	13%	17%	26%	24%
Other/Missing	6%	1%	3%	1%
<b><i>Primary Reason for Visit</i></b>				
Physical Health Visits	47%	41%	56%	51%
Sexual Health Visits	29%	29%	20%	26%
Mental Health Visits	17%	21%	25%	24%
Other/Missing	6%	9%	0%	0%
<b><i>Seen By</i></b>				
Doctor	23%	39%	25%	34%
Nurse Practitioner	n/a	n/a	22%	20%
Public Health Nurse	55%	47%	43%	34%
Counsellor (Ministry of Children & Family Development Mental Health Services; Discovery Youth & Family Substance Use Services; Tillicum Lelum Aboriginal Friendship Centre)	10%	14%	10%	12%
Other/Missing	12%	1%	-	-

Source: Island Health Administrative Data.

Notes: Physical health visits=illness or injury, immunizations and other.

Mental health visits=mental/emotional and/or substance use issues.

Sexual health visits=contraceptive management, condoms, sexually transmitted infections, pregnancy tests and other.



## HOW MANY STUDENTS USE THE WELLNESS CENTRES ANNUALLY?

Administrative data includes the number of visits to the wellness centres, but does not identify the number or percentage of students in each school responsible for these visits. The evaluation team ‘guestimates’ that at least 300 individual students per school visit the Barsby/Nanaimo DSS and Belmont/Royal Bay wellness centres each year.<sup>6</sup>

The evaluation team did not have access to information to quantify the proportion of wellness centre visits made by at-risk students, or to determine the proportion of students who were perceived to be at risk. Information from interviews with students, wellness centre staff, service partners, and educators is used to describe student needs and the contribution of the wellness centre(s) in addressing these needs.

Stakeholders view the wellness centre as providing an opportunity to connect with at-risk students then with the care and support they want or need to be able to cope with their life circumstances. It is clear that the wellness centre staff are a source of personal and school connection for some students, particularly those who have few or no outside supports. Staff can, and do, work collaboratively with the student, their personal support group and the network of community service supports to collectively address serious and complex socio-economic issues that students have little control over, and that challenge their ability to stay in school, to graduate or to achieve wellness.

## INSIGHTS INTO STUDENT UTILIZATION OF THE WELLNESS CENTRE(S)

- Doctors, public health nurses and other professional staff working through the wellness centres agree that the students who visit have legitimate health needs and are unlikely to access the services they need in other health care settings.
- Doctors have noted that the students they see at the wellness centre tend to have higher-risk profiles

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*“Some youth wait until a ‘breaking point’ (to seek help for mental health and anxiety) and some youth don’t... that’s why it’s so good to have the wellness centre in the school, because when a youth does finally decide to reach out for help, it’s right there.” ~Student*

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*“The benefits from being healthy and having a significant adult in your life is huge – emergency rooms and walk-in clinics can’t offer that to youth in a meaningful way.” ~Educator*

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*“Just having staff in there, whenever a youth wants to drop in is super important... most youth just want to feel heard, and sometimes just starting with something small (like talking to someone) can lead to a bigger effect on their well-being.” ~Student*

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*“The wellness centre provides... immediate services to students who otherwise may not seek medical or mental health attention.” ~Educator*

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<sup>6</sup> Using available data (% of annual visits by first-time users, % of students who reported visiting a wellness centre, and the total number of visits) we extrapolated to arrive at a ‘guestimate’ of approximately 300 students per site per year.

and fewer supports than those seen in other health care settings, including their own family practice offices.

- Public health nurses report that almost all of the students they see in the wellness centres have some form of mental/emotional health concern they are looking to address. This may be the reason for their initial visit, or be disclosed to staff at subsequent visits when a relationship has been established.
- Students, school and wellness centre staff report that student anxiety, depression and self-harm are at the forefront of their concerns regarding wellness.
  - Wellness centre administrative data show that approximately 80% of mental/emotional health concerns are managed by wellness centre staff (doctors, nurse practitioners, and/or public health nurses) and approximately 20% are referred to partners such as Ministry of Children & Family Development, Island Health Child, Youth & Family Mental Health Services and Discovery Youth & Family Substance Use Services, and Tillicum Lelum Aboriginal Friendship Centre programs (*data not shown in Table 4*).
- The student survey revealed that the wellness centres are serving populations of students who report serious health needs or concerns. For example, in comparison with students who do not use the wellness centres, those who do:
  - are more likely to rate their physical and/or mental/emotional health as “fair” or “poor”,
  - have higher risk profiles, and more frequently report that they smoke, consume alcohol, use drugs recreationally or self-harm, and
  - are seeking help for a chronic condition, or for stress and anxiety.

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*“We see a clear link between visits, relationship-building and more complex care.” ~Wellness Centre Physician*

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## **AWARENESS AND SATISFACTION WITH THE WELLNESS CENTRES**

Awareness of, and satisfaction with, the wellness centres are important in their potential to impact the likelihood of students visiting, and the support for the wellness centres within the school community.

## AWARENESS OF THE WELLNESS CENTRES

For students to use the wellness centres, they must first be aware of the centre and its purpose, then its ability to meet their and/or their friends' needs, and improve their sense of wellbeing.

Wellness centre and school staff undertake a number of strategies to make students aware of their wellness centre:

- Incoming students (Grades 8 or 9) are informed about the wellness centre during their school orientation.
- Signs are posted in high traffic areas (e.g. school bathrooms and hallways).
- Information is posted outside and inside the wellness centre indicating hours of service and the practitioners who are working that day.
- On occasion, teachers or school staff will refer students to the wellness centre.
- On occasion, medical staff and counsellors have been asked to speak to classes or groups of students on a particular topic.

The majority of students participating in the discussion groups agreed that the wellness centre is seen as a safe place, that *“everyone is nice there,”* and that it is well-known in the school. Their awareness extended to the services provided, including how youth can get mental health help by accessing counsellors, doctors and nurses. However, a group of senior grade male students stated that they did not know about the wellness centre, thought it was for birth control, and mentioned that *“people don’t talk about it much”* in their peer groups.

While multiple modes of communication are essential to raising awareness, students suggest that word of mouth (from a friend or school staff member) is the most common way that they become aware of the wellness centres.

## SATISFACTION WITH THE WELLNESS CENTRES

Satisfaction can be a preliminary indicator of program success, and can also provide insight into quality of care or services. In this evaluation, satisfaction with the wellness centres was assessed from a variety of perspectives – students, wellness centre staff, school staff, Island Health, SD 62 and 68 decision makers, as well as community service partners and stakeholders.

Overall, there is widespread satisfaction with the wellness centre(s) as demonstrated in the following summaries.

Almost all students (81-89%) who had used the wellness centres were very comfortable accessing care. They are satisfied with their experience of care, and:

- Like that the care is accessible, and staff are professional and helpful,
- Like that the wellness centre is safe and welcoming, and
- Like that their privacy is protected.

Those working in the wellness centre, including regular staff and service partners from other organizations are very satisfied with the experience of providing care. Comments such as *“I wish I could work like this in all my job settings”*, and *“I would have delayed my retirement if I had known this opportunity would come available”* are consistent with the enthusiasm expressed by almost all wellness centre workers interviewed. In general, they:

- Report immense job satisfaction,
- Are energized by working with youth in the wellness centre model of care and youth,
- Experience support and camaraderie through working with a “well-functioning multi-disciplinary team”, and
- Feel that they are making a difference in the lives of students.

Educators are pleased to have supports available to students, and:

- Recognize the importance of providing timely health supports for students,
- Express relief that they can call on a team of trained professionals when needed,
- Recognize the contribution of improved health to improved attendance and academic performance,
- Appreciate having trained professionals on site to support students, particularly those with mental/emotional health needs, and
- Appreciate that the wellness centre resources provide an alternative to expulsion for students who demonstrate behavioural issues or chronic absence due to illness, mental health or addictions issues.

School counsellors report that student use of the wellness centre means:

- they have less need to support students through personal and health crises,
- their job stress has decreased, and
- they have more time to focus on academic counselling.

Service partner and stakeholder organizations are supportive of the wellness centres, and:

- Express strong satisfaction with the wellness centres and their goals,
- Express continued support and enthusiasm for the wellness centres, and
- Enjoy (for the most part) working with the multi-disciplinary team and are enthusiastic about working in a holistic care environment providing services to students, particularly those focused on strengthening confidence, risk factor mitigation and early intervention.

## OTHER OPINIONS

The strong satisfaction does not suggest that there are not ‘growing problems’ or issues still to be addressed regarding the wellness centres and school environments. A small minority of interviewees expressed concerns with the wellness centres and their service model. For example:

- Not all professionals are comfortable working in the wellness centre model of care, particularly if they come from a work setting that is practitioner or family-centred.
- Some teachers perceive that some students ‘take advantage’ of the wellness centre to skip or avoid class.
- School counsellors and some teachers would like more consultation with wellness centre staff to develop a coordinated plan to support students during their time in school.
- Students most often disliked the limited times that various services were available.
- Students who had not used the wellness centres, were less likely to report feeling comfortable accessing care there, than were students who had (41-57% of non-users were comfortable vs. 81-89% of students who had accessed care at the wellness centres).

## B. Educational Achievement

### **Evidence**

BC Ministry of Education reports that:

- Secondary school graduation is one of the strongest predictors of life success and overall health outcomes.
- BC graduation rates (80%+ of students) are among the highest in Canada.
- Great advances have been made in academic achievement among Aboriginal students; however, they have the lowest rate of transition to Grade 12, and a lower rate of secondary school graduation.
- Grade progression declines around Grade 10 and continues through Grade 12.
- Eleven percent (11%) of Canadians aged 25 to 34 do not have a secondary school diploma (BC Ministry of Education, 2017a,b,c,d).

According to Statistics Canada:

- Canadians aged 25-34 who had not completed secondary school were twice as likely to report a disability as were those who had graduated: mental/psychological conditions were the most common disabilities reported.
- Young women who had not completed secondary school were more likely to be lone parents (20% vs. 10% of those whose highest academic achievement was secondary school graduation and to have had their children at a young age.
- Canadians 25-34 who had not graduated from secondary school faced lower employment rates, part-time or seasonal work in lower wage occupations, and fewer employment opportunities in economic downturns (Statistics Canada, 2017).

Educational success predicts good health, and disparities in health and in educational achievement are closely linked. Two of the indicators the Ministry of Education uses to measure educational achievement are secondary school graduation and grade-to-grade transition.

### **Secondary School Graduation**

BC's six-year graduation rate (84% in 2015/16) is among the highest in Canada; however, graduation rates for students in SD 62 and SD 68 have trended below the provincial average. Great progress is being made in graduation rates among BC Aboriginal students, particularly in SD 62; however, graduation rates for these students continue to trend below the provincial average (64% six-year graduation rate in 2015/16). Secondary school graduation provides an important indicator of academic success, but does not capture those who drop out of school, or those who take extended periods of time to complete secondary school. One educator noted the difficulties schools have with

tracking progress of students who experience challenges in academic achievement: “... are schools graduating the less capable, the more vulnerable students, or are they losing them?”

### Grade-to-Grade Transition

Grade-to-grade transition is an important marker of progress for students in the years prior to graduation. Provincial data from 2015/16 shows that almost all students (98%) are successful in transitioning from Grade 6 through Grade 9, and the rate for all groups decreases in the Grade 10 to Grade 11 transition (93%), and again in the transition to Grade 12. Aboriginal students have the same early grade-to-grade transition rate (approximately 98%), begin to decrease in Grade 10 to Grade 11, and have the lowest rate of transition to Grade 12 (82%).

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*“If the student’s physical health is a cause for missing school and isn’t addressed and/or they don’t know how to access services, they end up dropping out.” ~Educator*

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Educators and school administrators were most concerned about at-risk students of dropping out of secondary school. They were very aware of the students who begin leaving the school system at Grade 10, either because they are not required to be in school past age 16, or have left school for personal reasons. Teachers, principals and school district administrators were able to identify groups of students (approximately 3-6%) that they were concerned were at risk of drop-out. For the most part, these students were at risk due to factors beyond the school’s mandate or capacity to manage – factors such as mental health, behavioural issues, family responsibilities, poverty, homelessness, food insecurity and low connectedness with the school and/or peers.

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*“Students with severe anxiety have poor school attendance.” ~Educator*

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### Impact of Wellness Centres on Student Academic Achievement

Students attending discussion groups articulated a clear relationship between wellness centre services and improved educational achievement. They explained that the wellness centre can help them manage anxiety and depression, or to ‘rebound’ from the physical and psychosocial impacts of bullying – so they are less likely to skip classes, or to skip school all together. A few students noted that the wellness centres had helped them to manage their anxiety so they were able to attend class.

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*“With wellness centre supports, kids feel safer coming to school.” ~Ministry of Children & Family Development Staff*

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Educators frequently remarked on the importance of class attendance for educational achievement, or put simply “*students have to be in class to learn*”. **Table 5** details student perceptions of wellness centre impacts related to their academic achievement:

- Amount of class time missed if health care services were accessed elsewhere,
- Change in amount of class time missed as a result of using the wellness centre vs. travelling elsewhere, and
- Improvements in schoolwork.



**Table 5: Student Self-Reported Academic Impacts, by School.**

	2018		
	Barsby	Nanaimo DSS	Belmont
How many classes would you have missed today if you had gone somewhere else to see about your health concern?			
None or part of a class	29%	23%	29%
1 class – all day	48%	48%	52%
Don't know/no response	24%	30%	19%
Miss less school since coming to the wellness centre	26%	22%	33%
School work has improved since I have been coming to the wellness centre	6%	5%	13%

Source: 2018 Evaluation Student Survey.

When asked “How many classes would you have missed today if you had gone somewhere else to see about your health concern”, approximately one-third of students reported “no impact” or “minimal impact” on their availability to attend class. However, for half of the students, going elsewhere for care would have resulted in missing between “some” and “all” of their classes on that day. The proximity of the wellness centre provides an opportunity for students to minimize time away from the classroom.

Students (22-33%) reported that they had missed less school since coming to the wellness centre. This could be attributed to the proximity of the wellness centre, but also may be due to care impacts that resulted in improved physical or mental/emotional capacity to attend school.

Between 6-13% of students reported improvements in school work since they have been coming to the wellness centre. While it is assumed that improved physical and/or mental health, particularly lowered anxiety, will enable some students to improve their academic performance, this effect may not be immediate. Some students will resolve their concerns quickly and may focus attention on improved school work over a relatively short period of time. Those with more complex physical, mental or emotional concerns may experience a delayed impact as their attention necessarily turns to treatment/management of their health concern and may result in time away from school.

The finding that the wellness centres are helping students improve academic performance is an important and exciting outcome. Secondary school-based wellness centres support students to remain in school and graduate by:

- Supporting students whose physical or mental/emotional health hinders school attendance, academic achievement and graduation,

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*“We need to get students to the point where they can focus on the academics – mental and physical health issues are barriers that the wellness centre can address.” ~Educator*

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- Assisting students to access needed community resources, or intervening on the student’s behalf to advocate for appropriate solutions to problems beyond the control of the student. This may involve social workers and/or the Ministry of Children & Family Development to optimize living conditions for youth living in care,
- Supporting students who do not have a competent adult in their lives, or an adult they trust and feel connected to, in order to foster belonging and connectedness,
- Supporting students to avoid unwanted pregnancy, and/or to put the proper supports in place for a healthy pregnancy and academic success,
- Assisting students to develop the skills to deal with adversity and change that are a normal part of adolescence, and which may be heightened by factors beyond their control (i.e. skills to enhance resilience), and
- Minimizing time away from school to deal with physical or mental/emotional health issues.

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*“Kids need one healthy adult in their life – the wellness centre has professionals who can and will take the time to listen to the student and help with mental health issues.” ~Educator*

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Educators believe that the wellness centres provide a safe and helping space for students in the school, and provide students a new opportunity to connect with adults in the school environment. They also understand that mental health challenges, such as anxiety and depression, are factors that keep students from attending class or school. The wellness centres are perceived as a welcome resource in the school and a helpful place for students to access physical and mental health care.

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*“The wellness centre allows for a safe place for students at school. Keeping students safe at school makes for higher chances of attendance and graduation.” ~Educator*

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## C. Student-Reported Impacts

Students who had used the wellness centre were asked about changes in their health, knowledge, confidence and health-related behaviour. Students were asked to indicate the extent to which they agreed or disagreed with change statements in regard to their overall experience with the wellness centre<sup>7</sup>. These responses are reported below as the percentage of students agreeing with the statement.

### Improved Physical and Emotional (Mental) Health

The wellness centres are perceived as helping students to improve their physical and mental/emotional health, as can be seen in **Table 6**. These findings are not directly comparable to data on wellness centre utilization<sup>8</sup>. However, they do indicate that from a student perspective, the wellness centres are a positive resource for their health and wellness.

**Table 6: Student-Reported Physical and Emotional/Mental Health Outcomes, by School.**

	2018		
	Barsby	Nanaimo DSS	Belmont
The wellness centre helped improve my physical health	19%	20%	23%
The wellness centre helped improve my emotional (mental) health	17%	13%	20%

Source: 2018 Evaluation Student Survey.

### Knowledge

The holistic care provided through the wellness centre includes information on health promotion, disease prevention and individual health education pertinent to the student's health concern. The intent of these activities is that students will gain knowledge to assist them in managing and being an active participant in their own health and wellness. **Table 7** shows student responses to a series of questions that explore different aspects of knowledge gained through interactions through the wellness centre.

<sup>7</sup> Agreement was measured using a 4-point scale (agree/neutral/disagree/doesn't apply to me).

<sup>8</sup> Survey data is stated as the number/ percentage of students providing a particular response. Utilization data is presented as the number/ percentage of visits related to a particular care category. Administrative data does not indicate the number of students represented in the total visit count.

**Table 7: Student Self-Reported Impacts on Health Knowledge, by School.**

	2018		
	Barsby	Nanaimo DSS	Belmont
Got the information I need	48%	48%	45%
Know better what to do about my health	33%	30%	28%
Have learned that some of the things I do may cause my health problems	24%	29%	25%
Have learned how to better manage my health issues/problems	25%	19%	23%
Have learned some new health habits through my visits to the wellness centre	19%	17%	23%

Source: 2018 Evaluation Student Survey.

As can be seen in **Table 7**, students were most likely to agree that they “*got the information*” they needed, “*know better what to do about my health*”, “*have learned that some of the things I do may cause my health problems*” and “*learned how to better manage my health issues/problems*”.

Approximately 20% indicated that they had “*learned some new health habits through their visits to the wellness centre*”. These are positive findings to build on.

## Confidence

Confidence reflects a belief in one’s own ability, skills and experience. Supporting students to build self-confidence is an important aspect of building self-esteem and resiliency. In the context of health and wellness, as students gain confidence to participate in managing their health, they gain skills that support self-management.

**Table 8: Student Self-Reported Confidence Outcome, by School**

	2018		
	Barsby	Nanaimo DSS	Belmont
Am more confident about what to do	30%	24%	31%

Source: 2018 Evaluation Student Survey.

As seen in **Table 8**, in 2018, more than 25% of students agreed that, as a result of their interactions with the wellness centre, they were “*more confident about what to do for their health and/or wellness*”. Given the broad range of health issues and the complexity of issues students seek help for, this is a promising finding that suggests wellness centre staff are supporting students to find and use their own strengths in managing their health.

## Behaviour Change

There is a broad literature detailing multiple factors that impact human behaviour and our efforts to make changes. While knowledge is accepted as a precursor to action, it is well known that knowledge alone will not result in positive behaviour change. Students participating in the discussion groups understood this phenomenon, agreeing with a peer statement that *“we know what to do (for our health), we just don’t do it”*.

However, it is also true that changes are made, and that each success is a reinforcing factor for future behaviour change. In the 2018 evaluation survey, approximately 10% of students agreed with the statement ‘I have changed some of my behaviours as a result of coming to the Wellness Centre’ and listed changed behaviours related to healthier eating, safer sex, improved mental and emotional wellbeing and less anxiety.

These changes represent significant accomplishments for these students, and for those who provide support and encouragement for those making the change. Taken together, these findings indicate that secondary school students are obtaining the information they need to manage their health, have gained confidence in what they need to do, and some have followed through with positive changes that will improve their health and wellness.

## D. Wellness Centres Build Health and Education Capacity

Core processes in the wellness system model of care help build capacity in the health and education systems. Through wellness promotion and building resiliency in students, and boosting health literacy and student agency skills, wellness centres prepare students to take an active and informed role in their care and decision-making. Through support for wellness in the school community and for comprehensive school health, the wellness centres and public health staff increase the capacity of the education system to integrate wellness into curriculum and school environments.

### **Key Concepts in Wellness and Resiliency**

The World Health Association recognizes both health and mental health as important facets of wellness. Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1948). Mental health is defined as a state of wellbeing in which every 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 community (WHO, 2014).

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means ‘bouncing back’ from difficult experiences (American Psychological Association, 2018).

Social connectedness refers to the relationships people have with others and is integral to wellbeing... Relationships give people support, happiness, contentment and a sense they belong and have a role to play in society. They also mean people have support networks in place that they can call on for help during hard times (NZMSD, 2016).

### **Promoting Wellness**

There is widespread recognition that the adolescent years are fraught with challenges related to adapting to physical changes, body image, peer and romantic relationships, building and testing new skills and pressures for successful transition to adulthood. Some students thrive under these pressures; however, many experience anxiety and a drop in self-esteem as they navigate these complex years. Support for youth wellness involves building resilience, strengthening social connections, and building on their understanding of wellness to support holistic health.

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*“Students suffer from anxiety, isolation, and loss. They need supports to cope, and they also need help to find hope to build resiliency and decrease chance of self-harm.” ~Community Partner*

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Students participating in discussion groups at Barsby and Belmont schools described wellness as *“incorporating physical and mental health, and most importantly a balance between the two.”* The terms mental health and wellbeing are discussed interchangeably, and there is an overall

positive perception of both concepts. Students also identified behaviours related to nutrition, physical activity and sleep as important contributors to their wellness.

Wellness centre staff take a holistic approach to the student and their health and wellness concerns, and build health promotion and teaching into each interaction. Students are supported to take initiative in learning about and managing their wellness concerns, and to build skills in decision-making. This can involve access to information through the wellness centre library, on-site Internet, or discussion with staff. Reinforcing known wellness information, and providing support for implementing associated behaviours helps to move the student from “I know it all, I just don’t do it” to a more active stage of change.

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*“Kids self-medicate for stress and pain. The wellness centre provides the chance to teach them healthy ways to manage.” ~Educator*

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Life experiences that build confidence and self-esteem boost resilience. Resilience can be rooted in personal assets, health-enforcing behaviours, family, and relationships. Culture and community also provide a strong grounding for resilience. BC First Nations recognize that their legacy of resilience builds on strengths, for example Aboriginal ways of knowing and being, connection to land, culture, language, community, and family balance (First Nations Health Authority, 2014).

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*“A cultural component [to care] is essential: without it urban indigenous youth would feel the barriers.”  
~Community Partner*

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Educators and wellness centre staff describe building resilience as an important facet of their approach to working with students. They describe this as “*finding their strengths*”, “*building their confidence*”, and “*building relationships of trust*”. Connectedness, or a sense of belonging boosts resilience and is an important factor in healthy adolescent development, and in students feeling safe and engaged in school environments. A strong theme running through this study is the recognition of the strength and resiliency of students, particularly those who maintain their school connectedness and academic pursuits through difficult personal circumstances. Increasing school connectedness through strong relationships to staff helps students to feel that they matter, and maintain their link to school attendance, academic success, and graduation.

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*“[The wellness centre]... Fosters connectedness... it provides a connection to the school – everyone needs connections to feel they belong.”  
~Educator*

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The comments provided by educators, community partners and wellness centre staff illustrate a variety of perspectives on the need for a focus on wellness and strengthening resiliency, and the impact of the wellness centres in this regard.

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*“Youth need confidence to thrive in the post-high school world. We can support this by building resiliency, student agency, and supporting student growth and development.” ~Wellness Centre Staff*

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## Improving Student Capacity for Appropriate Use of Health Services

### **Key Concepts**

#### **Health Literacy**

*Health literacy... is 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* (Rootman et al, 2008).

#### **Agency**

Agency is the capacity and propensity to take purposeful initiative—the opposite of helplessness. Young people with high levels of agency do not respond passively to their circumstances; they tend to seek meaning and act with purpose, to achieve the conditions they desire in their own and others' lives (Ferguson et al, 2015).

Wellness centre staff integrate concepts of health literacy and agency in their interactions with students as they engage them as a partner in their care. Students are supported to increase their capacity and confidence in building wellness, preventing illness, managing their health and practising self-care. They are supported to apply health literacy skills to make decisions and take action to manage their wellness and health.

In the wellness centre model, students are responsible for making their own appointments with wellness centre staff, following through with any necessary tests, X-rays or consultations, and for scheduling repeat visits as agreed upon. Through these processes, students become aware of the many relevant health and social services in the community, and increase their confidence in knowing when and how to seek care. In building knowledge of the current health system, understanding how to use health information to make responsible care decisions now, and participating as an active partner in their own care, students build the skills to make appropriate health service choices now and in the future.

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*“The Wellness Centre is helping us graduate kids with a better knowledge of how to look after themselves with health and wellness literacy.”*  
~Educator

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*“Over time, kids are better prepared to navigate the world and manage their health and wellness.”* ~Educator

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*“Agency is supported by having ‘youth-friendly’ staff who are easy to talk to, [who] listen, [who] treat students as capable adults, [and who] give them responsibility for getting tests done and follow-up.”* ~Wellness Centre Staff

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## Supporting the School Community and Comprehensive School Health

Comprehensive school health is a partnership-based program that seeks to engage all members of the school community to work together to make the school the best possible place to learn, work and play. In BC, comprehensive school health programming is supported by the *Healthy Schools BC* initiative, and features roles for education and public health staff as well as community partners. School-based wellness centres are a leverage point for enhanced education, health and community sector relationships, which create new opportunities to enhance wellness in the school community and environment.

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*“The wellness centre creates a whole community feel to the school: it is a positive and important addition to the school.” ~Educator*

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Comprehensive school health strategies are in early stages of planning and implementation in School Districts 62 and 68: resources have been added to move this agenda forward in partnership with public health and other community partners. School District 62 is also implementing mechanisms to obtain advice and collaboration from the community.

At the same time, BC’s education sector is transforming its approach to learning through a new K-12 curriculum focused on engaging students in their own personalized learning, and fostering the skills and competencies students will need to succeed in life (BC Ministry of Education, 2017a). The goals of the new Physical Health and Education curriculum are consistent with those of the wellness centres; including building knowledge, skills and strategies that enable students to become healthier and improve their mental wellbeing and decision-making capacity. These shared goals provide timely starting points for integrated health literacy and wellness strategies at individual, group and school population level.

Collectively, these actions and resources provide a foundation for increasing the impact of the wellness centres on the school community, including *Comprehensive School Health*.

## E. Sustainability

The information in this section is drawn from previous sections of this report, key informant interviews and relevant citations from the literature. Sustainability is discussed in the context of the existing wellness centres, and within the context of system-wide sustainability to support a scale-up or spread of the wellness centre strategy.

The wellness centre models were built with sustainability in mind. The wellness centre strategies are embedded in health and education policies, linked to ongoing Ministry initiatives for primary care and mental health services delivery, and supported by student input and participation. These deep roots both contribute to the sustainability of the wellness centres, and provide impetus for taking next steps to enhance their leadership and operations.

The importance of collaborative partnerships in the wellness centre model cannot be overstated. There is a growing literature to guide the development of successful collaborations (for example Majumdar 2006; Collaboration for Impact, no date; Wei-Skillern 2013; Senge et al, 2015). While the complexity of the models varies, a core set of elements are consistently identified as necessary for success:

- System leadership,
- Shared understanding of the problem and a shared vision of success,
- Clear and open communication, including developing a shared vocabulary necessary to identify and address common goals,
- Commitment on the part of participating organizations to mutual understanding, respect and trust, and
- Concrete, obtainable goals and a mechanism to measure and report on these.

Collective impact theory provides some guidance on how organizations can work effectively to achieve common goals. One important lesson learned is that progress is rarely linear, and most often cycles between periods of exploration, creative destruction, development and maturity.

This evaluation shows that the Barsby/Nanaimo DSS and Belmont/Royal Bay wellness centres have been successful in creating a student-friendly culture that encourages utilization, and results in satisfaction among students, wellness centre staff, educators and community stakeholders.

This discussion on themes that enhance sustainability, builds on existing successes and strengths of the wellness centre partners and service, while recognizing the rapid pace of change that has been undertaken to establish and grow the wellness centres over the past two or three years. The suggestions that follows are meant to be tempered against local wisdom regarding priorities and the pace of change that can be accommodated by the wellness centres. In all areas, significant ground work and/or achievements are in place, and the suggestions are primarily enhancements to existing structures and procedures.

## Systems-Level Sustainability Considerations

System-level supports to all wellness centres create conditions for supportive policy, enhanced planning, and consistency in key operational matters. Securing of stable funding, development of effective leadership models, and improvements in linkages to formal systems, health information systems, clinical leadership, data collection and analysis together support decision-making and progress toward intended outcomes.

### STABLE FUNDING

As a first step to sustainability, wellness centre organizational partners, funders and champions must make a longer-term commitment to the stable funding and resourcing of the wellness centres.

### SYSTEMS-WIDE LEADERSHIP AND CLINICAL OVERSIGHT

In addition to local leadership (discussed later), wellness centre partners and stakeholders should determine the appropriate structure and composition for regional or systems-wide leadership and clinical oversight. In the early stages of JBWC development, doctors working in the Barsby Wellness Centre were supported by Dr. Wilma Arruda, the Island Health Medical Director for Child, Youth and Family, a pediatrician and one of the driving forces behind the establishment of JBWC. Public health leaders and nurses provided practice supports and oversight to wellness centre nursing staff. With the expansion of wellness centre service sites and student volume, regional clinical leadership and professional oversight needs should be examined to determine best models for support. As wellness centre locations grow, there is a need for youth-specialized medical and clinical leadership to oversee and support all wellness centre sites.

Moving forward, consideration should be given to exploring further partnerships and collaboration with organizations that are successful in engaging underserved groups, including male students, Aboriginal students, and students from local cultural communities. Establishing such partnerships would serve as a strategy to expand the reach of the wellness centre to underserved populations. Consideration should also be given to collaborating with technology and information partners to bring cost-effective, easy access self-serve information to students who are not using the wellness centre. For example, the provincial *Foundry*<sup>9</sup> program has a well-funded backbone infrastructure that includes age-appropriate web-based mental health information and tools, as well as knowledge transfer and research/ innovation platforms.

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<sup>9</sup> For more information on the *Foundry* program, see <https://foundrybc.ca>

### **LINKAGES TO FORMAL SYSTEMS SUPPORTING ADOLESCENT HEALTH AND WELLNESS**

BC has a multitude of ministries, programs, professional organizations and practitioners working to improve adolescent health and wellness, address social and developmental inequities, and enhance educational achievement for students. Leadership councils should develop mechanisms to establish and nurture formal relationships with these actors to enhance integration and leverage resources.

### **ELECTRONIC MEDICAL RECORD AND HEALTH INFORMATION SYSTEMS SUPPORT**

The wellness centres use Island Health information systems which provide privacy and confidentiality of personal health information. However, their record-keeping and charting is manual using paper charts, which are cumbersome in an integrated multi-disciplinary team environment, and for staff working off site. Paper records create a barrier to efficient communication and care, and present patient risks if the needed information is not available. A shared electronic medical record (EMR) is needed to support the effectiveness and efficiency of the multi-disciplinary teams, and to help recruit staff who are not familiar or comfortable with paper charts.

### **FOCUS ON IMPACT – DATA TO INFORM DECISION-MAKING**

Data is important in understanding the behavioural, social and academic outcomes of the wellness centres, and to be able to articulate the success and benefits to funders and potential partners. Particularly at the strategic level, decision-makers need access to relevant information that will assist them in longer-term planning, and in monitoring alignment with new and emerging initiatives. In 2017/18 the Nanaimo and Western Communities/Sooke wellness centres collaborated to develop a basic and standardized data collection template for reporting on student utilization of the wellness centres. In the course of this evaluation, additional opportunities have been identified to provide enhanced management information. Going forward, the findings from this evaluation may be useful to wellness centre leadership and partners in their work of determining a core set of multi-sector data needs, and related work regarding collecting and reporting on same. Data collection and data entry support is required to overcome competing demands on staff for service provision and data collection. Analytic support is required to ensure administrators have access to data at a level of detail and comparison needed for decision-making.

## Local Wellness Centre Sustainability Considerations

### BUILDING AND LEVERAGING PARTNERSHIPS AND COLLABORATION

The JBWC is the result of multi-year efforts by champions and community partners to establish a youth-friendly model of care with the potential to increase secondary school graduation. Partner contributions in strategic thinking, resources and influence are the cornerstones on which both JBWC and Belmont have been built. Building and leveraging strong partnerships and collaborations are important aspects of creating community support for the wellness centres, is an important part of remaining relevant, and of sustainability. All partners should be involved in recognizing, celebrating and communicating their individual and collective achievements.

### LOCAL LEADERSHIP

The Barsby/Nanaimo DSS and Belmont/Royal Bay wellness centres have evolved with separate but similar leadership structures comprised of local partners and stakeholders, wellness centre staff and regional or program senior managers, and a student voice. Leadership success to date is largely attributed to a shared passion for youth, an enthusiasm for the wellness centres and a commitment to working together to achieve success. This is a defining strength of the leadership teams and should not be undervalued.

### LOCAL DECISION-MAKING AND ACCOUNTABILITY STRUCTURES

Leadership groups for both wellness centres have functioned with a high degree of congeniality and good will, and consensus decision-making has been the norm. Leadership participants recognize that there is a need to ‘firm up’ decision-making and accountability structures in the future, and enhance clarity on the mandates, roles and responsibilities of the different partner organizations relative to the wellness centres. At the leadership level, this clarity makes it easier for partners to understand how their skills and resources can be used to strengthen the model and the leadership team. As one key informant noted *“The current model has worked well so far, but I don’t know what we would do or who would decide if we ran into serious conflict”*.

### SUPPORT FOR STUDENT VOICE IN LEADERSHIP AND OPERATIONS

Wellness centres have worked to maintain relevance by including students in the planning and design of the wellness centre space and services, and on the leadership teams. Student involvement provides the opportunity to reflect student needs and expectations within leadership and operational decisions, as well as the opportunity to maintain relevance within the local school and broader community.

## LOCAL RESOURCES TO SUPPORT LEADERSHIP TEAM

The leadership committees require staffing to prepare materials, document and implement decisions and support the committees to function efficiently and effectively. To date, this has been a distributed function and often managed, as one leader aptly stated, “*off the corner of desks*”. Dedicated support staffing is also important if the existing leadership group is given a role in sharing learnings to new sites during a scale-up or spread situation.

## COMMUNICATION

Communicating key messages and the successes and challenges of the wellness centres is an important part of sustainability. Funders and partner agencies need to understand the value from their investment of influence and resources to the wellness centres, and may also be in a position to mitigate factors that pose challenges. To date, informal communications structures and processes have been put in place with leadership council members reporting back to their stakeholders and bringing information to the tables. An enhanced communication strategy with dedicated resources to deliver consistent and focused messages to local and provincial stakeholders is important to the long-term success of the wellness centres and improves program sustainability.

## OPERATIONAL CLARITY OF MANDATES, ROLES, AND MODEL OF CARE WITHIN THE MULTI-DISCIPLINARY TEAM

Wellness centre staff have noted that overlapping mandates have worked well in serving the complex and, at times, poorly defined needs of students, and have contributed to the feeling of working as a team. However, team members and staff from partner organizations would benefit from an understanding of roles and boundaries within this new model of care. In particular, all staff (internal and external) working in the wellness centre must be committed to the non-judgemental, student-centred model of care delivered by multi-disciplinary teams.

## OPERATIONAL SUPPORTS

Island Health has appointed clinical managers to oversee wellness centre operations. They have identified specific supports that would improve operational and management effectiveness in the wellness centres:

- Regular and crisis-oriented debriefing processes are needed to support staff working in this environment. Wellness centre and school staff encounter tragic, high-tension and challenging situations in their efforts to assist students. One wellness centre staff commented that “*the amount of mental health issues is heartbreaking*”.
- Team-building supports (relational and operational) would assist staff in the efficiency and effectiveness of their work.

### **ENHANCED INTERFACE BETWEEN THE SCHOOL AND WELLNESS CENTRE**

Wellness centre staff and educational staff identified needs and opportunities to support collaboration on shared goals.

- Scheduled time is needed to build relationships with, and develop a process to share information between, wellness centre and school staff, particularly regarding privacy, safety and collaboration.
- Scheduled time is needed for public health, wellness centre and school staff to work together to clarify roles and support an overall population wellness strategy for the school community.
- Leadership needed to improve capacity for joint Wellness Centre/School Health and Wellness strategies.

### **ENSURE YOUTH-ACCESSIBLE LOCATIONS**

To date, schools have provided space for wellness centre operations, and educators strongly recommend the use of non-educational space to avoid competition for use. Going forward, implementation of the new curriculum, changes in class size, changes in wellness centre demand, and opportunities arising from the community may create opportunities to further embed the wellness centre in schools and other youth-friendly spaces. Special care must be taken to ensure that these spaces are accessible to students.

## F. Social Return on Investment

Social Return on Investment (SROI) is a systematic way of incorporating social, environmental, economic and other values into decision-making processes. By helping reveal the economic value of social and environmental outcomes, it creates a holistic perspective on whether ... a project or social business or enterprise is beneficial and profitable (Salverda, n.d.).

This social return on investment (SROI) analysis considers the financial value of the costs associated with a core set of activities offered through the Barsby and Belmont wellness centres. The analysis compares identified wellness centre outcomes against the estimated financial value of broader health and societal benefits.

Based on a review of the literature on SROI and similar studies, an approach that consists of five phases was developed:

1. Mapping outcomes (and alternative outcomes)<sup>10</sup>
2. Valuing outcomes (identifying financial proxies)
3. Establishing impact (gathering data on direct outcomes)
4. Calculating SROI (as direct outcomes and social investment)
5. Reporting, using, and embedding SROI (ongoing)

The SROI used the wellness centre evaluation's theory of change to identify key outcomes for the analysis. Potential outcomes for the SROI analysis were drawn from several sources. These included the framework's Logic Model, Evaluation Matrix, 2017 Student Surveys, the McCreary Centre's most recent BC Adolescent Health Survey (2013), and the BC Guiding Framework for Public Health. In addition, four recognized experts reviewed the draft materials and provided guidance regarding priority outcomes for student wellness. Potential financial proxies were drawn from existing databases and other reviewed sources.

*Additional detail on this SROI analysis can be found in **Technical Appendix 8**.*

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<sup>10</sup> Alternative outcomes can be used to identify proxy measures in SROI analysis where direct costs and benefits are not measurable. In other words, an alternative outcome is the outcome that would be expected in the absence of an intervention.



## Choice of Outcomes and Financial Proxies for the SROI

Wellness centre activities, outputs and alternative outcomes (or shadow costs<sup>11</sup>) were selected related to four key outcomes:

1. Better physical health.
2. Healthier habits and behaviours.
3. Improved mental health and wellness.
4. Improved educational outcomes.

As detailed in previous chapters, the wellness centres provide a broad variety of health education, health promotion, early identification and intervention services to students. However, few of these have been monetized in the literature. Nonetheless, records available to the evaluation team provide some description of specific services that have been assigned social costs in the literature.

### Choice of Outcomes and Related Alternative Outcomes

The choice of outcomes for the SROI reflects the depth of information available on the nature and outcome of wellness centre interventions, and the availability of financial proxies for many of these interventions. In this analysis, alternative outcomes are expressed as the outcome expected in the absence of wellness centre activities and interventions.

Physical health is an important focus of wellness centres, and improves a student's chance of succeeding academically and socially. Vaccination is an important health intervention that helps protect individuals and populations from the risks and complications of a variety of communicable diseases. Some vaccine-preventable diseases can spread quickly among non-immunized students in a school environment, including those who cannot be immunized for health reasons. Poorer health outcomes, ranging from short-term illness to disability and death can be avoided by proper immunization.

Healthy lifestyle choices are an important factor in improving personal health, and in avoiding a range of lifestyle-related chronic diseases. General and personalized health information and support for healthy lifestyle choices<sup>12</sup> assist students to develop lifelong habits that will improve their health and reduce their chance of developing lifestyle-related chronic disease (e.g. diabetes, heart disease, lung disease). Poor lifestyle choices can be expected to lead to an increase in chronic disease.

The mental health and wellness of students is widely recognized as an important factor in scholastic and life achievement. Previous chapters detail the breadth of wellness centre activities, interventions and personnel to identify and manage mental health issues. Without these interventions, it is

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<sup>11</sup> Shadow costing is a process that allows assignment of financial proxies for the value of financial and social inputs and outcomes that are not formally monetized.

<sup>12</sup> These include nutrition and weight management, physical activity, adequate sleep and responsible alcohol and substance use.

expected that there would be a greater number of undiagnosed and untreated mental health issues, and higher rates of suicide among students.

The provision of low-barrier, easily accessible school-based health and wellness services gives students the opportunity to address health and wellness concerns while minimizing school absence. Students who spend less time away from school to attend to health needs, and are healthier because of easy access to skilled health professionals, have a higher probability of staying in school and of improved educational outcomes.

### **Choice of Financial Proxies**

Financial proxies were assigned for each of the alternative outcomes based on estimated costs appearing in the published literature.

### **Establishing Wellness Centre Impacts**

The SROI for the wellness centres is based on an estimate of 300 individual student users per site per year in 2016/17 or 2017/18. The ‘Outcomes and Financial Proxies’ table (found in **Technical Appendix 7 (SROI Appendix 1)**) describes the health outcomes and associated costs included in the analysis, and links these to the wellness centres utilization data.

### **SROI Findings and Discussion**

**Table 9** shows alternative outcomes that could be expected in absence of the wellness centre interventions, and an estimate of the number of students needed to achieve these outcomes in relation to the social value costs. The choice of outcomes was driven, in part, by the availability of reliable cost return valuation, which resulted in exclusion of contraception and sexually transmitted infection from this calculation.

**Table 9: Social Value Calculation – Program Costs and Social Return on Investment**

Alternative Outcomes	No. of Outcomes Per Year Included in the Analysis	\$ CDN Value (With 3% discount)*
Unvaccinated student(s)	Estimate 50 students per site	\$19,478
Students maintain poor lifestyle choices related to a) obesity, b) alcohol use, c) smoking or d) loss of sleep	Estimate 1 student per site per lifestyle choice outcome	\$819,078
Untreated mental illness, increase in student suicide	Estimate 1 student per site every one year (untreated mental illness) or two years (student suicide)	\$2,013,645
Students drop out of secondary school	Estimate 1 student per site	\$429,069
	Social value created on selected outcomes	\$3,281,270
	Program investment for 2017/18 <u>per site</u> (approx. staff costs for 12 months)	\$395,000
	Social return on investment ratio	1 : 8.31

Source: See **Technical Appendix 7** for detail on information sources in this table.

Notes: \*=the \$ value attributed to the annual number of outcomes may be realized over 15 to 20 years, depending on the outcome. This factor is accounted for in the financial proxies chosen.

The SROI was conservatively estimated in the following ways:

- Made use of only those outcomes for which financial proxies were readily available,
- Estimated most financial values based on one student (while the evaluation findings support the possibility of numerous students avoiding the alternative outcomes), and
- Limited the scope of mitigated health care costs that were included in the analysis. For example, there was no evaluation of mitigated costs regarding illness/injuries, teen pregnancies, undiagnosed sexually transmitted infections or shorter hospital stays.

The SROI analysis shows that the school-based wellness centres provide significant social return on investment.

**For every \$1 in staff costs per year, \$8.31 of social value is created.**

## G. Wellness Centre Planning and Operations

Wellness centres are multi-sectoral, multi-disciplinary initiatives that unite communities in a partnership around a common youth wellness agenda. This chapter offers some guidance on starting a wellness centre with a focus on 4 steps:

1. Establishing Strong Partnerships.
2. Establishing Strong Wellness Centre Governance and Leadership.
3. Planning for a School-Based Wellness Centre.
4. Staffing the Wellness Centre.

### Step 1. Establishing Strong Partnerships that Ensure Success

The first step in envisioning a wellness centre is to convene relevant organizations and champions to determine the need for, and scope of, the initiative and assign partner roles for moving forward. Wellness centre partners can be expected to vary by community, reflecting those partners sharing the vision for youth wellness, as well as for individual community needs and resources. The information below, illustrates the contribution of wellness centre partners at the planning, service delivery and governance tables of the existing wellness centres, and how partnerships have been essential to the success of the existing wellness centres.

By working together, the partners enhance their understanding of the strengths and limitations of each organization, and have leveraged this information to support creative problem-solving and service innovation. For example, start-up of the JBWC was made possible through partner actions:

- ✓ School District 68 donated non-teaching space for the wellness centre.
- ✓ Island Health public health relocated youth-oriented program staff.
- ✓ The Nanaimo Division of Family Practice leveraged funding through the Doctors of BC A GP for ME initiative to support the implementation of the JBWC at start-up and the provision of physician and evaluation services.
- ✓ The Tillicum Lelum Aboriginal Friendship Centre, Ministry of Children & Family Development Mental Health Services and Island Health Discovery Youth & Family Substance Use Services co-located counselling staff within the JBWC, which expanded the scope and cultural safety of services provided by physician and public health nursing staff.

Partners also bring valuable information to the leadership tables regarding community perceptions and feedback on the wellness centres. Important lessons learned ‘on the ground’ have contributed to the strength and community knowledge that underlies the service model: maintaining these strengths is an important part of remaining relevant in the school and community, and being sustainable.

## ADOPTING A SHARED VISION AND APPROACH TO CARE

The school-based wellness centres in the Nanaimo area and Victoria West Shore/Sooke area are the result of multi-year efforts by champions and community partners to establish a youth-friendly model of care with the goal of increasing secondary school graduation by improving physical, mental and emotional wellbeing, and supporting the creation of healthy, empowered and resilient youth.

While wellness centres will develop and evolve based on student and community needs and resources, they operate with a shared vision and approach to care, as illustrated in **Figure 6**.

**Figure 6: Wellness Centres Shared Vision and Approach to Care.**



Source: Wellness Centres Logic Model.

## Step 2: Establishing Strong Wellness Centre Governance and Leadership

### GOVERNANCE

Each wellness centre has a structure that supports governance, strategic decision-making and stakeholder relations. Leadership committees that are comprised of leaders from health, wellness, education, service partner and community organizations provide governance and strategic decision-making relative to the wellness centre. Committee members also act as liaisons to their respective organization and stakeholders. The implementation of decisions is assigned to the most responsible partner or organization.

### REGIONAL AND PROGRAM LEADERSHIP

When multiple wellness centres are located in a region, it is helpful if they are considered as a program, with consistent clinical and operational supports and leadership. Regional leadership could also provide support for change management that is consistent with building strong multi-disciplinary care teams.

### LOCAL CLINICAL LEADERSHIP

Clinical leadership positions that are specific to each wellness centre could include:

- ✓ a nurse leader who supports the day-to-day nursing and wellness centre operations, and
- ✓ a medical lead who supports day-to-day physician responsibilities and operations.

## Step 3: Planning for a School-Based Wellness Centre

### DEVELOPING MUTUALLY SUPPORTIVE POLICIES AND PROCEDURES

Prior to opening the wellness centre, health and community service providers should consult with school administrators and staff to develop practical operational guidelines and procedures that support students and wellness centre staff who are providing service in a secondary school environment. Topics may include:

- ✓ Identifying who may use the wellness centre and when it can be used.
- ✓ Creating a welcoming safe space where students have an opportunity to experience the wellness centre and get to know staff before disclosing health and wellness concerns, while also discouraging students from ‘hanging out’ to avoid classes.
- ✓ Dealing with missed class time when a student attends the wellness centre.
- ✓ Providing parents with information on the wellness centre (the existing wellness centres have provided information through the schools’ Parent Advisory Committees).
- ✓ Clarifying responsibilities for managing sports and other injuries acquired at school.
- ✓ Clarifying protocols and responsibilities for violence, self-harm and/or suicide situations.



- ✓ Addressing student privacy, information-sharing and parent notification.
- ✓ Ensuring compliance with health information privacy, confidentiality and record keeping standards (e.g. the use of Health Authority computer systems and information sharing structures rather than those of the school or co-located space).
- ✓ Establishing an independent identity for the wellness centre within the school.

### CHOOSING PHYSICAL SPACE FOR THE WELLNESS CENTRE

With service partners and initial resources for the wellness centre in place, planning the actual space comes into focus. The location and design of the space will directly affect wellness centre operations. Some things to consider when choosing the location of the wellness centre in a school include:

- ✓ Establishing the wellness centre in non-teaching space within the school to avoid being displaced by educational needs.
- ✓ Selecting physical space that respects student concerns about privacy and confidentiality. For example, locate the centre away from the school office or spaces where school staff congregate, and ensure the waiting area/lounge is not visible to those with ‘prying eyes’.
- ✓ Ensuring the physical space has two exits to provide safety, confidentiality and violence prevention for students and staff.
- ✓ Making sure the treatment areas are comfortable, and provide privacy, confidentiality and safety. Some design suggestions include:
  - Making the appearance as non-clinical as possible (e.g. ‘murphy bed’ examination tables can be left up during a discussion, pulled down for treatment).



- Providing a private bathroom to allow the collection of specimens without the student needing to access the school washrooms, and to also provide an ‘excuse’ for students to retreat the wellness centre to chat with staff without judgement from peers.
- Ensuring the space is soundproofed, so that conversations cannot be overheard by those outside.
- ✓ Plan for service provision and access during periods of school closure, recognizing there may be increased costs (e.g. security) if the wellness centre host building is not normally open during these hours.

### ENSURING INFRASTRUCTURE TO MANAGE HEALTH RECORDS

Having the infrastructure in place to administer and store medical records is an important part of setting up a wellness centre. Some topics to consider include:

- ✓ Securing the resources needed to support implementation of an EMR.
- ✓ Ensuring the EMR can be accessed by staff remotely (e.g. records are accessible at outreach clinic sites, public health and physician offices). Paper charts create barriers to information access and to efficient care in this service model, particularly with outreach sites and practitioners who work in a variety of physical locations.
- ✓ Determining the level of training needed to ensure the medical office assistant and wellness centre staff have a common and consistent means of establishing, using and storing student health records.

### CREATING A SAFE, YOUTH-FRIENDLY ATMOSPHERE FOR THE WELLNESS CENTRE

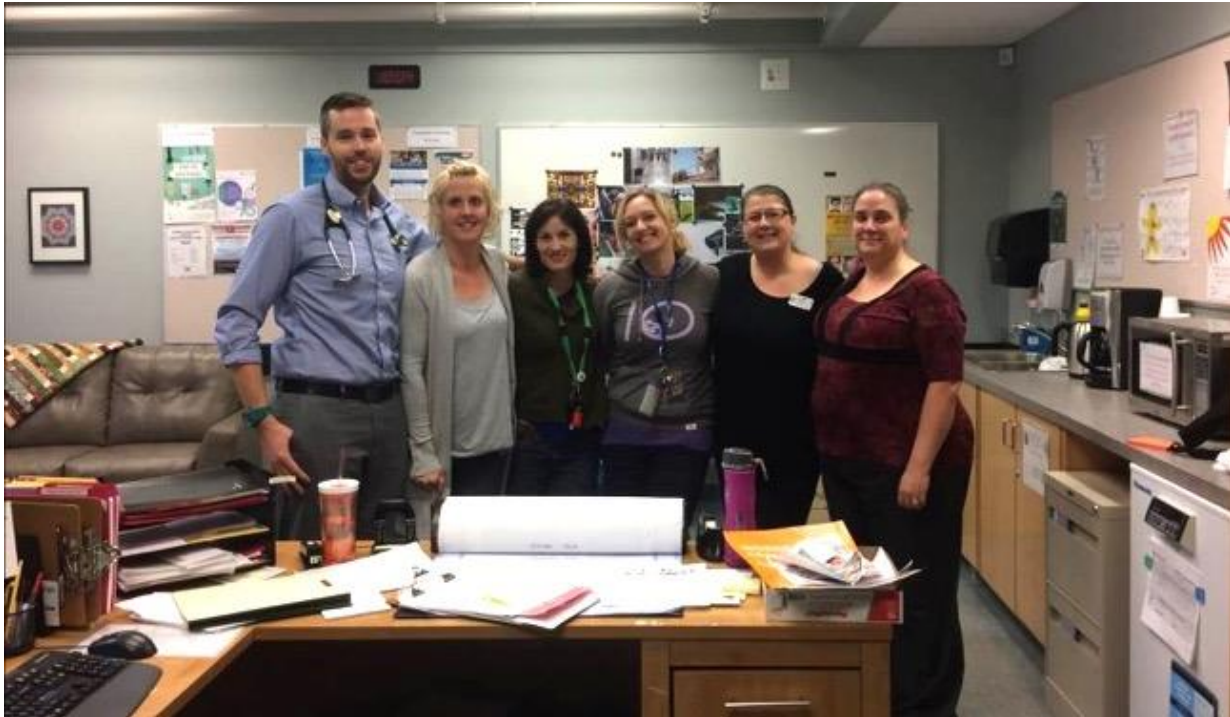
Wellness centres are intended as a ‘safe space’ for students to access care, unwind or chat with health professionals. Some things to consider when creating an optimal atmosphere include:

- ✓ Making the centre a youth-only space that is off limits to school staff and parents (unless prior arrangements are made).
- ✓ Making the waiting areas feel welcoming by furnishing the lounge area with comfortable furniture, hanging student art, and providing access to tea and healthy snacks.
- ✓ Including a space for students to access health and wellness information and resources (in print or via computer).
- ✓ Configuring the lounge area so that wellness centre staff can easily interact with students in a way that encourages them to ask questions and/or identify ways that the staff can help.





## Step 4: Staffing the Wellness Centre



JBWC Staff, 2017.

Given the diverse community needs, the availability of resources and different operational strategies among the existing wellness centres, it suggests there is not yet an ideal model for staffing a wellness centre. Barsby and Belmont wellness centres have been staffed using an ‘available resources’ strategy, relocating staff who provide similar or youth-focused public health services, and adding physician<sup>13</sup> and/or nurse practitioner care as resources allow. Service partner organizations have relocated youth service providers to the wellness centres as available.

Emerging wellness centres will need to determine how to best use available resources to support their own staffing strategy that is consistent with their plans for where and how to provide service. Barsby and Belmont have provided staffing models based on their experience in two different communities at two different operational stages. As shown in **Table 10**, Belmont Wellness Centre has provided information relative to initial staffing at a start-up, with no outreach sites, and Barsby Wellness Centre has provided information for a more mature program with one (in-town) outreach school clinic. There is no representation that these are ideal team staffing levels or mixes; for example, the Belmont start-up staffing model would have benefited from additional mental health clinician time had that resource been available.

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<sup>13</sup> The Physicians’ services are provided through sessional funding (3.5 hours), allocated by Island Health. The nurse practitioners are Island Health staff who have been relocated to the wellness centre.

**Table 10: Start-Up and Expanding Service Staffing Models at Belmont and Barsby Wellness Centres.**

	Team Staffing Model at Start-Up	Team Staffing Model with Outreach
Wellness Centre	Belmont	John Barsby
Outreach Clinics	none	at Nanaimo District Secondary School
Operations Schedule	5 days/week	4 days/week at Barsby 2 days/week at NDSS
Positions:		
Medical Office Assistant	1.0 FTE	1.0 FTE
Nurse Leader	1.0 FTE	1.0 FTE
Public Health Nurse	1.0 FTE	1.5 FTE
Mental Health/Substance Use Counsellor	0.5 FTE	0.5 FTE
Nurse Practitioner	up to 0.2 FTE per week	-
Family Physician	1-3 sessionals per week	5 sessionals per week*
Physician Leader	-	Funded by Island Health and Nanaimo Division Family Practice

Source: Island Health Administrative Data.

Notes: FTE= Full Time Equivalent.

\*=Barsby allocates three family physician sessionals a week to the Barsby Wellness Centre and two per week to the outreach centre at Nanaimo District Secondary School.

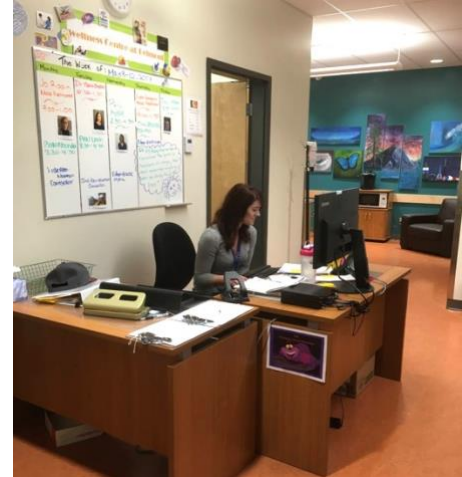
### GENERAL STAFFING CONSIDERATIONS

Staffing choices, configuration and retention can make or break a wellness centre. Some suggestions for ensuring a robust staffing complement that can provide excellent student support include staff who:

- ✓ have a strong desire to work with youth within a multi-disciplinary team (not as independent practitioners),
- ✓ are able to listen to youth concerns without judgement and involve them in solutions,
- ✓ have obtained mid- to higher-level education, and have training and experience working with adolescents who have complex health and life issues,
- ✓ reflect the cultural diversity of the students/community, where possible; this is particularly important for engaging Aboriginal students, who tend to have poorer health and poorer academic achievement than the BC student population overall,
- ✓ reflect the gender diversity of the community to remove access barriers based on preferred gender of service provider, and
- ✓ can support meaningful student engagement and wellness activities.

Staffing considerations that contribute to a robust multi-disciplinary care team in a wellness centre environment include having:

- ✓ Team members who can look for optimal ways of working together and leverage team strengths (to set boundaries and establish protocols and guidelines for providing service at the wellness centre).
- ✓ Structured meeting times for team-building and staff development and for communicating with school staff for care planning and debriefing.



The hiring organizations creating and staffing the wellness centre positions can ensure consistent support to the wellness centres by:

- ✓ Creating permanent positions for wellness centre staff. This ensures consistent, continuous care coordination and support for students, and facilitates team-building and change-management processes among staff.
- ✓ Exercising creativity in filling new roles. For example, the point of first contact may be a medical office assistant, a youth worker or other staff with skills in student engagement and working in a youth-focused, team-based confidential health environment.

### STAFF TRAINING NEEDS

All staff need training in mental health and wellness, self-harm and suicide prevention and cultural competency. They also need critical incident support, opportunities to cross-learn from debriefing sessions, and to meet and team-build with partner agencies and school staff, as appropriate.

Clinical staff and possibly others require experience, support and /or training in:

- ✓ mental health promotion,
- ✓ adolescent growth and development,
- ✓ healthy adolescent relationships,
- ✓ motivational interviewing,
- ✓ sexual and reproductive health,
- ✓ LGBTQ2S health issues,
- ✓ early intervention for common physical, mental and emotional health issues,
- ✓ wellness-focused care and support,
- ✓ Naloxone use and supportive aftercare, and
- ✓ making appropriate referrals to relevant services (e.g. health, mental health, social service, etc.).

## H. BC Health Systems Transformation and Sustainability

Current transformation of health systems is influenced by sustainability concerns, the needs of a changing population and a shortage of skilled professional care providers. The wellness centre partners bring insights from parallel transformations in education, community and Aboriginal systems of care, creating new and exciting opportunities for collaboration toward common goals. In this dynamic environment, the wellness centres represent an innovative model to enhance student health, wellness and capacity for life success. Through their work promoting wellness and health education, building health literacy and student agency, and supporting students to take an active role as a partner in their health, wellness centres help to build the social and human infrastructure to create and sustain health systems change.

- The wellness centres demonstrate integration of health, education, Aboriginal, social service and community organizations to provide holistic care to students, with the goal of graduating empowered healthy and resilient citizens. These are purposeful partnerships focused on creation of collective impact.
- Across sectors, there is increasing awareness of health and wellness, and a willingness of partners to unite in support of mutual goals. The wellness centres have thrived through the commitment of SD 62 and 68 to support student wellness, and the realization by all partners that wellness is a pathway to enhanced educational achievement.
- Professional practice is changing to enhance the role, relationship and experience of the service recipient and provider. This has included strategies for information and experience sharing, guidance and resources that empower individuals to make informed decisions about their care including cultural, spiritual and community supports.
- The wellness centres represent a youth-focused model of multi-disciplinary team care that is consistent with Ministry of Health and Doctors of BC initiatives to develop patient medical homes and have built strong primary care networks<sup>14</sup>.
- The role and benefits of mental health promotion are more readily recognized across society and there is increasing availability of knowledge and promising practices to implement mental health promotion strategies.
- The availability of technological solutions for information sharing and self-assessment is increasing, and has an important role in supporting health literacy, self-management and access to appropriate care in health system transformation.

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<sup>14</sup> A patient medical home is a family practice supported to operate at its full potential. A primary care network (PCN) is the system change in a defined geographical area (Doctors of BC, 2018).

Wellness centre clinical staff have identified opportunities for upstream interventions that can change the trajectory of mental health concerns for many of the students, with early and quick access to more formal services when required. The opportunities include:

- Promoting healthy relationships, and fostering self-esteem and social connectedness.
- Addressing equity issues for the most vulnerable students, assisting them in building capacity to cope and problem-solve, and linking them to a network of services and supports.
- Helping youth to see ways to take more control over situations within their control and in this way foster individual resilience.

## 4. Discussion

Adolescents are a special population for many reasons – rapid changes in physical and brain development, the stresses and strains of transitioning from a teen to an adult, emerging independence and sexual behaviours alongside risk taking, and a sense of invincibility. The school-based wellness centres have proven an important resource for adolescents to access care, and to build health and life skills that increase their chance of secondary school graduation, and of leaving school as healthy, empowered, and resilient citizens.

The experience of the school-based wellness centres has been that students do *want* and *need* help to improve their health and wellness. The evaluation provides considerable detail to support the conclusion that school-based wellness centres increase access to care, and are attracting students with complex physical/mental, social and/or life challenges, and higher risk profiles than adolescents accessing family doctors. The high levels of mental/emotional stress reported by students are cause for concern and should be monitored by clinical and management staff. The evaluation also shows that ease of access is an important factor in student use of the wellness centres. In this sense, location matters and embedding these centres in secondary schools has created new access to care.

The evaluation findings support widespread concerns regarding the mental health of adolescents, as few students seek professional support or care for mental health concerns, and most frequently turn to friends, and often the Internet for help. It also identifies the need for improved access to youth-focused services for sexual health and substance use – other areas where youth are not accessing professional or supportive counselling in general.

In the changing world of adolescents, it is important to pay attention to digital technology and its potential to enhance wellness centre services. The finding that youth often turn to friends, peers and family and/or the Internet for help about physical or mental health concerns creates opportunities to promote digital literacy, and to test the effectiveness of health and wellness applications. For some, these may be an avenue to engagement, while for others they may become part of their self-care supports.

A long-term goal of the wellness centres is to improve the proportion of students achieving secondary school graduation, which is known to be one of the most important factors predicting long-term health and life success. This evaluation has shown that school-based wellness centres are a strong support to students whose physical and/or mental health or social/life issues create barriers for school attendance and course work completion. The fact that a full range of service supports can be coordinated to address their needs and enable them to stay in school can be life-changing for a student.

Through their operating model and service interactions with students, the wellness centres are building capacity in the health and education sectors. This evaluation shows that today's students have an inherent understanding that wellness encompasses both physical and mental/emotional aspects, including spirituality. By assisting students to build skills in health literacy and agency, and by



supporting resiliency, wellness centre staff helps students to become confident, active, and competent partners in management of their health and wellness. The model of care strengthens student knowledge and capacity for self-care, preparing them to be effective users of health care services.

The multi-disciplinary and holistic model of care incorporates key features of current health transformation strategies. The model fosters learning across disciplines, sectors and stakeholder groups, and strengthening capacity for innovation and integration toward common goals.

Public health services and the wellness centres are important partners for schools in developing comprehensive school health (CSH) policies and contributing to the health of the school community. While it is too early to determine the role of the wellness centres in achieving common health and education goals for CSH, the common goals provide timely starting points for integrated health literacy and wellness strategies at the individual, group and school population level.

The wellness centres were built with sustainability in mind. The strategies are embedded in health and education policies, linked to ongoing Ministry initiatives for primary care and mental health services delivery, and supported by student input and participation. These deep roots both contribute to the sustainability of the wellness centres, and provide impetus for taking next steps to enhance their leadership and operations. The successes of the wellness centres are based largely in the knowledge, wisdom and collective strength of the partnerships formed to develop and support this model of care. Strong cross-sector and multi-agency partnerships have provided the driving force and leadership behind these robust and needed services, and ensure that the wellness centres belong to the collective community, not a single stakeholder. In addition, the evaluation provides evidence that the wellness centre working environment contributes greatly to staff satisfaction, and could be a factor in boosting recruitment and retention of scarce professional staff.

The wellness centres are achieving their goals of improved student health and wellness and are a healthy investment in the sustainability of the health and social systems. A conservative social return on investment analysis reveals that for every dollar invested in wellness centre staffing, there is (at least) a \$8.31 social return on investment.

The report contains a special section on considerations in developing and operating a wellness centre as a record of what has been accomplished, and a guide for those wishing to follow this path. Consistent themes of student involvement, leveraging the strengths of multi-sector partners, supporting the skills and creativity of service providers and wellness centre partners in responding to student need, and building on success to create opportunity are inherent throughout the section. The existing wellness centre models represent a strong fit between student needs and partner capacity. However these are, and should be, dynamic models. The responses to different issues in different communities will undoubtedly result in new insights, resources and approaches to care.



## Conclusions

The goal of the *Wellness Centres Evaluation Initiative* was to develop an evaluation framework that would be useful to wellness centre service providers and stakeholders, provide answers to questions that mattered, and identify lessons learned for quality improvement or course correction. This evaluation shows that the wellness centre partners have been successful in developing and implementing a model of care that is responsive to student needs and highly valued by students and all stakeholders.

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*“We’ve undertaken many trial and errors over the years, and learned from each of them what not to do. This feels like we’ve finally got it. This feels right.”*  
~Wellness Centre Founder

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Over the past two years, opportunities and challenges within the models have been met with insights, strengths and collaborative action by the wellness centre partners who continue to display a keen desire for continued learning. The longer-term wellness and system impacts may not be known for years or generations; however, this evaluation documents important early successes toward those goals. Moving forward, the next set of questions appears to focus on growth and spread of the service model to extend benefit to a greater number of BC students.

## 5. Recommendations

The recommendations in this chapter are based on the evaluation findings, and identify specific actions to strengthen the wellness centres and further their success. The scope and number of recommendations is substantial. They build on the success of the wellness centre partners in recognizing and addressing issues of sustainability, leadership, supportive policy and operational effectiveness, and present considerations for capacity-building and knowledge translation. It is intended that they be reviewed by relevant partners and prioritized for implementation.

### Sustainability

- Establish formal commitment to finance and resource the wellness centre concepts/model as a program of care.
- Maintain formal links with leadership tables in Island Health, key ministries (e.g. Education, Health, Mental Health & Addictions, and Children & Family Development), and BC First Nations.
- Continue to align wellness centres with key provincial health and wellness initiatives,
- Continue to grow, strengthen, and integrate wellness centre partnerships with champions and formal organization representatives.
- Develop strategies for leadership and governance succession planning (e.g. embed succession planning strategies in Terms of Reference).
- Provide permanent administrative/executive support to the Leadership Committee(s) to strengthen the capacity to carry out wellness centre responsibilities concurrent with other demands.
- Enhance the communication and operational interface(s) between school and wellness centre partners, particularly in regard to supporting policy development and implementation for privacy, safety and collaboration.

### Program Leadership

- Develop a formal governance structure for ongoing engagement with community partners and stakeholders, and recognized pathways for decision-making and communications, building on successful leadership policies and practices.
- Continue to support Island-wide and local medical, clinical and operational leadership positions providing oversight, support, strategic planning/financing and communications.
- Continue to explore and enhance effective student engagement strategies, and to facilitate student participation in wellness centre advisory/leadership committees.

## Supportive Program Policy

- Consider policy implications for variations of the school-based wellness centre model, and how alternate strategies may create demand for services from students who are not aligned with a specific secondary school.
- Collaborate with comprehensive school health leaders to clarify the role of the wellness centres in these emerging strategies.
- Work with school staff to address privacy and policy concerns regarding student health records; clarify information-sharing boundaries with school, agencies and counsellors; develop a shared understanding between school and wellness centre staff to address school staff concerns regarding students' use of the wellness centre lounge areas; and develop shared approaches to support student access to the wellness centre.

## Advancing Operations – Quality Improvement Strategies

- Continue to communicate the range of services offered, to whom, and how the wellness centre fits within the education system and the health system continuum of care to students, potential clients and stakeholders.
- Ensure that wellness centres continue to collect and report administrative and clinical data deemed necessary to support decision-making and quality improvement.
- Adopt a shared electronic medical record that can be used across sites and adheres to Island Health protection of privacy policies.
- Explore and adopt appropriate mechanisms for physician compensation in this new model of care (e.g. alternate payment mechanisms including sessional fees, blended billing, etc.).
- Continue to explore strategies for staff selection that optimizes fit with the youth-centred model of care, the multi-disciplinary team, and training resources.
- Explore and build effective engagement and support strategies for underserved populations: males, Aboriginal students, LGBTQ2S students, students living in unstable and unsupported environments (e.g. homeless, couch surfing, in care, etc.).
- Support a heightened focus on school-wide mental health promotion and upstream services to enhance wellness and to support the early identification and management of student health issues.
- Incorporate youth worker(s) to focus on wellness strategies/activities and to engage diverse groups of students.
- Continue to monitor and respond to mental health distress among students. One source of comparison will be the 2018 Adolescent Health Survey, which will provide context to assess whether the elevated concerns among Barsby, Nanaimo DSS and Belmont students is reflected provincially.

## Building Capacity – Forward Looking

- Consider the use of e-technologies to support student engagement and self-care.
- Consider partnership- and resource-sharing with emerging community models for youth-focused care (e.g. the Foundry).
- Use quality improvement, evaluative and other strategies to identify emerging best practices and lessons learned. Continue to be a cross-sector, cross-site learning organization.

## Knowledge Translation/Exchange

- Determine and implement the best options for the sharing of knowledge that is generated through the wellness centre programs (this includes at the practitioner, policy and leadership levels). A new upstream wellness model of service (access) for youth has potential to change systems as well as practices, in responding to the current complex needs and profiles of students.

# Glossary

Sources: \* = BC Ministry of Education, # = Statistics Canada

## **AHS**

The Adolescent Health Survey (AHS) surveys BC students in Grades 7-12, and is conducted every five years by the McCreary Centre Society.

## **Aboriginal Student\***

A student who has self-identified as being of Aboriginal ancestry (First Nations: status and non-status, Métis and Inuit). Aboriginal ancestry and Status Indians living on reserve is indicated on the Student Data Collection Form 1701. For data collection purposes a student identified as Aboriginal will be considered Aboriginal from the 2003/2004 school year forward. Status Indians are Aboriginal people who meet the requirements of the Indian Act and who are registered under the Act.

## **Drop-out Rate#**

The proportion of Canadians aged 20 to 24 who have not completed high school and are not attending school, according to Statistics Canada's annual Labour Force Survey.

## **Educator\***

A teacher or administrator (vice-principal, principal, or director of instruction) having BC teacher certification.

## **Eligible Grade 12 Graduation Rate\***

The proportion of eligible-to-graduate Grade 12 students who graduated in that school year. Students are *eligible to graduate* if they have enrolled in sufficient courses to meet the requirements to graduate during that school year.

## **First-Time Grade 12 Graduation Rate\***

A measure of students recorded as being in Grade 12 for the first time in September who then graduate in that same school year.

## **Grade-to-Grade Transition Rate\***

The percentage of students who enter a grade for the first time from a lower grade and make the transition to a higher grade anywhere in the British Columbia school system in the next school year.

## **Professional Staff**

In this report, the term “professional staff” is used to describe the group of nurses, counsellors, physicians, nurse practitioners and social workers providing services to students in the wellness centre. It does not include other staff members (e.g. medical office assistants) or volunteers (e.g. staff from community organizations) who also provide needed support and information to students.

**Six-Year Graduation Rate\***

The Six-Year Completion Rate is calculated by using the percentage of students who graduate within six years from the time they enroll in Grade 8, adjusted for migration in and out of BC. A six-year rate provides students with an additional year beyond the five years required to move through Grades 8-12.

**Special Needs, students with\***

Students who have a disability of an intellectual, physical, sensory, emotional or behavioural nature, have a learning disability or have special gifts or talents, as defined in the Special Education Services: Manual of Policies, Procedures, and Guidelines, Section E.

[https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/inclusive/special\\_ed\\_policy\\_manual.pdf](https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/inclusive/special_ed_policy_manual.pdf)

## Abbreviations

Barsby	John Barsby Community School
Belmont	Belmont Secondary School
Belmont WC	The Wellness Centre at Belmont
EMR	Electronic Medical Record
JBWC	John Barsby Wellness Centre
LGBTQ2S	An acronym for lesbian, gay, bisexual, transgender, transsexual, queer, questioning, and 2-Spirit.
Nanaimo DSS	Nanaimo District Secondary School
SD 62	School District 62, which incorporates Victoria's Western Communities and the mostly rural areas around the villages of Sooke and Port Renfrew
SD 68	School District 68, which incorporates the Nanaimo and Ladysmith Areas
School staff	A collective term referring to school administrators, teachers and counsellors/support staff
Wellness Centre staff / WC staff	A collective term referring to the medical office assistant, nurses, doctors, counsellors and practitioners from partner agencies working out of the wellness centre

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# Appendix 1: Wellness Centres Evaluation Advisory Committee and Coordinating Team

## ADVISORY COMMITTEE

### **Dr. Wilma Arruda**

Pediatrician  
Medical Director Pediatrics Child, Youth and  
Family Health, Island Health

### **Dr. Sandy Barlow**

Nanaimo Division of Family Practice  
JBWC Practitioner

### **Deborah Chaplain**

Director Child, Youth and Family Health  
Island Health

### **Kathy Easton**

Manager, Public Health Duncan, Lake  
Cowichan, Sooke and West Shore  
Belmont Leadership Council

### **Dr. Bob Eslinger, Ed.D**

Assistant Superintendent, SD 68  
Nanaimo Ladysmith Public Schools

### **Erin Kenning**

Public Health Clinical Coordinator  
Nanaimo/Ladysmith/Gabriola Island

### **Nadine Johnson**

Public Health Project Manager, Nanaimo

### **Deborah Marshall**

Principal (Retired), John Barsby Community School

### **Tony Schachtel**

Program Development, Tillicum Lelum Aboriginal  
Friendship Society

### **Natalie Sorensen**

John Barsby Community School  
School Counsellor

### **David Strange**

Assistant Superintendent SD 62 (Sooke)

### **Jan Tatlock**

Director Public Health  
Island Health

## COORDINATING TEAM

### **Barsby:**

#### **Nadine Johnson**

Public Health Project Manager

#### **Erin Kenning**

Public Health Clinical Coordinator  
Nanaimo/Ladysmith/Gabriola Island

### **Evaluation Team:**

**Jeanne Legare & Susan Ross**

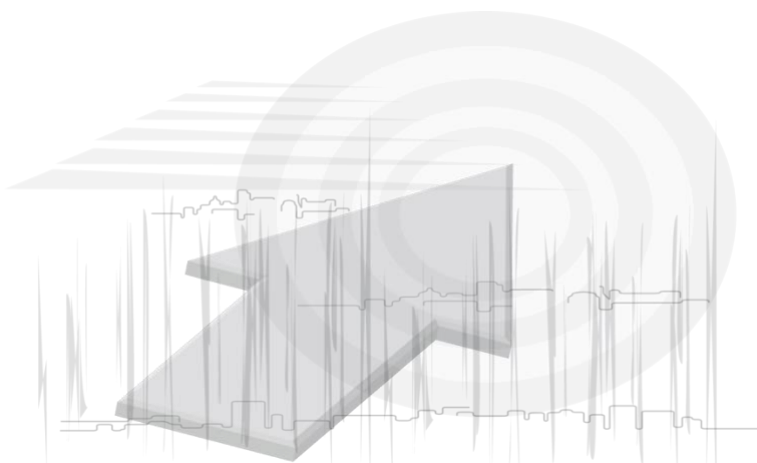
### **Belmont:**

#### **Kathy Easton**

Manager, Public Health Duncan, Lake Cowichan,  
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Belmont Leadership Council

#### **Eileen Barron / Tracy Beaton**

Public Health Nurse Leaders  
Wellness Centre at Belmont



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