Healthy Minds in Active Bodies

A RESOURCE OF THE CANADIAN ACTIVE AFTER SCHOOL PARTNERSHIP (CAASP)

The Canadian Active After School Partnership (CAASP)
Enhancing the delivery of quality after-school programs and increasing physical activity and healthy eating practices among Canada’s children and youth

For more information, resource and tools:
www.activeafterschool.ca
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Contents

Introduction / 5
Children and Youth’s Mental Health: An Overview / 7
Defining Quality, Active After School Programs and Physical Activity / 9
How Quality, Active After School Programs Contribute to Mental Health / 12
How Does Your Program Stack up? A Program Checklist / 13
Promoting Mental Health Amongst Girls and Young Women / 15
Promoting Mental Health Amongst Children and Youth with a Disability / 17
Tool for Talking with Children / 18
Tool for Talking with Parents / 20
Tool for Talking with Staff / 21
Recommended Resources / 23
Links to Other Relevant Organizations / 25
References / 26
Introduction

*Healthy Minds in Active Bodies* is a resource for supervisors of after school programs that are being delivered to children and youth of all ages. It has been developed by the Canadian Advancement of Women and Sport and Physical Activity (CAAWS), as part of the Canadian Active After School Partnership (CAASP), and aims to foster positive mental health in children and youth through participation in quality, active after school programs. This resource provides information regarding the links between participation in quality, active after school programs and children and youth's mental health, including the association between participation in physical activity and mental health benefits. A practical checklist is provided to help leaders (i.e. after school program front-line staff and volunteers) to reflect on and enhance current programs, practices and policies. This resource also provides recommended links to other publications and organizations where further information and guidance can be found. It is our hope that *Healthy Minds in Active Bodies* will help program supervisors inform and guide front-line staff on the importance of quality, active after school programming and its impact on children and youth’s mental health.

**About the Canadian Active After School Partnership (CAASP)**

The Canadian Active After School Partnership (CAASP) is a comprehensive and collaborative initiative of six national organizations working to enhance the quality of active after school programs to improve the health of Canada’s children and youth. The objective of CAASP is to enhance the delivery of quality, active after school programs by way of increased access to, and opportunity for, healthy lifestyles with the ultimate goal of increasing physical activity levels and healthy eating practices of Canada’s children and youth.

The members of CAASP include:

- Physical and Health Education Canada (PHE Canada)
- Canadian Parks and Recreation Association (CPRA)
- Boys and Girls Clubs of Canada (BGCC)
- Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS)
- Active Living Alliance for Canadians with a Disability (ALACD)
- National Association of Friendship Centres (NAFC)

With funding from the Public Health Agency of Canada (PHAC), CAASP activities during 2012-2014 included prioritizing mental health and encouraging quality active after school programs. Other priority areas include: community mentoring, parent engagement, and pilot programs targeting Aboriginal children and youth. CAASP also seeks to enhance knowledge development through social marketing/communication campaigns, provide better access to resources and support tools, and share best/promising practices. Visit CAASP’s online information HUB at www.activeafterschool.ca.

**About CAAWS**

The Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS) is a national non-profit organization dedicated to creating an equitable sport and physical activity system in which girls and women are actively engaged as participants and leaders. CAAWS provides a number of services, programs and
resources to a variety of clients, including sport and physical activity organizations, teachers, coaches, athletes, volunteers, health professionals and recreation leaders. Since 1981, CAAWS has worked in close cooperation with government and non-government organizations on activities and initiatives that advocate for positive change for girls and women in sport and physical activity.

**Why active after school programs?**

Children and youth today are facing a greater number of health challenges than any other generation due to poor lifestyle practices. The majority of Canadian children and youth are not meeting recommended daily physical activity levels. Consider:

- Only 9% of boys and 4% of girls meet the activity levels as defined in Canada’s Physical Activity Guidelines (Colley et al., 2011).
- Children and youth are experiencing unprecedented amounts of social, emotional and psychological distress (PHAC, 2011).
- During the period of 3-6pm, kids are sedentary 59% of that time, averaging only 14 minutes of moderate to vigorous physical activity (Active Healthy Kids, Canada, 2011).
- Nearly 1/5 of boys and 1/3 of girls report feeling depressed or low at least once or more on a weekly basis (PHAC, 2011).
- Twenty-nine per cent of children and youth with disabilities have sought medical assistance for mental health issues (HRSDC, 2011).

The after school time period (3pm-6pm) is a critical window for engaging children in physical activity. This is a timeframe where sedentary activity is prevalent (i.e. television watching, video and computer game usage). As a result, offering increased and accessible opportunities for quality physical activity programming is an ideal solution. In fact, evidence shows that children and youth aged 5-19 years of age who play outdoors between 3-6pm take 2,000 more steps per day. Engaging in increased physical activity also positively influences an individual’s mental health.

After school programs are delivered by a diverse range of recreational, educational, and social organizations that include, but are not limited to, community centres, schools, non-profit organizations and child care centres. CAASP aims to provide access to information, resources, and tools that will help leaders to deliver high quality programs.

**Supporting Children and Youth’s Mental Health**

Fostering positive mental health in children is an important aspect to leading quality of life. More than 800,000 children between the ages of four and 17 years of age experience a mental health condition, and most never receive formal treatment. Early prevention and intervention efforts can ensure parents/caregivers can seek and obtain the help their child needs.

In 2013, CAASP conducted an environmental scan of current resources, initiatives and training relating to the promotion and support of mental health during the after school time period. Through online research (including a survey of after school program supervisors) and consultations, it was found that while many resources are available that promote mental health, very few resources are available that address mental health interventions as part of after school programs. It is therefore not surprising that only half of the survey’s respondents report that their after school program includes any mental health initiatives. What is also interesting is that the vast majority of respondents (95%) felt there was a need for their program to promote mental health. With this in mind, *Healthy Minds in Active Bodies* aims to address this gap and offers suggestions for program enhancement based on good science and practice.
Children and Youth’s Mental Health: An Overview

Mental health is defined as a state of well-being in which every individual:
• realizes his or her own potential
• can cope with the normal stresses of life
• can work productively and fruitfully
• is able to make a contribution to the community

(Who, 2007)

Mental health relating to children and youth is about healthy social and emotional development. It is about learning to experience, regulate and express emotions; form close interpersonal relationships, explore their environment and learn (CMHA ON, 2012).

Benefits of Mental Health
Just as physical fitness helps our bodies to become and stay strong, mental fitness helps us to achieve and sustain a state of good mental health. When children and youth are mentally healthy, they enjoy their life and environment, as well as the people in it. Mental health helps us be creative, learn, try new things, and take risks. With it, we are better able to cope with difficult circumstances and stressors. While we feel the sadness and anger that can come with the death of a loved one, a change in class or teacher, relocating, relationship problems and other difficult events, mental health allows us to, in time, be able to get on with and enjoy our lives once again (CMHA, 2013).

Training Highlight: Mental Health First Aid
Mental Health First Aid is a training course delivered in several modules offered by the Mental Health Commission of Canada. It aims to improve mental health literacy, and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague.

For more information see page 23.

Mental Health Status Among Canadian Children and Youth
The 2010 cohort of the Health Behaviour in School-Aged Children study included 26,078 Canadian students aged 10-15. The findings include:
• In grade 6, 27% of boys and 35% of girls reported experiencing high levels of emotional problems (including feeling depressed, nervous, lonely, sad, helpless, difficulty sleeping, etc.).
• By grade 10, 28% of boys and 44% of girls reported high levels of emotional problems.
  – The number of students who strongly agreed they have confidence in themselves was cut in half over that same time period (50% to 26% in boys; 40% to 18% in girls).
More than one-third of girls reported that by the time they were enrolled in grade 10, they felt depressed at least once per week.

One-quarter of boys reported the same.

In the interpretation of the current state of mental health in young people, the report concluded:

“in examining the connections between contextual factors and mental health, one key theme emerges: interpersonal relationships matter” (PHAC, 2011).

This statement alone highlights the unique opportunity for after school programs as they bring children and youth together with positive role models/mentors in activities that facilitate meaningful interpersonal relationships. This opportunity cannot be overstated especially since 70% of adults with mental illness first experienced their symptoms during adolescence.

Risk Factors for Mental Health Challenges

There are several factors that place children and youth at a higher risk of experiencing mental health challenges, though it is important to note that these factors do not guarantee difficulties.

- Long-term physical illness and disability.
- Having a parent who has had mental health problems, problems with alcohol or has been in trouble with the law.
- Living in poverty or being homeless.
- Long-standing educational difficulties and challenges.
- Lack of interpersonal connections within families and peer groups.
- Being severely bullied or physically/sexually abused.
- Having parents who separate or divorce.
- Experiencing the death of someone close to them.

(Mental Health Foundation, 2014)

Observing Children & Youth’s Mental Health

Situations and circumstances may negatively influence a child’s mental health. At times, challenges or stressors may overwhelm them and their capacity to manage/regulate themselves. These difficulties often show themselves in their behaviours. In determining whether a child may be in need of additional support, it is important to consider the frequency, duration and intensity of their behaviours. Some of the signs may include:

- Emotional signs like mood swings, crying, irritability, being withdrawn, and being overly worried.
- Behavioural signs like acting out, playing too rough, whining, nail biting and bullying.
- Expressions of low self-esteem or feelings of worthlessness.
- Changes in thinking skills such as focusing, remembering, and problem solving.
- Difficulty making friends or getting along with others.
- Headaches and stomach-aches.
- Changes in sleep and appetite.

(CMHA ON, 2012)

Children suffering from mental health problems often suffer from negative attitudes and stereotypes from those around them as a result of their exhibited behaviours. This is called stigma, and often results in children and youth being treated unfairly. Stigma often interferes with help-seeking behaviour for fear of being labeled, judged or rejected. Persistent exposure to stigma often results in children and youth blaming themselves for their difficulties, which further isolates them from activities in which they perceive as unwelcoming. It is imperative for after school programs to play an active role in promoting positive mental health and building resiliency among children and youth, while also avoiding stigmatizing children who may be experiencing mental health challenges.
Defining Quality Active After School Programs and Physical Activity

A quality, active after school program is one that provides an intentional, child-centred, community based and needs driven environment for children. It begins the moment the school day ends and continues until the moment the parent or caregiver resumes care for their child. A quality program must include:

- Leadership from caring, trained and skilled staff, ideally supported by mentored youth leaders.
- Policies and procedures are drafted, taught, implemented and reviewed regularly.
- A safe environment for children to grow.
- Daily opportunities to enhance the well-being of all participants, and ensure their physical, social, emotional and intellectual development.
- A variety of physical activities provided each day for at least 30 minutes in duration. These physical activities should be of moderate to vigorous intensity, age and stage appropriate, and include skill and knowledge components.
- A good balance of both play and instruction to ensure the mastery of fitness and life skills. The activities should be fun and challenging, and designed to bring about improvements in health and skill.
- A variety of physical activities should be of moderate to vigorous intensity, age and stage appropriate, and include skill and knowledge components.
- Maximal access to a variety of indoor and outdoor community facilities that are safe and secure, and have well-maintained and modern equipment.
- Opportunities to develop friendships and positive social interactions are nurtured between children.
- Inclusive environments for all children (this includes valuing – as well as planning and budgeting).
- Nutritional food offerings for snacks and meals, as well as appropriate portion sizes.
- Ample opportunities for input from participants, their parents/guardians, and all members of the leadership team.

**How do we define Physical Activity?**

Quality, active after school programs provide an important opportunity to increase the physical activity levels of children and youth. Physical activity is defined as movements that increase heart rate and breathing, and is any bodily movement produced by skeletal muscles that require energy expenditure.

- **Moderate Intensity Physical Activity**
  Examples of moderate intensity physical activity include walking, bicycling, dancing, badminton, active recreation, and playing on school playground equipment. As a rule of thumb, individuals doing moderate intensity exercise should be able to talk but not sing a song during the activity (CSEP, 2012).

- **Vigorous Intensity Physical Activity**
  Vigorous intensity physical activity examples include jogging and running, jumping rope, most competitive sports, running and chasing games, vigorous dancing or aerobics. Individuals doing vigorous intensity activity are not able to say more than a few words without pausing for a breath. Your heart rate has gone up significantly.
• **Energetic Play**
  Energetic Play is similar to moderate to vigorous intensity physical activity that is more appropriately contextualized for the way that young children move. It refers to activities for young children that get them working hard, breathing heavily, and feeling warm.

**Canada’s Physical Activity Guidelines**

For health benefits, children and youth aged five to 17 years should accumulate at least 60 minutes of moderate to vigorous intensity physical activity daily (CSEP, 2012). It is important to note that more daily physical activity provides even greater health benefits. This should include:

- Vigorous intensity activities at least three days per week.
- Activities that strengthen muscle and bone at least three days per week.

**Benefits Extend Beyond the Physical**

In addition to the many physical benefits associated with meeting or exceeding Canada’s Physical Activity Guidelines, regular physical activity also provides a number of mental health benefits:

- **Enhanced mood**
  Participation in sport and physical activity typically puts kids in a better mood. Associations between physical activity and depressed mood demonstrate a dose-response relationship, meaning that increasing the duration of sport and physical activity involvement for elementary school aged boys and girls is associated with decreasing prevalence of depressed mood in both the short and long-term.

- **Increased confidence/resiliency**
  Resiliency is defined as the ability to bounce back successfully despite stressors, obstacles or setbacks. Confidence is having a “can do” attitude that helps children to try new things, persevere, and overcome obstacles. Quality after school programs help to build children’s confidence and resiliency by focusing on their strengths, giving them opportunities to try new things and master activities, offering them choices, and teaching them skills to solve problems, resolve conflicts and be assertive.

- **Decrease stress/enhance relaxation**
  Participation in regular physical activity helps children to cope with stress. Engaging in moderate to vigorous intensity physical activity accelerates our body’s production of endorphins (chemicals in the brain that contribute to feelings of pleasure and enjoyment). Physical activity is a safe, effective way for children to decrease overall levels of tension.

- **Improved body image**
  Physical activity has been shown to have a protective effect on body image, and has beneficial effects on children and youth’s self-esteem (Monteiro et al., 2011). In addition, research has shown that improvements in body image are found following exercise regardless of noticeable physical changes (e.g., weight loss) (Hausenblas et al., 2009).

- **Improved working memory/concentration**
  Working memory is our ability to retain and manipulate information in the short-term, and is critical for focusing on tasks at hand and making sense of the world around you. Research on physical activity interventions in after school programs has clearly demonstrated that increases in physical activity and cardio-respiratory fitness are associated with improvements in working memory (Kamijo et al., 2011).

**Resource Highlight:**

**Kids Have Stress Too!**

This program provides information, tips and tools for after school program providers to help children enhance their physical, mental, emotional, and behavioural coping skills, thinking styles and key abilities during the important window of opportunity throughout the preschool and elementary school years. Several resources are available online: fact sheets, pamphlets and exercises designed to foster an understanding of stress, build resiliency and help kids handle stress. For more information see page 24.
• **Faster cognitive processing**
  Children who are regularly physically active have been shown to perform a number of tasks measuring perception, cognition and motor functions more rapidly, as compared to those who are inactive (Etnier, Salazar, Landers, Petruzzello, Han & Nowell, 1997).

• **Forging friendships**
  Engaging in physical activity and sport is an ideal way to build relationships with peers and positive adults. Through active games and activities, children work collaboratively and respectfully towards achieving a goal. Program leaders are also afforded the opportunity to model skills that contribute to positive relationships. This includes listening, empathy, expression and cooperation.

• **Improved sleep**
  Sleep is critical for children and youth’s physical and mental health. Children who are more active during the day fall asleep faster at night. One study demonstrated that each hour of daytime inactivity increased the time it took children to fall asleep by 3.1 minutes (Nixon et al., 2009). This is critically important, as children who fall asleep quickly, sleep longer. For example, it has been demonstrated that every 11 minute drop in the time it takes to fall asleep is associated with an extra hour of total sleep time (Nixon et al., 2009).

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**After school programs provide rich environments in which children learn through play and informal interactions about themselves, other people, relationships, and the world. These environments influence children’s emotional well-being.**
How Quality, Active After School Programs Contribute to Mental Health

Children experience and respond to challenging circumstances in a number of ways. Some children may thrive while others may be affected negatively. Some of the individual factors that influence a child's reaction to a particular environment include: their temperament, social skills, confidence, ability to solve problems, and their self-control. Family, school and community settings (e.g., after school programs) make up a child's immediate environments. Respect and acceptance in each of these settings is crucial for the development of positive mental health. After school programs provide the supportive environment and opportunity for all children to respond positively to challenges that they face.

Mental Health Protective Factors
Several factors have been shown to keep children and youth mentally well:
• Being in good physical health
• Eating a balanced diet
• Regular physical exercise
• Having the time and the freedom to play, indoors and outdoors
• Feeling loved, trusted, understood, valued and safe
• Being interested in life and having opportunities to enjoy themselves being hopeful and optimistic
• Accepting who they are and an ability to recognize their own strengths
• Having a sense of belonging in their family, school and after school program

(MHF, 2014)

Mental Health Promotion
After school programs can play a significant role in the promotion of mental health in children and youth. This includes:
• Fostering positive mental health among children. After school programs provide rich environments in which children learn through play and informal interactions about themselves, other people, relationships, and the world. These environments influence children’s emotional well-being.
• Responding to mental health issues. Sometimes a child may behave in ways that affect other children or are disruptive to activities. Other children may react negatively to the child or exclude them. A child’s engagement in after school program components such as physical activity, healthy eating and social learning are integral to fostering positive mental health.
• Facilitating children’s access to additional support when they need it. After school programs are unique settings in which staff can develop supportive relationships with children and youth. Program participants may tell your staff about the challenges they are facing. Staff may also observe when children are having difficulties. Both you and your staff can help children to cope with challenges and assist parent(s)/caregiver(s) in seeking additional support. It should be noted, however, that it is important to stay within the scope of your role and training when talking with children and a parent(s)/caregiver(s).

*Adapted from CMHA ON, 2012

Resource Highlight: Healthy Minds Start Here
A paper/resource published by the Boys and Girls Clubs of Canada discusses the contributions of after school programs to children and youth’s mental health, and outlines key program features that contribute to achieving positive mental health outcomes. For more information see page 24.
How Does Your Program Stack up? A Program Checklist

The following checklist is provided as a guide to evaluating your after school program and to assess how it is contributing to supporting children and youth’s mental health. This checklist highlights areas of strength, and also identifies areas where improvements can be made.

1. Access to economic resources
   Does your after school program provide equal opportunity to what is required to support healthy growth (e.g., nutritious food, extracurricular activities, staff training, etc.)?
   i. Never
   ii. Seldom/Rarely
   iii. Sometimes
   iv. Usually/Most of the time
   v. Always/Almost Always
   **TIP:** Consider partnering with local social service agencies, charities and health units who may have available resources or contacts that can be accessed.

2. Freedom from discrimination and violence
   Does your after school program ensure children and youth are physically and emotionally safe, feel in control of their lives, and have the opportunity to reach their fullest potential?
   i. Never
   ii. Seldom/Rarely
   iii. Sometimes
   iv. Usually/Most of the time
   v. Always/Almost Always
   **TIP:** Consider holding a workshop or round table discussion with community leaders (in education, police services, health care, etc.) to explore these issues and offer possible interventions.

3. Social inclusion
   Do children and youth in your after school program feel they belong, are valued and respected, and can participate and benefit equally from what your program has to offer?
   i. Never
   ii. Seldom/Rarely
   iii. Sometimes
   iv. Usually/Most of the time
   v. Always/Almost Always
   **TIP:** Consider the inclusion of cooperative games and activities for participants that require multiple points of view, talents and strengths. Rally participants around a worthy cause that requires joint efforts.

4. Fostering children’s resiliency
   Does your program seek to foster children’s resiliency (e.g., by focusing on self-regulation, practicing strategies for managing stress, strengthening thinking skills, fostering critical awareness.)
   i. Never
   ii. Seldom/Rarely
   iii. Sometimes
   iv. Usually/Most of the time
   v. Always/Almost Always
   **TIP:** Consider hosting an evening talk or lecture from a local expert in this area (e.g., a psychologist, college/university professor) with some expertise in this area.
5. Caring adults
Do your staff members seek to be caring people in the lives of the children in your after school program (e.g., do they manage their own stress, understand children, focus on positive relationships, include all children, are positive and fun, nurture growth, ask for help)?
   i. Never
   ii. Seldom/Rarely
   iii. Sometimes
   iv. Usually/Most of the time
   v. Always/Almost Always

**TIP:** Consider offering regular opportunities for professional development and encourage self-care among all staff involved in the program.

6. Safe Social and Physical Environment
Is your space comfortable and free from emotional and physical harm such that children and youth feel safe and secure?
   i. Never
   ii. Seldom/Rarely
   iii. Sometimes
   iv. Usually/Most of the time
   v. Always/Almost Always

**TIP:** Consider conducting a “safety and wellness audit” of your program and facility through focus group discussions, interviews or surveys with key stakeholders.

7. Sensitivity and Awareness
Does your school program consider or recognize that children with disabilities are more likely to experience mental health issues?
   i. Never
   ii. Seldom/Rarely
   iii. Sometimes
   iv. Usually/Most of the time
   v. Always/Almost Always

**TIP:** Offer reminders about this issue to front line staff during team meetings.

8. Opportunities for Physical Activity
Does your program contribute to children and youth’s efforts to meet or exceed Canada’s Physical Activity Guidelines on a daily basis (at least 60 minutes of moderate to vigorous physical activity per day)?
   i. Never
   ii. Seldom/Rarely
   iii. Sometimes
   iv. Usually/Most of the time
   v. Always/Almost Always

**TIP:** Consider making Canada’s Physical Activity Guidelines readily available to everyone involved in the program, including participants, staff, and parents. Track your progress toward meeting these goals and share your success.

9. Physical Activity/Mental Health Connection
Are your staff members aware of the links between participation in quality, active after school programs and children and youth’s mental health?
   i. Never
   ii. Seldom/Rarely
   iii. Sometimes
   iv. Usually/Most of the time
   v. Always/Almost Always

**TIP:** Consider holding a group meeting to discuss the current resource and make the resource readily available to all program stakeholders. See the Tool for Talking with Staff on page 21.

*Portions adapted from CMHA ON, 2012 and HIGH FIVE®, 2012.*
Promoting Mental Health Amongst Girls and Young Women

In 2010, more than one third of Canadian girls in grade six reported experiencing high levels of emotional problems. By grade 10 this number was nearly one in two. Girls and young women consistently report higher levels of depression, feelings of loneliness, sadness, helplessness and difficulty sleeping. At each grade level, girls have been found to be more likely to wish they were someone else. By grade 10, 39% of girls believe that they are fat, a significant over-representation of girls who are actually overweight or obese. Young women (44.0%) are also more likely to report feeling constantly stressed, compared to young men (28.7%) (CAMH, 2005). Only 4% of girls (compared to 9% of boys) achieve recommended levels of daily physical activity.

Quality, active after school programs have a unique opportunity to positively impact the mental health of girls and young women. Specifically, quality active after school programs can:

- Promote participation in physical activity and sport to reduce stress.
- Connect girls and young women to their bodies through positive physical activity experiences.
- Build girls’ relationship skills (such as respect for themselves and each other, establishing positive friendships, develop assertiveness skills, prevent bullying).
- Form relationships between girls (such as through ice breakers, social time), and with program leaders and other staff members as positive role models.
- Build girls’ media literacy and critical thinking skills through integrated educational sessions and discussions, helping them successfully navigate through mixed messages.
- Challenge all staff to consider their practice, and how they can contribute to a positive environment for girls and young women.
- Influence gender equity throughout the organization, examining policy and practice at all levels.

Program Highlight: Girls Talk

*Girls Talk* is an eight-session anti-stigma program for girls, generally between the ages of 13 and 16 years. The focus of the program is on preventing and educating girls about depression. The program is not intended for those who have been diagnosed with or are in treatment for depression. The Girls Talk program was created in response to a strong need for adolescent girls to have a safe space to connect and share with one another. Webcasts and manual downloads are available free of charge on the CAMH website: http://www.camh.ca/Publications/Resources_for_Professionals/Validity/girl_talk.html
Quality, active after school programs have a unique opportunity to positively impact the mental health of girls and young women.
Promoting Mental Health Amongst Children and Youth with a Disability

Approximately 14.3% of Canadians have a disability and only 3% of those individuals strive to participate in sport and 66% are totally inactive. In terms of children with a disability, only 26% reported being physically active (Majnemer et al., 2008). For youth with a disability, 59% report that they seldom or never play games with friends (Steele et al., 1996).

Research focusing on barriers and facilitators associated with participation in fitness and recreation programs/facilities among persons with disabilities concluded that the provision of community-based physical activity opportunities for this population is impeded by information-related barriers, a lack of professional knowledge, education and training issues. In addition, barriers are enhanced due to perceptions/misperceptions among professionals, facility/community policies and procedures (Rimmer, Riley, Wang, Rauworth & Jurkowski, 2004).

Children and youth with a disability face many unique challenges. For example, one study found that over half of physically disabled children stated they have only one or no close friends (Snowdon, 2012). Participation in community programs (including active after school programs) is also limited, as three in four children and youth with a disability do not participate in any community program. Additionally, over half of all parents of children with physical disabilities express difficulty with the constant demands of their children. It has also been noted that the incidence of obesity is higher in individuals with intellectual disabilities (Rimmer, Rowland & Yamaki, 2007).

Being physically active and involved in sport is very important for Canadians with a disability. Physical activity among individuals with a disability reduces incidence of depression and isolation, promotes wellness, and prevents secondary disabling conditions (Murphy & Carbone, 2008). Additionally participation in physical activity promotes independence, challenges and improves their physical skills, self-esteem and self-worth (McDougall et al., 2004).

Helpful Organization: Active Living Alliance for Canadians with a Disability

The Active Living Alliance for Canadians with a Disability (ALACD) promotes, supports and enables Canadians with disabilities to lead active, healthy lives. ALACD provides nationally coordinated leadership, support, encouragement, promotion and information that facilitates healthy, active living opportunities for Canadians of all abilities across all settings and environments. www.ala.ca

Resource Highlight: Adapted Lesson Plans

Ophea has developed adaptive lesson plans to support community leaders in the delivery of high quality, safe and inclusive physical activity instruction and programming for children and youth with disabilities. Lesson plans exist for several activity types including cooperative games, movement exploration, target, territory, and striking. Each of the activities encourages inclusion and participation in energetic play. This resource is available free of charge in both English and French through Ophea’s website: http://www.ophea.net/product/inclusion-adapted-lesson-plans.
Tool for Talking with Children

After school program leaders are uniquely situated to have the opportunity to talk with children about emotional and behavioural problems. The following tips and guidelines are provided to help leaders to discuss potential challenges they have noticed in the behaviour of a child:

**Invite the child into a conversation**
- A good relationship provides a solid foundation for talking with children. Demonstrate a compassionate and supportive attitude.
  - Say, “Hey, do you have a moment to talk?”

**Share what you noticed**
- Tell the child what you noticed about their emotions or behaviour. Be specific. Avoid making judgments about the causes.
  - Say, “It seems like something is wrong today, you look sad.”
- If you are giving feedback about their behaviour, start with the positive first, never the negative.
  - Say, “You usually take part in the activities and help us all have fun. I notice that you are having lots of fights with ‘Billy’ today.”

**Invite the child to talk**
- Bring the child on board. Help the child talk about their thoughts. They may find it easier to express the thoughts behind their feelings if you ask them to share what the voice in their head is saying.
  - Say, “Let’s talk about it.”

**Be a good listener**
- Use active listening and non-verbal cues like head nods. Repeat the child’s own words back to the child.
  - Say “uh huh” or “go on”, or “tell me more”.
  - Say, “Help me to understand . . .”, or “How did that make you feel?” or “what was that like for you?”

**Discuss**
- Be empathetic, positive and genuine. Don’t make your conversation sound forced or faked. Focus on the child’s strengths.
  - Say, “Sometimes people say or do mean things to others. This is about the person, not you. You are a great kid. You’re fun, you help out, and you like to make sure everyone is included”.
- Gently and realistically challenge habits and negative thinking. Help children to reframe their thoughts from a negative focus to a more positive orientation. Help children understand their emotions.
  - Say, “It seems like you are frustrated, let’s talk about some ways to decrease your stress”.

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**Training Highlight:**

Healthy Minds for Healthy Children

HIGHFIVE® Healthy Minds for Healthy Children builds on Parks and Recreation Ontario’s existing expertise in healthy child development with an online training and downloadable resource to help those working with children positively influence their mental health. Developed with expert guidance from Dr. Stanley Kutcher and Dr. Wayne Hammond, this training offers engagement strategies for nurturing resiliency in children and provides insight into common mental health distress or disorders that children could be experiencing.
Clarify behavioural expectations

- Reassure the child that it is okay to have strong feelings or to not want to take part in activities. Clarify the behavioural expectation and explain why they are important. Talk about the impact of behaviours on other children, staff, group activities, and/or property.
  - Say, “It’s normal to get mad or upset – even with your best friend. This place has to be safe for all the kids who come here. That means you can’t hit, say mean things, or leave someone out”.

Look for solutions

- Work with the child to find ways they can make things better. Share alternative ways that the child can deal with strong emotions or situations they don’t like.
  - Ask, “What are other ways you could handle things?”
  - Say, “How about telling ‘Sandy’ about how you feel and why?”

Monitor and evaluate

- Observe the child and check back in with them to see how things are going.
  - Ask, “How are things going between you and ‘Jessie’? Have you tried talking to him/her about why you’re mad?”

Adapted from HIGH FIVE’s ® Healthy Minds for Healthy Children, 2012.

It is imperative for after school programs to play an active role in promoting positive mental health and building resiliency among children and youth, while also avoiding stigmatizing children who may be experiencing mental health challenges.
Tool for Talking with Parents

It is likely that after-school leaders will identify children who may be experiencing mental health issues. These issues could appear/be witnessed in any child but may be more commonly seen in children struggling from particular challenges (i.e. a divorce, a disability, etc.). Additional sensitivity may need to be demonstrated in some situations.

When leaders are required to communicate with parent(s)/caregiver(s) on a number of issues, they should use the same feedback process as they would for most other matters. Here are some basic steps your staff can follow when they are talking with parent(s)/caregiver(s):

• Make sure the parent/caregiver knows who the staff member is and how they are connected to their child.
• Try to first emphasize a child’s strength(s) and what they are doing well. This can help to build trust. Staff can use their “bank” of previous positive interactions with a parent/caregiver for building trust.
• Share what has been noticed about the child’s mood, thinking, behaviour, and/or relationships. Be specific. Avoid making judgments about the causes, or making it seem to the parent like the child is “in trouble” or “being difficult”.
• Ask the parent/caregiver what they think and if they have noticed the same things.
• Ask the parent/caregiver for their suggestions on how staff can help their child successfully take part in the group and its activities.
• Tell the parent/caregiver that the staff will continue to monitor the situation and set up a time to check back in with them to see how things are going. Encourage the parent/caregiver to contact staff or the supervisor earlier if they have concerns.
• Encourage the parent/caregiver to provide opportunities for their children to be physically active at home, highlighting its impact on mental health.
• Be ready to provide referrals to community resources if the parent/caregiver asks. Here are some suggestions:

  Family doctor
  – Doctors can rule out physical illnesses, make referrals to specialists, and do further assessments.
  School-based services
  – Schools may have staff members that are specially trained to support children with mental health challenges, including counsellors, social workers, and child and youth workers.
  Community-based services
  – Several agencies offering free services exist, specializing in children’s mental health. You can find agencies in your community by visiting eMentalhealth.ca
  Helplines
  – Advice and immediate support is available by calling free helplines like the Kids Help Phone: www.kidshelpphone.ca or 1-800-668-6868.
  Private Practitioners
  – There are many professionals who help children and their families with mental health challenges, including registered social workers and clinical psychologists. There are fees for these services.

Adapted from CMHA ON, 2012.
Tool for Talking with Staff

Initiating a discussion on mental health with your staff can present unique challenges, but can also offer meaningful opportunities. Because workplaces have traditionally not been the place where this topic is raised, the following basic considerations may be helpful.

- Engage in some background reading on mental health issues beforehand, including this resource and others.
- Approach the issue without hesitation or embarrassment as doing otherwise might perpetuate the stigma associated with this topic. Keep in mind that mental health issues are common (about one in every five Canadian adults are likely to encounter such problems at some time during their life). In other words, mental health issues are likely to directly or indirectly affect all of us at some point in time.
- Select a location that ensures privacy and explain to staff that you intend to keep things confidential.
- Create a safe, open, and accepting atmosphere, which can be facilitated by asking open-ended questions (e.g. “tell me what you think about . . .” and “what is it like to . . .” rather than “are you comfortable with . . .”).
- A good point of departure for the discussion might be this resource which highlights the benefits of quality, after school programs, including improved mental health outcomes. This can serve as a good transition to more specific mental health issues or concerns.
- Remind the staff member of their privileged role as an observer of program participants and as a potentially positive influence on participants’ mental health.
- Invite the staff member to share their observations of participants in terms of their behaviours, temperaments and emotions. Share your own observations or concerns and, if suitable, share some of your previous experiences in the context of after school programs. This may lead to a further discussion of mental health issues.
- Take an objective, non-judgmental stance about the discussion. Remind yourself of the intention of the meeting, which is simply to exchange views and knowledge.
- Thank the staff member for sharing what they did, acknowledging that the topic can be sensitive or even uncomfortable for many people.

What if a staff member discloses they are suffering with mental health issues?

- Remind yourself and the staff member that your role is that of supervisor or colleague, not as therapist. However, you may want to indicate that you are interested in what they say and willing to support them within the scope of your knowledge and competence.
- Assess your own capacity to listen to what is being said by the staff member. Postpone or delegate the discussion if you feel you might make things worse for the staff member.
- Listen without judging and refrain from offering advice if it has not been invited. Remember that the problems that are discussed are not likely yours to fix.
A good point of departure for the discussion might be this resource which highlights the benefits of quality, after school programs, including improved mental health outcomes.

- Ensure the discussion occurs in a private area. Speak and listen in a genuine manner using reflective language. Take a non-judgmental stance. Remember, the support that a staff member perceives during the discussion will likely influence their well-being.

- Know when to politely suggest a referral to a health professional. If appropriate, offer to assist the staff member in finding services.

- Reflect and validate the staff member’s feelings and acknowledge how difficult the exchange might have been for them. Thank them for the confidence and trust they have put in you by sharing what they did.

- Remind the staff member of the importance of maintaining their health and how it strongly influences their effectiveness at work. Present the idea that self-care is an ethical obligation that all professionals share and encourage positive health behaviours. Reiterate your support of the staff member and offer to discuss the issue again if you feel capable of doing so.

- Reflect on the experience and perhaps ask yourself:
  - Is there anything you could offer the workplace to increase staff well being?
  - Is there anything needed of you to ensure sensitive issues can be addressed safely and openly in the workplace?
Recommended Resources

Training Highlights

- Mental Health First Aid (Mental Health Commission of Canada)

Mental Health First Aid (MHFA) is a training course delivered in several modules offered by the Mental Health Commission of Canada. Participants learn how to provide initial help to people who are showing signs of a mental health problem or experiencing a mental health crisis. The MHFA Canada program aims to improve mental health literacy, and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague. The Mental Health Commission of Canada has also developed a tailored first aid program for adults who interact with youth ages 12 to 24 years of age. The information in that specific course is sensitive to the unique aspects and challenges faced by young people. It aims to identify mental health problems and suggests appropriate “first aid” interventions. For more information visit www.mentalhealthfirstaid.ca

- Healthy Minds for Healthy Children (HIGHFIVE®)

HIGHFIVE® Healthy Minds for Healthy Children builds on Parks and Recreation Ontario’s existing expertise in healthy child development with online training and a downloadable resource to help those working with children to positively influence their mental health. Developed with expert guidance from Dr. Stanley Kutcher and Dr. Wayne Hammond, the training offers engagement strategies for nurturing resiliency in children and provides insight into common mental health distress or disorders that children could be experiencing. For more information visit: http://www.highfive.org/take-action/get-trained/healthy-minds-healthy-children
Resource Highlights

- **Healthy Minds Start Here**  
  (Boys & Girls Clubs of Canada)

  *Healthy Minds Start Here* is a national paper, published in November 2011 by the Boys and Girls Clubs of Canada. It outlines the contributions of after school programs to child mental health. Topics addressed in this resource include: factors affecting youth mental health, impacts of poor mental health, and promising strategies to address youth mental health. The resource also outlines three key programming features found to be successful in achieving positive mental health outcomes:
  - respectful, inclusive and engaging environments
  - positive relationships with peers and mentors
  - links to community and family

  The complete resource can be accessed online:  

- **Kids Have Stress Too!**  
  (Psychology Foundation of Canada)

  Learning to handle stress is an important life skill. Too much stress causes problems for kids. Excessive stress has a profound impact on children’s emotional and mental health, making it more difficult for children to get along with others and interfering with their ability to focus and think. Building emotional health and resiliency can assist children in meeting the demands of their day, focus on the task at hand, and interact with peers and adults successfully.

  The national Kids Have Stress Too! (KHST!) Program is designed to influence young children’s social and emotional development. The KHST! Program teaches educators, parents and other caregivers (after school providers) to help children enhance their physical, mental, emotional, and behavioural coping skills, thinking styles and key abilities during the important window of opportunity throughout the preschool and elementary school years. Several resources are available through their website: fact sheets, pamphlets and exercises designed to foster an understanding of stress, build resiliency and help kids handle stress.

  The KHST! Program is an initiative of the Psychology Foundation of Canada, a national registered charity dedicated to supporting parents and strengthening families through a number of initiatives, including creating educational resources, developing training programs for parents and professionals, and delivering community-based programs through diverse partnerships across Canada. Additional information and resources can be accessed at: www.kidshavestresstoo.org

- **The Need for a Gender-Sensitive Approach to the Mental Health of Young Canadians**  
  (Girls Action Foundation)

  This position paper provides a succinct yet comprehensive overview of current evidence on mental health outcomes for Canadian children and youth. The paper is intended to help inform and increase the effectiveness of policies, programs and services to promote mental health and prevent mental illness among young people. Recommendations, promising practices, and gaps in the evidence base are also identified.  
  http://girlsactionfoundation.ca/files/Mental%20Health%20Paper%20Final_0.pdf
Links to Other Relevant Organizations

The following table contains the names and websites of several helpful organizations for children and youth’s mental health resources.

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<thead>
<tr>
<th>ORGANIZATION</th>
<th>ABBREV.</th>
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Active Healthy Kids Canada (2011). Don’t let this be the most physical activity our kids get after school. The Active Healthy Kids Canada 2011 Report Card on Physical Activity for Children and Youth. Toronto: Active Healthy Kids Canada.


