

Assessing Alternative Programming For At-Risk Youth

Includes:

Final Report, Sample Interview Questions, Opening Email to Potential Participants, Consent Form

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Assessing Alternative Programming For At-Risk Youth

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Executive Summary:

The purpose of the study is to address the current approach used by the Trillium Lakelands District School Board's (TLDSB) six alternative education centres and to analyze barriers to engagement with and attendance of at-risk youth. More specifically, the study focuses on the mental health and well-being programming offered to at-risk youth within the alternative education centres. An in-depth environmental scan was completed to assess the external resources provided to at-risk youth through the alternative education centre's website. Following the environmental scan, a systematic literature review was completed to analyze best practices used across North America, including a section dedicated to grey literature within Ontario. Interviews were completed with six staff members from the TLDSB alternative education centres in order to gain an understanding of the approach being used as well as what the barriers to the centre are.

The results provide an overview of the current internal services and external services offered, as well as inconsistencies across the centres. Barriers to alternative education centres include personal issues of at-risk youth, the mental health of at-risk youth, lack of services offered, and the social and physical environment of some centres that deter attendance of at-risk youth. Barriers to the mental health counsellor include time dedicated to counselling, programming, accessibility, and the guidance counsellor role itself. Recommendations are provided based on the literature review and information gathered through interviews. Some recommendations that are suggested to enhance current approaches include embedding a section dedicated to mental health into the curriculum, small group events such as yoga, more time amounted to counselling, and development of peer support groups. Limitations of the study

include a small participant sample consisting of only six participants, none of which were mental health counsellors at the alternative education centres.

Introduction:

This study analyzes mental health and well-being programs and services offered to at-risk youth by the Trillium Lakelands District School Board (TLDSB) alternative education centres and produces a list of recommendations to incorporate into the centres. There are a total of six alternative education centres run by the TLDSB, located in Bracebridge, Haliburton, Fenelon Falls, Gravenhurst, Lindsay and Huntsville. An in-depth literature review discussing the best practices used by other alternative education centres in North America was completed, as well as a section discussing grey literature within Ontario, Canada. An environmental scan was completed to assess the external resources available to at-risk youth who attend an alternative education centre overseen by the TLDSB. Lastly, in-depth individual interviews were completed with six alternative education staff members in order to identify shortcomings of current approaches and gain a better understanding of possible recommendations. Themes such as barriers to the mental health counsellor, barriers to the alternative education centre, inconsistencies across the Board, internal services, and external services are discussed. Following the results, the discussion section addresses recommendations and best practices emerging from the literature review and recommendations based on results from the interviews. Limitations of this study are also addressed following the discussion.

Background Information:

At-risk youth:

This study examines current mental health and well-being services offered to at-risk youth and provides recommendations that can be incorporated into the six alternative education centres to enhance participation and engagement. In order to provide a general understanding of the factors that would lead youth to be designated 'at-risk', participants were asked to define at-risk youth. According to participants, at-risk youth are those who are not having their needs met due to their life circumstances. Physical, emotional, cultural, academic and social needs may not be met due to a variety of challenges such as poor mental health, substance abuse, living situations, family life, and more. Additionally, at-risk youth are any youth who are not being supported in all aspects needed, therefore negatively impacting their ability to operate successfully in an academic setting. For some at-risk youth, this can lead to risky behaviour, expulsion, suspension or lack of attendance. As a result, many at-risk youth are referred to attend an alternative education centre.

Academic programming:

This study assesses the non-academic programming offered across the six alternative education centres. Due to an overlap in academic and non-academic programming within some of the recommendations provided, a brief overview of the academic programming offered is given. According to participants, the alternative education centres offer a variety of delivery models that include both in-person and online methods that students can enroll in to obtain formal credits. The day school program is most closely related to a standardized classroom setting where attendance is in-person and the same subject is being offered to youth who partake in it. Another academic program offered is referred to as a booklet course and is considered to be more self-directed and independent but is supported by an alternative education teacher.

Students are anticipated to complete most academic programs offered within a period of about 30 days. Each school day runs from 8:30 am to 12:30 pm and includes two breaks.

Environmental Scan of the TLDSB’s Alternative Education Centres:

There are six Alternative Education Centres used by TLDSB located in Bracebridge, Fenelon Falls, Gravenhurst, Haliburton, Huntsville, and Lindsay. Each centre offers internal and external services specific to mental health and well-being concerns for at-risk youth. Youth can be defined as any individual who falls within the age range of 14 years old to 18 years old. In terms of non-academic programming, the six centres offer external connections to a total of 12 mental health and well-being websites that aim to benefit students’ overall mental health and well-being concerns. The centres offer a variety of academic programming and non-academic programming that addresses concerns ranging from homework help to employment opportunities. Table 1, below, presents an overview of the twelve external services associated with the Alternative Education Centres, analyzing what the services offer, their location, and their specialties. These services can be accessed on any of the six Alternative Education websites under the mental health and well-being subheading.

Table 1. [Services Accessible Through the TLDSB Website].

<p>Canadian Mental Health Association (Lindsay, Haliburton).</p>	<ul style="list-style-type: none"> ❖ This service offers a variety of mental health resources addressing anxiety disorders, youth and depression, bipolar disorder, grieving, and eating disorders. ❖ Services range from programs for suicide prevention to programs designed to improve community engagement and education. ❖ This service offers training in their programs and information on career applications, with the goal of improving the lives of those struggling with mental health complications. <p>(Canadian Mental Health Association, 2022).</p>
<p>Canadian Mental Health Association: Addictions and Mental Health Services (Bracebridge, Huntsville).</p>	<ul style="list-style-type: none"> ❖ This service offers a variety of mental health resources addressing anxiety disorders, youth and depression, bipolar disorder, grieving and eating disorders. ❖ The website has a specific focus on treating and offering services for those struggling with addictions and mental health. ❖ Helpful links are given that address vaccinations and community events. ❖ A self-assessment is provided to assess if an individual may be struggling with a drug, alcohol, or gambling problem. <p>(Canadian Mental Health Association, 2022).</p>
<p>Chimo: Youth and Family Services (Lindsay).</p>	<ul style="list-style-type: none"> ❖ Chimo offers resources specific to youth, parents and caregivers, and community partners. ❖ Clinical services ranging from individual to group therapy are offered. ❖ Other programs offered include a youth court support service, mental health diversion program, sexual abuse response team, and an arson prevention program for children. ❖ Links to other services that specialize in areas such as legal support, housing, food, Indigenous support, and employment are provided for youth. ❖ Chimo offers a live-in treatment service for individuals aged 12 to 18 and provides services to benefit psychological, social and emotional needs. <p>(Chimo, n.d.)</p>
<p>Haliburton, Kawartha, Pine Ridge District Health Unit (Haliburton, Lindsay).</p>	<ul style="list-style-type: none"> ❖ This service has a specific section for teens, healthy schools, and individuals who identify as LGBTQ+. ❖ Under the ‘Teens’ section, there are subcategories that go into depth on various health concerns such as cannabis use, HPV, sexual health, stress, depression, anxiety, and tattoos. ❖ Under the ‘LGBTQ+’ heading, there is a list of resources that are accessible for students who identify as LGBTQ+, ranging from online support to school navigation. <p>(Haliburton, Kawartha, Pine Ridge District health Unit, 2022).</p>

<p>Fourcast (Lindsay, Haliburton),</p>	<ul style="list-style-type: none"> ❖ Fourcast is open to the public and is a community-based addiction treatment centre that addresses other health concerns. ❖ This service focuses on providing assistance to those struggling with alcohol, drug and gambling addictions. ❖ Programs and services include counselling, treatment services, pregnancy services, homelessness, and harm reduction. ❖ Treatment ranges from support while detoxing at home, to long or short-term residential treatment, varying with the needs and choices of the individual. ❖ The service is free of charge and can be accessed by any member of society, meaning it is accessible to at-risk youth. <p>(Fourcast, 2022).</p>
<p>Christine's Place: Pregnancy and Family Support Centre (Huntsville, Gravenhurst).</p>	<ul style="list-style-type: none"> ❖ Christine's Place is a service specializing in pregnancy support, outlining pregnancy options, and support after an abortion or miscarriage. It is a non-judgmental place for pregnant women. ❖ Women can access this service to obtain a pregnancy test and discuss the choices that arise from pregnancy. ❖ The service claims to be based on faith, providing love and support for any individual who is pregnant or grieving a loss of pregnancy, but the service is not a medical service. <p>(Christine's Place, n.d.).</p>
<p>John Howard Society (Haliburton, Lindsay).</p>	<ul style="list-style-type: none"> ❖ The John Howard Society is a service that consists of 19 offices in various locations that focuses on effective and peaceful responses to legal altercations. ❖ Programs and services addressing those impacted by the criminal justice system are offered, mainly focusing on those who have been incarcerated. ❖ Services offered for youth include but are not limited to housing programs, anger management, attendance centres, anti-theft programs, and school-based prevention programs. ❖ The John Howard Society is accessible to all members of society, meaning it is not specific to only addressing youth members. <p>(John Howard Society, 2022).</p>
<p>Lynx: Early Psychosis Intervention Program (Lindsay, Haliburton).</p>	<ul style="list-style-type: none"> ❖ This service aims to help individuals who have undergone an episode of psychosis by identifying, responding to, and managing signs and episodes of psychosis. ❖ Nurse and counselling services are offered to youth to monitor, medicate, and help individuals recover. ❖ Other programs offered include peer, family and educational support, group outings, case management and early identification. ❖ Each treatment plan is individualized, and the service is accessible to

	<p>those who are between the ages of 14 to 35 years old. (Lynx, 2022).</p>
<p>Ross Memorial Hospital (Lindsay).</p>	<ul style="list-style-type: none"> ❖ The Ross Memorial Hospital website specializes in programs addressing mental health concerns and complications. ❖ Programs offered include group counselling, a mental health in-patient unit, virtual mental health seminars, and day programs. ❖ Family mental health in-person resources are provided to address family complications ranging from divorce to depression, providing support for the members of the family and individuals directly impacted. ❖ Medical services through the hospital are not free and require a type of payment through insurance or by the individual. ❖ The hospital is accessible to all members of the public, youth included. <p>(Ross Memorial Hospital, 2022).</p>
<p>Simcoe Muskoka District Health (Gravenhurst, Huntsville).</p>	<ul style="list-style-type: none"> ❖ The Simcoe Muskoka District Health Unit is overseen by the Board of Health and offers four main services: clinics and training, <i>Healthy Babies</i>, <i>Healthy Children</i>, and connection programs to connect individuals with professionals to address their health. ❖ The health connection service offers to connect members of the public with various services that address concerns regarding child nutrition and sexual health. ❖ The <i>Healthy Babies</i>, <i>Healthy Children</i> program aims to help children maintain an overall status of good health. The program offers educational resources, counseling for parent child relationships, and more. ❖ Many of the health topics discussed by the website concern physical health factors, yet can impact an individuals' overall mental health. <p>(Simcoe Muskoka District Health Unit, 2022).</p>
<p>Simcoe Muskoka Family Connexions (Huntsville, Bracebridge).</p>	<ul style="list-style-type: none"> ❖ Simcoe Muskoka Family Connexions offers two main services that address mental health and well-being services for at-risk youth. ❖ The child protection service focuses on children who experience neglect and abuse and provides services for protection against these instances. ❖ The child and youth mental health service offers programs addressing counselling walk-in appointments, mental health programs, and a program tailored to youth in the child welfare system. ❖ Most youth programs are accessible to youth who are 16 to 24 years old. <p>(Simcoe Muskoka Family Connexions, n.d.)</p>
<p>Women's Resources</p>	<ul style="list-style-type: none"> ❖ Women's Resources is an organization run by women that aims to serve abused women and their youth.

(Lindsay).	<ul style="list-style-type: none"> ❖ Programs offered by this organization include but are not limited to teen counselling, community support programs, Victoria’s Women’s Shelter, and child witness group programs. ❖ Services offered are free and confidential, and a 24-hour support line is accessible to any woman who is experiencing various forms of abuse. ❖ Services are also tailored to youth who witness or are subjected to domestic abuse. <p>(Women’s Resources, 2016).</p>
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Table 2 presents a summary of the locations of the six Alternative Education Centres and what services are offered within the same location.

Table 2: [Services Available to the Six Alternative Education Centres].

Bracebridge	<ul style="list-style-type: none"> ❖ Canadian Mental Health Association: Addictions and Mental Health Services ❖ Simcoe Muskoka Family Connexions
Fenelon Falls	<ul style="list-style-type: none"> ❖ No services are located in this specific location.
Gravenhurst	<ul style="list-style-type: none"> ❖ Christine’s Place: Pregnancy and Family Support Centre ❖ Simcoe Muskoka District Health
Haliburton	<ul style="list-style-type: none"> ❖ Canadian Mental Health Association ❖ Haliburton, Kawartha, Pine Ridge District Health Unit ❖ Fourcast ❖ John Howard Society ❖ Lynx: Early Psychosis Intervention Program
Huntsville	<ul style="list-style-type: none"> ❖ Canadian Mental Health Association: Addictions and Mental Health Services ❖ Christine’s Place: Pregnancy and Family Support Centre ❖ Simcoe Muskoka District Health ❖ Simcoe Muskoka Family Connexions
Lindsay	<ul style="list-style-type: none"> ❖ Canadian Mental Health Association ❖ Chimo: Youth and Family Services ❖ Haliburton, Kawartha, Pine Ridge District Health Unit ❖ Fourcast ❖ John Howard Society ❖ Lynx: Early Psychosis Intervention Program ❖ Ross Memorial Hospital ❖ Women’s Resources

Method:Participants:

Participants include a selection of staff members employed at one or multiple of the six alternative education centres overseen by the Trillium Lakelands District School Board. The participants held job positions including alternative education teachers, administrative alternative education positions, and various other positions. Individuals who were interviewed have been employed by Trillium Lakelands District School Board between 10 months to 20 years, and at multiple locations or one single location. All participants play an active role in creating, providing, and implementing mental health and well-being services and programs for at-risk youth at the alternative education centres.

Procedure:

This study applied qualitative methods to gather and analyze information regarding the barriers to engagement and programming offered to at-risk youth at the alternative education centres. A list of potential participants was provided by the Trillium Lakelands District School Board and the potential participants were contacted via email. The study was approved by the Trent University Research Ethics Board before participants were contacted. The original sample included twelve potential participants, of which nine responded and a total of six completed an interview. The participants reviewed and signed a consent form prior to the completion of the interview, and were also ensured of their anonymity once the interview commenced. Each individual interview was scheduled to take place over the course of one hour, however many interviews were completed within a 45-minute timeframe. The interviews were semi-structured and followed an interview guide consisting of eleven questions with probes (Appendix C). Additional questions were raised during the interviews in the process of conversation. Once

interviews were completed, participants were thanked for their voluntary participation and engagement in the interview process.

Results:

Internal Services:

Before potential barriers to engagement and counselling could be uncovered and recommendations provided, an analysis of the existing programming needed to be established. Participants were asked to identify the current programs and services offered in order to understand the current services available to at-risk youth who attend the alternative education centres. All six alternative education centres offer guidance and counselling in person or over an online format provided by a mental health counsellor. The mental health counsellor provides services that address attendance needs, engagement concerns, and mental health concerns. The majority of participants stated that the mental health counsellor available to at-risk youth focuses on short-term solutions in order to improve the youths' situation and help them return to a healthy state in a short period of time.

The mental health counsellor was identified as the sole internal service offered across all centres. However some centres have relations with external community partners. According to participants, mental health counsellors spend an average of one to two days a week in the alternative education centre during operating hours, and some of the counsellors are shared with high schools for the remainder of the week. On days when the counsellor is not scheduled to be within the centre, classes run as scheduled and at-risk youth have the opportunity to discuss any concerns with other TLDSB staff or contact their counsellor online. The internal services focus on a tiered approach, mainly on tier two, being selected targeted group interventions and tier

three, being individual supports. Tier one focuses on universal programming for all students, followed by tier two that focuses on targeted group interventions, and finally tier three, Individualized instruction. Current programs and services are student-driven and focus on the needs of the individual being referred to the mental health counsellor. Some of the participants also discussed other services being provided to at-risk youth, such as a bulletin board with information on how to access certain external mental health services and programs.

External Services:

The alternative education centres partner with external services in order to improve the mental health and well-being of at-risk youth. The external services differ based on the geographic location of the alternative education centre, with the exception of the Mental Health and Addictions Nurse (MHAN), as all centres have access to this resource. The following services were discussed by participants in interviews; however, there may be additional external services accessed by the centres that were not identified in the interviews. Table 3 summarizes indicates the external services that were identified by participants as a resource the centre accessed to help at-risk youth who attend the centre.

Table 3. [Services Accessed by the Six Alternative Education Centres].

Centre Location:	External Services Accessed:
Bracebridge	❖ One participant stated that some external services that are often accessed by the Bracebridge centre are the Centre for Addiction and Mental Health (CAMH), the HANDS Family Help Network, and addiction counsellors.
Fenelon Falls	❖ Participants interviewed did not discuss any programs that were

	accessed by the Fenelon Falls Alternative education Centre.
Gravenhurst	<ul style="list-style-type: none"> ❖ Those interviewed from the Gravenhurst centre identified that external supports such as Mindaïd were accessed and there used to be a connection between the centre and Employment North where students could learn and access job opportunities.
Haliburton	<ul style="list-style-type: none"> ❖ Participants interviewed did not discuss any programs that were accessed by the Haliburton Alternative education Centre.
Huntsville	<ul style="list-style-type: none"> ❖ The Huntsville centre is located within the Huntsville High School and maintains partnerships with the school, meaning at-risk youth can cross-enroll in both academic institutions. ❖ Participants stated that some external services often accessed by the centre for at-risk youth are the MHAN service, a therapist employed by Family Connections, and a Youth Addictions Worker employed by the Canadian Medical Association Journal. ❖ A Dialectical Behaviour Therapy (DBT) program and a program called Mindaïd that can help at-risk youth navigate mental health are also external services offered by the Huntsville centre. ❖ Mindaïd is said to be based on Muskoka and can be accessed by surrounding centres, meaning it is not specific to the Huntsville centre.
Lindsay	<ul style="list-style-type: none"> ❖ At the Lindsay centre, an external community service referred to as Youth Unlimited provides a breakfast program weekly at the centre where students can access meals and chat amongst one another and the community members from this service.

Participants addressed some of the shortcomings of external services when accessed by at-risk youth from the alternative education centres. Many external services charge a fee for their more extensive mental health and well-being programs and services, making external resources not as easily accessible. Moreover, services that do not charge a fee sometimes cancel or postpone the appointments made with at-risk youth. In some cases, booking an appointment takes too long and may not be a realistic time to wait for an at-risk youth who is dealing with a mental health crisis and needs help immediately.

Barriers to the Alternative Education Centres for At-risk Youth:

A number of barriers to participation and engagement in the alternative education centres were identified and discussed by participants during the interview process. In order to organize and include all barriers addressed by participants, these are organized under four subheadings and each barrier is numbered. The following section discusses four main barriers: personal issues of at-risk youth, mental health, lack of services, and the social and physical environment of some centres.

Personal Life Complications:

- 1.** The first barrier mentioned frequently is the barrier of personal life complications that at-risk youth may not disclose to the staff members at the alternative education centres. Subcategories of personal life complications include transportation needs, living situations, and an unsupportive family support system. As a result, students may not want to wait for transportation or dedicate that amount of time to travel to the alternative education centre.
- 2.** Many participants identified transportation as a barrier to attendance at the alternative education centres, yet one participant disagreed. The participants stated that there is no transportation barrier because the centres provide bussing for the students, however, bussing to the students is not provided at every centre which may explain this inconsistency. Below is a quotation from one of the participants interviewed discussing their concerns with transportation being a barrier to attendance.

“Transportation is a huge one and that can be for a variety of reasons like [an] economic challenge. It can also be there is some anxiety, even if we provide a bus pass they may not feel comfortable....Our school busing system is shared with the regular schools, our instructional days are from 8:30 am-12:30 pm and any student who requires that bus, they actually need to wait until 2:00 pm and then go back to their home school high school and transfer to another bus....” (Participant 1)

3. The barrier of housing was also discussed as participants explained that some at-risk youth do not have permanent housing and as a result may be constantly changing locations in order to find friends to stay with. Both transportation and housing concerns contribute to the barrier of sleep, as it is stated by participants that many at-risk youth do not want to wake up as early as 6 am in order to take the provided bus route to the centre. If at-risk youth fail to have a stable living situation, this can also impact their sleep amount and quality, therefore impacting their academic attendance.
4. A final barrier included in the personal life complication section of barriers to attendance at the alternative education centres, is a weak support system. If an at-risk youth does not have a supportive family unit that encourages school attendance and prioritizes education with their child, it may reflect in their attendance. Participants stated that some parents of at-risk youth are not involved in their child’s academic performance and as a result, at-risk youth may not attend the centre as they do not feel supported in doing so.

Poor Mental Health:

5. A second barrier discussed in every participant interview is the barrier of poor mental health among at-risk youth. Participants discussed how almost all at-risk youth face poor mental health or mental health complications that directly influence their attendance at the alternative education centres. Poor mental health not only impacts at-risk youths' attendance, but also their social lives and communication with other students and staff members of the centres.
6. Poor mental health correlates with other barriers discussed, being the lack of a proper work ethic, self-discipline, and motivation. When at-risk youth lack motivation and discipline which are equated with poor mental health, they are less likely to care about their future and their attendance will decrease. One interview participant expressed their concerns about lack of motivation and self-discipline within this quotation:

“I think it is odd that they do not care if they get their assignments done...They do not care if they are not going to graduate on time with their friends, they do not care if they graduate at all, there is this lack of future...The idea that it just does not matter because I am not going to do anything or amount to anything.” (Participant 2)

7. The problem of poor mental health among at-risk youth can lead to other complications that are also considered to be barriers to the alternative education centres, such as substance abuse. Several participants interviewed voiced that many at-risk youth misuse substances, two common substances being marijuana and alcohol. Substance abuse was perceived as a barrier to attendance due to its long-lasting effects on at-risk youth, leading students to not attend the centre.

8. The misuse of social media was also seen as a factor leading to poor mental health due to the circulation of harmful content and the use of social media to communicate in a negative manner with other peers. Misusing social media can further diminish the mental health of at-risk youth and participants stated that some youth have hostile interactions on social media with other youth who attend the centre. This creates peer conflict and impacts youths' mental health, which can lead to a lack of attendance to the alternative education centres.

Lack of Academic and Non-Academic Programs and Services:

9. A third barrier discussed in a majority of the interviews is the lack of academic and non-academic programs and services. The structure of the alternative education academic programming is versatile and flexible, however, some participants explained that there is a lack of programming addressing grade nine and ten students. There has been an increase in grade ten students who attend the centres and most of the programming is best suited for grade eleven and twelve students. Additionally, the participants raised concerns over the structure of the independent study packages, suggesting that a solution should be identified to address at-risk youths' motivation to complete their coursework. One participant stated that:

"...Especially with the grade nine and ten credits we are not running what we call day full classes... To have a student motivated to complete packages within a thirty-day time frame or six-week time frame which is what our blocks are run at is extraordinarily difficult. They are just not able to cope, to manage, so it is a huge struggle with our independent study packages."(Participant 2)

- 10.** A lack of non-academic programs and services is also considered to be a barrier due to the fact that at-risk youth may not have their needs met. The participants interviewed discussed that if there is insufficient academic and non-academic support, meaning at-risk youth may not have support for learning difficulties or personal difficulties. As a result at-risk youth may not attend the centres.
- 11.** A lack of community involvement and community-based programs and services are also credited to causing a lack of support for at-risk youth. A lack of community involvement refers to a lack of community programming and support available to the alternative education centres to enhance programming accessible to at-risk youth. If there are insufficient community partnerships with the alternative education centres, only limited programs and services can be formed for at-risk youth who attend the centres, which may impact attendance.

Out of the participants interviewed, one individual stated that both students and parents are very aware of non-academic programming offered and would be told about the external service by teachers and the mental health counsellor. However, the remainder of participants disagreed and stated that parents and at-risk youth would not be aware of the non-academic external services listed on the website. Some participants stated that parents would not be aware and show little interest, but one participant voiced that many parents have contacted her regarding support for their at-risk youth. One participant stated that they were unaware of the 12 external resources listed on the website and therefore are certain parents and students are not

aware. Answers to the interview question ranged based on the location of the centre the participant is employed at.

Social and Physical Environment of Some Centres as a Barrier:

12. A final general barrier discussed in interviews with participants is the social and physical environment of some of the alternative education centres. Out of the six centres, the Huntsville, Gravenhurst, Fenelon Falls, and Bracebridge centres are all situated within a secondary school setting, meaning they share a building with a secondary school in that location. As a result, some concerns arise based on accessibility, however, this was thought to impact adults attending the centre more than at-risk youth.

13. The location of the centres being in a secondary school may make students feel as if they do not belong or do not ‘fit in’ with the students from the secondary school. Some of the centres that are now located in secondary schools used to have their own building that was larger and equipped with more resources, such as a kitchen. It was also stated that the move into the secondary school was due to little funding and was accompanied by a loss of teachers and counsellors for the students at the alternative education centres. The centres located in the secondary schools had to adapt to a smaller work environment and a loss of a familiar setting, illustrated in this participant quotation:

“For the youth my physical space is literally this one room now, whereas our old place we had three classrooms. We had a kitchen and we had more staff, our funding has been reduced so we lost staff and I am the only teacher and there is one room and it can cause problems.”

(Participant 3)

14. Participants explained that the change in the physical environment can lead to alterations to the at-risk youths' social environment. Since many at-risk youth face mental health challenges, the secondary school setting and smaller class size may amplify feelings of anxiety and lack of belonging. The barrier of environment can be viewed as a challenge that considers both the physical and social settings created by the alternative education centre.

Barriers to the Mental Health Counsellor:

A number of barriers to the mental health counsellor were identified and discussed by participants during the interview process. In order to organize and include all barriers to the mental health counsellor addressed by participants, the barriers are organized into four subheadings. The following section is split into four main barriers, being the barriers of time dedicated to counselling, programming, accessibility, and the guidance counsellor role. The term accessibility refers to how easily the counsellors can be accessed, as well as how welcoming and approachable they are. The following section discusses barriers to the mental health counsellor as identified by interview participants.

Time Dedicated to Counselling:

- 1.** When asked to identify barriers to the mental health counsellor, participants generally felt that the counsellor was not readily available. The mental health counsellors at the alternative education centres are not physically in the building for the full five days a week. Many of the counsellors are only at the centre for one to two days a week and are shared with other schools or centres the remainder of the week. As a result, there is a

limited amount of time designated to helping at-risk youth attending the alternative education centre. It is important to note that participants stated that the mental health counsellor often texts students or can be contacted online, but in-person accessibility is still limited. One participant stated:

“We share our mental health counsellor with a high school so the counsellor is in our building on Wednesday and Thursday mornings. If I am going to have a student that really goes into crisis I am crossing my fingers that it is on a Wednesday or Thursday so that the counsellor is there to help support in person.” (Participant 6)

- 2.** Concerns about the mental health counsellors being spread thin also lead to the consideration of geographic location as a barrier to counselling. For the mental health counsellors who are shared with other high schools or alternative education centres, they may have to travel up to 30 minutes to reach their other shared location. This can be problematic if an at-risk youth is in crisis and needs immediate help from the counsellor.

Programming as a Barrier to Mental Health Counselling:

- 3.** A second barrier to the mental health counsellor raised through the interview process is the barrier of programming. The role of the mental health counsellor in the alternative education setting is seen as a short-term solution to address the mental health concern. The mental health counsellors are also said to have a limited skill set in addressing more serious mental health concerns due to the nature of the programming offered at the centres. As a result, at-risk youth may not feel comfortable accessing this service or may

choose not to if they feel their mental health concern is too severe to be addressed. In a participant interview, a subject stated:

“A challenge is how we are serving our students with greater needs. We have fantastic counsellors, but their skill set and their time is limited so it is really tricky to be present in the schools these days.” (Participant 1)

4. In terms of programming, subjects also discussed the lack of mental health and well-being-specific programming at the alternative education centres. The mental health counsellor is the sole mental health and well-being service offered within the alternative education centre, meaning at-risk youth must navigate external sources for other forms of support. Participants listed a lack of mental health and well-being programs as a barrier to the mental health counsellor because accessing a one-on-one counsellor may be too intimidating to at-risk youth.

Accessibility of Services as a Barrier to Mental Health Counselling:

5. A third barrier to the mental health counsellor involves the accessibility of the services provided by the alternative education centres. Participants stated that a barrier to the mental health counsellor was being aware that a counsellor is available, as well as knowing how to access the counselling services. Low attendance of at-risk youth to the alternative education centres is a concern for the TLDSB, and low attendance contributes to the barrier of accessibility of the mental health counsellor. By having at-risk youth who are not attending the centre on a regular basis, the service of counselling is not being accessed and used to its full capacity. One participant stated:

“The barrier to the appointments and the barrier to the referrals is that many of these at-risk kids, because of their difficulties, they are not coming on a regular basis. We cannot see a kid who is not here.” (Participant 4)

6. Another concern is the presence of stigma in regards to attending or seeking help for mental health concerns. A student may feel judged, shamed, or belittled by others or their own personal perception may be altered due to accessing mental health counselling. As a result, a student may not access the mental health counsellor provided by the alternative education centres.
7. The creation of a safe environment is also said to be a barrier relating to accessibility due to the fact that a safe environment needs to be formed in order to address mental health and well-being concerns. If at-risk youth do not feel comfortable in the alternative education centre environment, due to personal concerns, peers, or staff, they are less likely to feel like they can share their mental health and well-being concerns. If a safe environment is created by the centres, students will be more likely to access the mental health counsellor and their overall well-being can be improved.

When discussing accessibility as a barrier, there was a varied response amongst the participants interviewed. One participant stated that the services are easily accessible and that the COVID-19 pandemic has made these services more accessible, whereas a majority stated that the services were mostly accessible. Two participants voiced their concerns about the accessibility by stating that internal services can be accessible, but not always due to barriers such as lack of time dedicated to counselling and lack of at-risk youth attendance to the centre.

The Limitation of the Mental Health Counsellor Role as a Barrier to Counselling:

8. A final barrier to the mental health counsellors at the six alternative education centres, is the limitation of the mental health counsellor role itself. Some at-risk youth require help that is beyond the skill set of the mental health counsellor, leading to many at-risk youth being referred to other external sources and services. At-risk youth may not access the counsellor if they are concerned that they will be referred to another service which may be accompanied by a fee or a longer wait time. During the interview process, one participant said:

“The limitation of the referral itself I think can be a challenge. If they have more significant mental health issues, I think that is where there is a gap and particularly if they do not recognize it or are not willing to pursue the next steps recommended that might be offered by another professional.” (Participant 1)

9. Participants also discussed the referral process as being a barrier to the alternative education centre. The referral process was seen as not an immediate support for students who may be in crisis, however, many participants stated that the mental health counsellor does have an open door policy when they are present in the centre.

Results drawn from interviews provided mixed information on the mental health counselling process. Two participants stated that students need to express a need to a teacher or the counsellor to be referred to the mental health counsellor at the alternative education centre. However, the remainder of participants expressed that students can self-refer to the mental health

counsellor and that there is an open door policy, meaning students can go visit the counsellor if their door is open without a referral. It is important to note that variation of answers could be a result of different protocols based on the location of the alternative education centre, or a failure to mention that students can self-refer in the interview process.

Suggestions From Interviews to Reduce Barriers:

A variety of recommendations that aim to improve attendance to the alternative education centres and the mental health and well-being of at-risk youth emerge from data gathered from interviews with TLDSB staff members. All recommendations are presented and considered, regardless of whether they are presently feasible for all or any of the six alternative education centres overseen by the TLDSB. The recommendations aim to enhance the current approach being used by the alternative education centres under the TLDSB jurisdiction and are numbered.

1. The recommendation of an afternoon class time was suggested in order to address attendance to the alternative education centres. One participant stated that:

“We have tried to shift and look at a different model where we have a teacher that would have like afternoon class time, we do have some students that actually are coming and so that's one of the things moving forward that we might consider a little deeper... We know that for some teenagers there their brains just need more sleep and getting on a bus at 7:00 o'clock in the morning just doesn't work for them...” (Participant 6)

An afternoon class time would give at-risk youth more time to rest and prepare for the day. By offering an afternoon class time, students might receive more time dedicated to sleep and attendance may improve.

2. A second recommendation emerging from participant interviews was to bring external community partners into the alternative education centres for a partner showcase. One participant suggested:

“We should bring community partners into the centres and have a little showcase and John Howard can set up some kind of table with pamphlets.” (Participant 6)

By bringing the external community partners into the alternative education centres, students have the opportunity to learn about what services are offered and gain the contact information of community partners discreetly. Learning about these services through a showcase might improve the relationship between the centres and the community and address the mental health of at-risk youth.

3. The recommendation of a placement clinic with Trent University or Fleming College was suggested to enhance the current approach at the alternative education centre located in Lindsay. In an interview, a participant claimed:

“Dalhousie and Waterloo University both have a clinic that is supported by students. It is supervised by staff but supported by students, like fourth-year social work students, fourth-year occupational therapy students, fourth-year psychology and sociology students or forensic students. They might choose to do a placement in that clinic and then that clinic would be run by

students and supervised by a person at the Board. I think that is a worthwhile model to explore for the Lindsay education centre.” (Participant 4)

A placement clinic with Trent University or Fleming College is cost-efficient for the centres and benefits both parties involved. The creation of a placement clinic could improve both the attendance of at-risk youth to the centres as well as their mental health and well-being.

4. An additional recommendation similar to the previous one, is to create partnerships with secondary schools. The recommendation stemmed from the following remark:

“We are able to do cross-enrollment for students that may benefit from some of that hands-on learning. Students can cross-enroll and come into the tech classes in Huntsville High School...It is something that I think is pretty awesome that we're really seeing a lot more of this year.” (Participant 5)

By considering a partnership with secondary high schools for the alternative education centres that are situated within a secondary school building, more resources might be accessed by at-risk youth. Alternative education students could access peer support programs and possibly non-academic programming in order to improve their sense of belonging and mental health and well-being.

5. A final recommendation emerging/resulting from interviews with participants is the recommendation to survey students in order to gain insight as to what programs they would like to see offered and what would increase attendance. The suggestion came to light following this participant’s statement:

“I would probably survey my current students and say we are looking to develop some programs and we would like your input and I would probably look at a survey choice or a focus group choice to get some input from the students as to what they would say....” (Participant 4)

By asking at-risk youth directly what programs and services they would like to see within the alternative education centres, the enhanced approach is tailored to the students’ needs and wants. Surveying students is a strategy that might be used to gain a better understanding of what at-risk youth find challenging in their lives, as well as what they believe is needed to enhance the current academic and non-academic programming.

Systematic Literature Review: Best Practices Addressing Mental Health and Well-Being in Alternative Settings

A literature review was conducted in order to examine other practices used in academic and non-academic settings in North America. The literature examined consists of sources published from 2014 to 2022 and includes grey literature sources situated in Ontario. A total of 19 sources were considered and it were reduced to 12 sources based on the criteria of relevance, publication date, and significant findings pertaining to mental health and well-being. The discussion first examines broader practices said to be effective in alternative education centres, followed by specific programs used to address mental health and well-being. The discussion includes both practices and approaches to mental health and well-being that have been deemed effective or ineffective.

Alternative Education Settings in the United States:

Research studying what services are typically offered across alternative education centres in the United States is useful when determining what practices are best for addressing mental health among at-risk youth. A descriptive report from the United States outlined the importance of implementing evidence-based interventions and nine effective practices to address academic, behavioural, and mental health concerns (Kumm et al, 2020). Among the practices deemed effective in an academic setting are a small student-to-teacher ratio, behavioural management, positive reinforcement of good behaviour, mentoring, functional behavioural assessment, and social skills mentoring (Kumm et al, 2020). Other effective practices included successful academic instruction, involvement of parents, and positive behavioural interventions and supports (Kumm et al, 2020).

The report also considered the reason why an at-risk youth may attend an alternative education centre, as well as why a variety of programs remain beneficial in addressing various concerns (Kumm et al, 2020). Emotional and behavioural actions and disorders and struggles with the academic workload are listed as reasons some attend alternative education centres (Kumm et al, 2020). Understanding the reasons at-risk youth enrol in alternative education centres can help centres create and maintain programs and services that address mental health and well-being both in and outside of a classroom setting (Kumm et al, 2020).

A Systematic Review of Social, Emotional, and Behavioral Interventions and Outcomes for Students in Alternative Education:

A systematic literature review that discussed beneficial intervention and mental health programs in alternative education centres from the years 2010 to 2022 provides insight as to what programs are most beneficial for at-risk youth. The review focused on centres located in the

United States and examines common interventions used, different types of interventions, and suggestions for challenges experienced when addressing mental health in an alternative setting (Ballard & Bender, 2022). The study found various programs and interventions that were highly effective in an alternative education setting, such as the integration of Positive Behavioural Supports and Interventions (PBIS), a method that rewards positive behaviour (Ballard & Bender, 2022). A second program deemed impactful is the check-in and check-out program where students meet with a mentor at the beginning of the day to discuss their goals and once again at the end of the day to examine their day (Ballard & Bender, 2022). This individualized program gives the student an opportunity to speak about their daily experiences and feelings surrounding their behaviour and mental health. Lastly, the review mentioned the beneficial use of substance abuse services and programs that used various ways to both eliminate and deter substance abuse (Ballard & Bender, 2022).

Ballard & Bender's (2022) review concluded that there are limitations and shortcomings in the delivery of health interventions and programs. The review found that most alternative education centres failed to employ most of the highly recommended practices in the delivery of their programs (Ballard & Bender, 2022). The in-depth review also concluded that intervention research in alternative education centres is minimal and the impact of social, emotional, and behavioural programs in alternative settings is limited (Ballard & Bender, 2022). As a result, it is difficult to integrate useful interventions if there is little research on what works best in alternative education centres for at-risk youth, giving further rationale for the value of the research being conducted (Ballard & Bender, 2022). Alternative education centres are encouraged to implement interventions that consider the cultural backgrounds of the students and broader communities outside of the school to most accurately address individual concerns

(Ballard & Bender, 2022). It was also suggested that due to the nature of at-risk youth, strength-based programs and interventions should be adapted to improve confidence, self-esteem, and overall health as these programs focus on the strong qualities that students possess (Ballard & Bender, 2022).

School Nurses in Alternative High Schools:

A study conducted in Texas in 2009 provided a beneficial analysis of the role of school nurses in addressing at-risk youth in an alternative education setting (Hoskote & Johnson, 2022). The study was conducted in response to the overwhelming amount of data stating that mental health symptoms, such as suicidality and depression, are higher among at-risk youth in alternative high schools compared to other high schools (Hoskote & Johnson, 2022). The method used was an online survey composed of questions addressing current mental health and well-being practices used by nurses, the number of hours they had spent addressing mental health, and how they teach students about mental health (Hoskote & Johnson, 2022). The sample included a range of full-time and part-time nurses located in both urban and suburban alternative high schools in Texas to determine if location and job role were factors in addressing mental health and well-being (Hoskote & Johnson, 2022).

One of the findings of the study was that nurses in alternative high schools spend an average of 5 hours every week addressing mental health and well-being concerns (Hoskote & Johnson, 2022). Moreover, the nurses voiced that when addressing these concerns, more than half the time it was often between an individual and the nurse (Hoskote & Johnson, 2022). Out of the sample population, 85% of nurses stated they had taught students about mental health in the last year and full-time nurses were more likely to provide counseling than part-time nurses

(Hoskote & Johnson, 2022). The findings speak to the importance of having nurses available in an alternative education setting, yet a larger sample and more descriptive data would be beneficial to fully understand the impact of having nurses in alternative settings. Moreover, the impact of the work provided by nurses to at-risk youth should be examined in future studies (Hoskote & Johnson, 2022). This study showcases a unique example of how implementing nurses in alternative education settings provides a resource to at-risk youth who suffer from mental health and well-being concerns.

Reducing Disparities in Academic Outcomes Among Youth of Color:

A study consisting of both qualitative and quantitative methods of data collection examined the results of an alternative education program in addressing the mental health and well-being of at-risk youth of colour in the United States. The study took place in New Orleans over a 3-year period, gathering information from 232 African American student youth at the alternative education centre collected by the alternative education staff (Phillippi et al, 2021). The information collected consisted of the individuals' demographic location, psychosocial records, attendance, and quality of life (Phillippi et al, 2021). Mental health concerns such as employment, substance abuse, and any prior connection with the justice system were also identified in the data collected (Phillippi et al, 2021).

By using both focus groups and survey methods the study provided insight into beneficial and non-beneficial strategies used by alternative education centres (Phillippi et al, 2021). Attendance records indicated that classrooms that were all-male maintained a higher degree of class time compared to co-ed classes and individuals received roughly 18 hours of professional support during a four-and-a-half-month period (Phillippi et al, 2021). Additionally, all-male

classrooms had the greatest number of students return for a longer duration than 18 weeks compared to co-ed classes, and most students stated that the strength of the centre was one-on-one conversations with their teacher or support worker (Phillippi et al, 2021). In terms of challenges at the alternative education centre, students said flexibility and distractions were challenges, as too much flexibility and distraction led students to not work as hard (Phillippi et al, 2021). Moreover, students suggested more mentoring and counselling regarding responsibilities outside of the program and more support that addresses creating a resume or finding a career (Phillippi et al, 2021). The results of this study illustrate an example of what a social minority group finds helpful in an alternative education centre, as well as what areas can be improved to benefit at-risk youth. A limitation of this study is that all-female classes were not assessed or considered. In terms of the effectiveness of this study, the results provide a general overview of the strengths and weaknesses of this alternative education centre and more research on specific programs and services should be conducted.

Effectiveness of a School-Based Yoga Program:

A study conducted on the effectiveness of a school-based yoga program provides important information regarding the improvement of mental health and well-being concerns among at-risk youth in an alternative setting. The study was undertaken to examine the impact of a yoga program that incorporated social and emotional wellness into its programming among a vulnerable sample (Frank et al, 2014). The vulnerable sample included students who struggle with behavioural issues, mental health concerns, suspension, and more (Frank et al, 2014). Participants in the study were in grades ranging from 9 to 12, and there were a total of 49 students all attending the same alternative education school for at-risk youth in California (Frank

et al, 2014). The participants were referred to the alternative education school due to risk factors such as poor grades, disrespectful attitudes, and suspension, among others (Frank et al, 2014). The research was conducted using a quasi-experimental approach and once parental consent was granted, yoga sessions were given 3 to 4 times a week during the first semester by certified instructors (Frank et al, 2014).

Results of this study indicated that the implementation of a yoga program significantly reduced mental concerns such as anxiety and depression among at-risk youth (Frank et al, 2014). Psychological distress was also reduced among at-risk youth after the yoga program was introduced (Frank et al, 2014). Results also concluded that participants showed problematic responses to stress such as problematic behaviour and disturbing thoughts, which may decrease with the implementation of a yoga program (Frank et al, 2014). The findings also indicated that feelings and actions of revenge and aggressive behaviour decreased after the yoga program was introduced (Frank et al, 2014). This study illustrates the usefulness of a physical-based program in improving the mental health and well-being of at-risk youth by improving feelings of anxiety, depression, and aggression (Frank et al, 2014). However, there was no evidence analyzing how the yoga program impacted participants' general mood and daily feelings beyond the yoga class, which could be beneficial in determining more comprehensively the effectiveness of the yoga program (Frank et al, 2014).

Youths' Perceptions of How Their Self-Determination Was Supported in Alternative Programs:

A case study that focused on youths' perceptions of their self-determination in alternative education settings offers a unique perspective from at-risk youth on the effectiveness of alternative education centre programs and services. The study analyzed two alternative education

centres and interviewed at-risk youth ranging from 15 to 19 years old, most with a history of mental health concerns, substance abuse, or a learning disability (Hofer et al, 2021). The participants were interviewed, and self-determination theory was used as a basic guideline to understand participant perceptions of how their basic emotional needs were being met by alternative education programs (Hofer et al, 2021). Self-determination theory implies that human beings have three main psychological needs: autonomy, belonging, and the need for competence (Hofer et al, 2021).

The findings of this study concluded that participants' feelings of autonomy, belonging and competence were fulfilled by alternative education centre activities and discussed how these activities impacted their education and well-being (Hofer et al, 2021). Autonomy was said to be achieved through displaying choices in activities, and belonging was supported through their engagement with other students and alternative education centre teachers (Hofer et al, 2021). Lastly, competence was achieved through programs that incorporated participants' interests and assets and self-determination was said to be crucial for youths' well-being and engagement (Hofer et al, 2021). Various ways to achieve these feelings of confidence and motivation were recommended, such as teachers encouraging collaboration, talking about personal experiences, and creation of an autonomy-supporting classroom over a controlling environment (Hofer et al, 2021). Programs that create a connection between students and other students, students and teachers, and students and counsellors, are said to improve student autonomy and confidence (Hofer et al, 2021). The results of this case study are beneficial as they provide a general overview of what basic needs might best be met for at-risk youth in alternative education centres. However, the study focused on positive experiences in alternative education centres, therefore neglecting to analyze negative factors that may impact student experiences (Hofer et al, 2021).

As a result, the participants' attention tended to focus on the better experiences offered at alternative education centres, over areas that may need improving (Hofer et al, 2021).

Inclusive policy development in a community-based alternative education program serving LGBT youth:

A descriptive study that analyzed the impact of an alternative education centre in Louisiana that had adopted non-discrimination policies to support lesbian, gay, bisexual, and transgender (LGBT) at-risk youth demonstrates the importance of implementing an LGBT program (Phillippi et al, 2021). The sample consisted of 232 students from an alternative education centre of which 15% identified as LGBT and data was collected by alternative education staff members (Phillippi et al, 2021). The sample used was assessed to examine program and participant characteristics and how successful they were in the program based on data collected by the education centre (Phillippi et al, 2021). An in-depth literature review discussed concerns relating to how LGBT youth were at risk for victimization in school settings and some LGBT youth had reported being disciplined when they report an issue of victimization (Phillippi et al, 2021). The literature review suggested that other educational settings in the United States also reported positive outcomes when implementing an LGBT program to address the needs of this marginalized group (Phillippi et al, 2021).

Findings from this study indicated that LGBT youth were more likely to attend an alternative education centre due to unique challenges faced by this community in school settings (Phillippi et al, 2021). The LGBT participants performed at the same level as non-LGBT participants and were successful due to the inclusivity of the program, despite varying psychosocial backgrounds (Phillippi et al, 2021). The findings indicated that measures such as

satisfaction with life, grades, and graduation from the program, were consistent with non-LGBT participants (Phillippi et al, 2021). This study provides an outline for other alternative education centres to replicate a program that supports LGBT youth, as the program's non-discrimination policies created an environment where all students were successful (Phillippi et al, 2021). Limitations of this study include that only self-identifying LGBT youth were included in the selection of participants and there is no differentiation between the various classifications of LGBT (Phillippi et al, 2021).

The following sources consist of grey literature from Ontario discussing ways to improve the mental health and well-being of at-risk youth. The programs and strategies are used in academic and non-academic settings and address various mental health concerns. Teaching strategies, the inclusion of minorities, and the findings of annual government reports are discussed in order to formulate a collection of best practices to support the mental health and well-being of at-risk youth in alternative education centres. See also a study examining LGBTQ youth in mainstream and alternative school settings, as it yields similar results to the previous study (Snapp et al, 2015).

Ontario's Guidance Counsellors: Spread Thin in an Environment of Growing Expectations

A charity organization referred to as People for Education released a report that addressed concerns with guidance counsellors in Ontario school settings (Hamlin et al, 2016). The report was developed in response to the ever-changing nature of social, economic, and technological advancements, leading students to face new challenges and opportunities that previous generations have not faced (Hamlin et al, 2016). Across various academic and non-academic

settings in Ontario, two main challenges were evident for guidance counsellors. Firstly, the guidance counsellor role was ill-defined, and guidance counsellors are not employed in all school settings and those who were, were often employed to serve large numbers of students (Hamlin et al, 2016). In 2013, a program referred to as “Supporting Minds” was introduced to address mental health and well-being concerns among youth in educational settings (Hamlin et al, 2016). It was based on teachers referring those who have mental illness concerns to guidance counsellors (Hamlin et al, 2016). This approach, however, along with other similar programs, can be problematic, as many guidance counsellors do not possess the required training to be addressing such issues as it falls outside their jurisdiction (Hamlin et al, 2016).

The report discussed the amount of time guidance counsellors spent addressing certain issues with students. Among the seven areas that guidance counsellors typically addressed with students, the second most common was mental health concerns, and the first was academic achievement (Hamlin et al, 2016). This is of concern as there is a lack of staff to address these concerns, and even a full-time counsellor may not possess enough time to address the concerns of at-risk youth if the school setting is large (Hamlin et al, 2016). Various recommendations arise from the report, such as evaluating the range of school policies that address guidance counselling in order to promote a similar outline that can be followed across every school setting (Hamlin et al, 2016). Two other improvements suggested spoke to the need to more clearly define the role of the guidance counsellor, and to discover cost-effective ways to employ guidance counsellors in settings that may not have full-time guidance staff, such as alternative education centres, elementary schools, and school settings in rural areas (Hamlin et al, 2016). However, this report highlights the important role of having a guidance counsellor to address at-risk youth (Hamlin et al, 2016).

Indigenous Children and Youth Programs:

A strategy aiming to improve the lives of Indigenous children and youth provided by the Government of Ontario outlined programming and services implemented in both an academic and non-academic settings (Government of Ontario, 2022). The document included the Ontario Indigenous Children and Youth Strategy (OICYS), a strategy intended to improve and create services and programs for Indigenous youth while recognizing the various challenges they face (Government of Ontario, 2022). The goal of this already in-progress strategy is to alter the child and family service system to a system that is more grounded in community leadership and employed prevention strategies in all aspects of society (Government of Ontario, 2022).

Among the various programs available in the community, there were two programs addressing Indigenous youth in urban areas (Government of Ontario, 2022). The strategy also incorporated a student nutrition program for Indigenous youth who attend the alternative secondary school program (Government of Ontario, 2022). The nutrition program served the purpose of providing Indigenous youth with healthy meals and snacks to help facilitate greater concentration and success during the school day (Government of Ontario, 2022). By providing this service, Indigenous youth benefitted both mentally and physically. Moreover, at-risk individuals that are from low-income household or struggle with nutrition are considered. The Ontario Indigenous Children and Youth Strategy also included a family well-being program that addresses violence against Indigenous girls and the overall well-being of Indigenous youth (Government of Ontario, 2022).

Poverty Reduction Strategy (2015 Annual Report):

The 2015 Annual Report by the Government of Ontario discussing the poverty reduction strategy highlighted the progress made in 2015 regarding strategies that address youth homelessness (Government of Ontario, 2022). Among the highlights of this report, the government discussed the importance of addressing homeless youth and how implementing programs that provide exceptional care for youth can improve the well-being of youth (Government of Ontario, 2022). Investments made in 2015 by the Government of Ontario that address the physical health, mental health, and emotional health of at-risk youth contributed to addressing concerns faced by youth, such as nutrition programs and more funding (Government of Ontario, 2022).

One of the successful programs to support at-risk youth was a student nutrition program, run by volunteers who provided youth with a healthy meal and snack options at certain schools across Ontario (Government of Ontario, 2022). The 2015 report included the voice of an alternative education teacher in Niagara Falls who claimed that their nutrition program leads students to be successful in their academics, improves their well-being, and leads to higher graduation rates (Government of Ontario, 2022). At this alternative education centre, the meals can be prepared and eaten together, creating a community-like atmosphere where it is easier to connect with other peers, mentors, and staff members (Government of Ontario, 2022). It is stated that the nutrition program plays a key role in improving physical, mental, and emotional health in the classroom setting as well as outside the classroom (Government of Ontario, 2022). The 2015 Annual Report encouraged new programming options such as nutrition programs in the school setting to increase engagement and promote attendance rates, an idea that can be incorporated into alternative education settings (Government of Ontario, 2022).

The Problem with Ableism:

A trade publication published by the Canadian Teacher Magazine discussing ableism provided meaningful insight into how to address diversity, inclusion, and equity in an educational setting (Lebenhagen, 2022). This article discussed what ableism looks like, feels like, and sounds like, as well as solutions to minimize ableism and promote an inclusive space for at-risk youth (Lebenhagen, 2022). Ableism is described as discrimination towards those who are disabled in various ways (Lebenhagen, 2022). Practices adapted into school settings that aim to create a more respectful and safe space for various races, genders, and other types of diversity are said to improve student well-being and success (Lebenhagen, 2022). Ableism is often overlooked in these approaches, as many students with disabilities are not accounted for, which is just as pressing as the systemic issue of racism since both create misconceptions and barriers to equality and success for students (Lebenhagen, 2022). It is important to note that the most reported disability is a learning disability, showcasing why ableism needs to be addressed in an alternative education setting to improve the quality of life of disabled students (Lebenhagen, 2022).

Examples of ableism can include schools that are inaccessible to those who are inaccessible to those who are physically disabled, student segregation in academic and non-academic programs, and an insufficient number of disabled role models incorporated into the school community (Lebenhagen, 2022). Ableism can also include speaking to a disabled individual in a manner that is belittling, calling out a disabled student based on their disability, and being suspicious of a disabled student's needs (Lebenhagen, 2022). The article suggested solutions to the problem that can be implemented in an educational setting, such as prioritizing the inclusion of students with disabilities in academic and non-academic programming

(Lebenhagen, 2022). Other solutions mentioned included re-evaluating common ideas surrounding participation, communication, time, and writing as the only valid way of expressing student knowledge, as well as considering the variety of student experiences (Lebenhagen, 2022). By acknowledging the presence of ableism in educational settings, as well as how ableism can be incorporated into programs designed for at-risk youth, programming can be readjusted to tailor to all risks and mental health complications youth face (Lebenhagen, 2022). This can be incorporated into an alternative education setting in order to create a safe and inclusionary environment that benefits the mental health and well-being of youth with various disabilities.

The End of Discipline in the Classroom:

An article published by Teach Magazine under the alternative education section provides a detailed description of how discipline is a harmful method of educating youth (Stone, 2020). The article explained how many educators see misbehaviour as a disrespectful act, rather than a reactive act that has a deeper meaning behind it (Stone, 2020). Instead, approaching disruptive students in a way that showcases respect and dignity is considered to be more beneficial as opposed to disciplining the child without trying to understand their actions (Stone, 2020). Experts on education have suggested that, by creating a strong bond with students, educators can reduce disruptive behaviour in academic and non-academic settings (Stone, 2020). Warnings and discipline are often ineffective and a teacher interviewed for this publication stated that when she got to know the students in her class, disruptive behaviour was not an issue (Stone, 2020).

By not resorting to discipline in educational settings, perspectives can shift from viewing students as poorly behaved to addressing the reason that the behaviour is happening in the first place (Stone, 2020). The key to addressing behaviour at its root cause is by letting students speak

about their emotions and feelings, which can be done by speaking with teachers, mentors, and counsellors (Stone, 2020). It is important to note that when students speak about their experiences and emotions, it must also not be met with discipline or invalidation as that will not create an environment based on mutual respect (Stone, 2020). Moreover, implementing programs and services where students have a safe space with professionals or peers to discuss emotions is important to create an understanding environment (Stone, 2020).

Best Practices Emerging from Systematic Literature Review:

A series of recommendations and effective practices emerge from the systematic analysis of the literature review. All recommendations are discussed and considered, despite the fact that they may not be feasible for all or any of the six alternative education centres overseen by the TLDSB. The recommendations are numbered and aim to increase attendance at the alternative education centres and enhance the current approach to mental health and well-being programming at the centres.

- 1.** The involvement of parental figures was deemed to be effective in improving the mental health and academic performance of at-risk youth in alternative education settings. By increasing parental involvement, a more supportive and engaging home environment can be formed, therefore improving the academic performance of at-risk youth. The involvement of parents can be implemented into alternative education centres programming to address mental health and lack of attendance in alternative settings (See Kumm et al, 2020).
- 2.** A second recommendation emerging from the review of the literature is the implementation of positive reinforcement and Positive Behavioural Supports and Interventions (PBIS). Rewarding positive behaviour is a recommendation to improve

challenges experienced by at-risk youth as it focuses on the strengths and accomplishments of students, therefore instilling confidence and encouragement. By emphasizing the positive traits and behaviours demonstrated by at-risk youth, they are more likely to want to participate in academic and non-academic programming (See Kumm et al, 2020, & Ballard & Bender, 2022).

- 3.** A check-in and check-out program was shown to be an effective method to improve the mental health and well-being of at-risk youth and is easy to implement into alternative education centre programming. This program requires students to meet with the mental health counsellor at the beginning of the day and once again at the end of the day to discuss any concerns, goals, or feelings about their day. This mental health and well-being program gives at-risk youth the opportunity to connect with the counsellor on a one-to-one basis and allows them the opportunity to discuss whatever they choose. This approach, which can be executed remotely or in person, addresses the mental health and well-being of at-risk youth and can be used to assess current attendance levels (See Ballard & Bender, 2022).
- 4.** A substance abuse program shows promising results in improving the mental health and well-being of at-risk youth. This program could be formulated through the partnership of an external service or embedded into a course curriculum to address and provide support to youth who may partake in substances. Substance abuse programs are deemed efficient in minimizing or eliminating substance abuse within alternative education settings (See Ballard & Bender, 2022).
- 5.** An additional recommendation emerging from the literature review is the utilization of an on-site nurse in the alternative education centres. Nurses are used in alternative education

centres to address both physical and mental health and well-being concerns on a community and individual level. The implementation of a nurse could be an external partnership where a nurse may come in and discuss overall health with at-risk youth (See Hoskote & Johnson, 2022).

- 6.** The implementation of culturally diverse programming is seen as a useful tool to formulate personal connections and improve the mental health of at-risk youth who are from various cultural backgrounds. By incorporating culturally diverse programming into academic and non-academic services, at-risk youth can have their individual concerns met and a sense of belonging is created. Culturally diverse programming can be implemented in hopes to improve the mental health and well-being of at-risk youth by formulating a safe environment for all at-risk youth (See Ballard & Bender, 2022).
- 7.** Two successful programs identified in the literature speak to programs and services that support the LGBTQ+ Community and Indigenous Peoples. Both programs support social minorities, an important component as these youth are disadvantaged and possess a higher chance of ending up continuing their education in an alternative setting. Positive outcomes arise from these programs and both programs improved the physical and mental health of at-risk youth. These program suggestions can be incorporated as a peer support program or a supervised program run by a staff member at the alternative education centres (See Government of Ontario, 2022, & Phillippi et al, 2021).
- 8.** A final recommendation stemming from the review of literature is a review of alternative education practices that may incorporate ableist assumptions, as well as how this impacts at-risk youth. Ableism is often underlying in many educational settings and many students have their needs neglected as a result. By addressing ableism through a staff

meeting or session open to all students and staff members, both learning disabilities and physical disabilities can be accounted for, creating a safe environment that improves the mental health and well-being of at-risk youth (See Lebenhagen, 2022).

Recommendations:

The following recommendations are based on suggestions that resulted from best practices in the literature review and participant interviews. The following recommendation are split into two categories, being easy to implement recommendations and long-term recommendations. The recommendations discussed can be adjusted and adapted into the current approach used by the TLDSB alternative education centres to enhance current approaches. The recommendations address both mental health and well-being programs for at-risk youth and aim to enhance attendance at the alternative education centres.

Short-Term & Easy-to-Implement Recommendations:

- ❖ Implementing a tier one approach proves to be an effective practice in other alternative education schools, and was suggested by interview participants. In a tier one approach, all students are granted instruction on mental health and well-being, as opposed to a tier 2 and tier 3 approach, focusing on small groups of students and individual students. This type of approach may be easily implemented into some of the larger alternative education centres overseen by the TLDSB, by offering non-academic programming geared towards all students. Some of the following recommendations incorporate a tier-one approach in order to improve the mental health and attendance of at-risk youth at the centres.

- ❖ A recommendation occurring from both the literature review and interviews with participants was to embed a mental health and well-being program into the curriculum. By incorporating a section dedicated to mental health and well-being into the curriculum, all students receive the opportunity to learn about available supports and beneficial mental health practices. The alternative education centres have flexibility as to what they might include in their curriculum as well as the most effective way to deliver the programming in the classroom setting. It was also suggested that the mental health counsellor could enter the classroom and discuss mental health supports with at-risk youth, as opposed to the teacher.
- ❖ Implementing peer support groups might increase attendance and enhance the current approach to mental health and well-being used by the alternative education centres. Peer support programs offer at-risk youth the opportunity to discuss mental health and well-being concerns with other students who may be going through similar experiences. A peer support group may be monitored by staff members but driven by student wants and needs, leading to an inclusive community-based environment. Students may formulate peer support groups to address social issues, mental health concerns, injustices, and other concerns that bring people together.
- ❖ A final recommendation that proved effective in one alternative education centre overseen by TLDSB is the creation of personal connections with students that avoids discipline. By having staff members create personal connections with at-risk youth, a sense of belonging is formed and students are more likely to want to be in the alternative education centre environment. By avoiding discipline, at-risk youth will not feel like they are being punished or like they do not belong in the centre. Personal connections might

improve the mental health and well-being of at-risk youth by creating an open relationship with staff members where they feel safe to voice their needs or concerns.

Longer-Term Recommendations:

- ❖ An effective practice that may be used to enhance the current approach used within the alternative education centres is the incorporation of small group events for at-risk youth. Examples of said events include a yoga program aimed to deter stress and improve the clarity of the mind, a breakfast club to offer students a nutritious meal to start their day, or a knitting program to offer at-risk youth the opportunity to learn a new skill. Offering group events provides at-risk youth with an exciting opportunity to engage with community partners, other students, and TLDSB staff while addressing their mental and physical health.
- ❖ The suggestion of more funding dedicated to mental health counselling occurred in both the literature review and interviews with TLDSB staff members. Mental health counsellors oversee large groups of students or are shared with other school institutions. Counsellors are also faced with the job of addressing a wide range of issues that may fall outside of their skill set. More funding would enhance the services offered by the mental health counsellor, leading to the improvement of mental health and well-being services provided by the alternative education centres.
- ❖ A program geared specifically to encourage at-risk youth to care about academics and instill a sense of motivation and self-worth into at-risk youth is recommended. Also referred to as strength-based programming, this technique aims to enhance the good qualities that at-risk youth possess. By implementing some variety of programming

aimed to increase self-worth and motivation, students may be more likely to improve their overall health and attend the centres.

- ❖ Dedicating more time to mental health counselling is recommended to better assess the mental health and well-being of at-risk youth. By providing more time dedicated to counselling services, students have the opportunity to discuss concerns relating to their mental health more frequently and are provided with a more accessible service. This recommendation also addresses the concern of not being able to respond to a student in crisis due to the limited time dedicated to counselling currently in place.
- ❖ Another effective practice that might be implemented into the current approach used by the TLDSB alternative education centres is to form and maintain partnerships with outside community partners. By increasing these partnerships, more services might be offered to at-risk youth through the community and outside partners brought into the centres to provide their mental health and well-being services to at-risk youth. Outside partnerships might strengthen the sense of community with the alternative education centres and provide unique services and programs that are not at the expense of the alternative education centres.

Limitations:

The study provides a general overview of the current approach to mental health and well-being services and programs for at-risk youth used by the TLDSB alternative education centres. This study concludes with a variety of recommendations to improve and enhance the current approach used, and addresses the perceived barriers to accessibility and engagement. However, the study has several limitations that may be addressed by future studies conducted on alternative education centre settings. The participant sample chosen for the study was small,

consisting of only six alternative education staff members. As a result, the information gathered through interviews was limited and included the voices of a small selection of staff members. Additionally, the twelve participants contacted to participate in this study included two mental health counsellors who did not respond and therefore were not included in the final participant selection. Due to this, data related to the practices of mental health counsellors within the alternative education centres may not be reflected. Another limitation is that out of the six participants, not all six of the centres were represented as some participants were employed at the same centre. Therefore, the data collected does not represent practices incorporated into non-academic programming from all six of the alternative education centres. Future studies should aim to formulate a more representative participant sample that includes staff members employed at all six locations and mental health counsellors.

Conclusion:

This study provides an overview of the current approaches used by TLDSB alternative education centres, outlines a number of barriers to access, and suggests recommendations that might be implemented to enhance attendance and mental health and well-being programs offered to at-risk youth. The contribution of this study is the compilation of a list of best practices used in North American alternative settings based on a systematic literature review, as well as potential new practices that were suggested in participant interviews with TLDSB alternative education staff members. The findings outline current barriers to attendance at the alternative education centres and the mental health counsellors, as well as recommendations to alleviate said barriers. Despite the limitations discussed, this study serves as an impactful assessment of the

barriers to attendance at the centres and mental health consellers, as well as provides effective recommendations to address these concerns.

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Appendix A:

Opening Email to Potential Participants

Good Afternoon Alternative Education Staff Members,

My name is Brooklyn Bartlett, and I am in my fourth year of studying Sociology at Trent University. This year I am partaking in a Community-Based Research Project that aims to examine the current practices that address mental health and well-being programs and services for at-risk youth. The goal of the project is to analyze the programs and services used at the six Alternative Education Centres overseen by the Trillium Lakelands District School Board and explore possible ways by which to enhance engagement and attendance in non-academic programming among at-risk youth. By programs, I am referring to anything that addresses mental health and well-being that is offered to at-risk youth by the centres, and services refers to external supports that can be accessed by at-risk youth through the centres. In order to understand mental health and well-being practices used by the six Education Centres, my research would benefit from gaining information from various staff members who work at these centres. I am reaching out to inquire if you would be interested in contributing to my proposed research on Alternative Education Centres. I have received your email information from Sonya Vellenga, who had informed you about the research proposal through an email sent late October.

In order to develop my research, I would like to conduct individual interviews with potential participants. This process would require one hour of your time and will be conducted online over Zoom or via a phone call. Questions will address the current mental health and well-being programs and services accessible to at-risk youth and any barriers that you believe impact attendance to the centres. It is important to note that your confidentiality will be protected as the information gathered will be encrypted and anonymous and your name will not be

disclosed in the final report to be presented to the TLDSB. No identifying information will be accessible to anyone except for myself and will be under an encrypted file that will be destroyed once the report is complete. If you are interested in contributing to this project, please respond to this email and I will send you a consent form that outlines the research in greater detail and the steps to be taken to ensure confidentiality. Thank you for your time, I look forward to hearing from you.

-Brooklyn Bartlett

Appendix B:
Consent Statement

To Whom it May Concern,

The following document discusses the risks and precautions taken when participating in an interview discussing at-risk youth in alternative settings. Participants will be asked to consent to an interview that will be conducted over an online format such as Zoom, and that will not exceed the duration of one hour. Participants will be asked a series of questions pertaining to the mental health and well-being programs and services offered by Alternative Education Centres overseen by Trillium Lakelands District School Board (TLDSB). Your participation in this research is voluntary, meaning you do not need to answer any questions that you would not like to answer, and your consent can be withdrawn from the research at any time. The information collected will be stored under an encrypted file and no identifying data will be included in the final report that addresses the current and best programs and services used in various Alternative Education Centres.

The purpose of the proposed research is to analyze current mental health and well-being programs and services accessible to at-risk youth in non-academic settings and to compile a list of best programs and services used by other centres not overseen by TLDSB. By programs, I am referring to anything that addresses mental health and well-being that is offered to at-risk youth by the centres, and services refers to external supports that can be accessed by at-risk youth through the centres. The information collected through interviews will be encrypted and will not be traceable back to the participants, as no personal information will be included in the report. The final report to be submitted to the TLDSB BY April 2023, will include a literature review discussing other programs and services used by Alternative Education Centres in North America.

The report will also include a section discussing the barriers and current programs and services used by the TLDSB Alternative Education Centres. The expected benefit from this research is to provide a collection of best programs and services that can be used to potentially enhance the current approach used by TLDSB Alternative Education Centres.

The information obtained through interviews will not be released or used for any potential commercialization. The proposed research is accompanied by a minimal risk, being professional risk to participants. To minimize this risk, the research will be recorded over Zoom and will only be observed by myself and deleted from the encrypted file on my laptop and trash bin once the report is finished. As a researcher, I am committed to ensuring your confidentiality is protected and identifying data will not be accessible to anyone but myself as I will be analyzing the collected information. The data will be stored on a password protected laptop under an encrypted file and will be destroyed once the report is finalized.

By signing this document, the participant acknowledges that they are fully informed and freely give their consent to participate in the research, which can be withdrawn at any point. Additionally, the participant acknowledges that they will receive a copy of the signed consent form for their personal records and acknowledges that the project has been approved by the Trent Research Ethics Board.

Please direct questions pertaining to this review to Jamie Muckle, Coordinator, Research Conduct and Reporting, Trent University at 705-748-1011, x.7896. The research is conducted under the supervision of Deborah White, who can be reached at deborahwhite2@trentu.ca if you have any concerns or comments about the research. If you have any questions or concerns regarding the interview process please contact the researcher, Brooklyn Bartlett, through the following email, Brooklynbartlett@trentu.ca. Thank you for your time.

Signature of Participant: _____

Date: _____

Signature of Researcher: _____

Date: _____

Appendix C:
Interview Guide

Interview Guide for TLDSB Staff Members:

Question 1: What Alternative Education Centre used by the TLDSB do you work for?

Probes: How long have you worked at this location? Have you worked at any other locations?

Question 2: How would you define at-risk youth?

Question 3: What services and programs that address mental health and well-being of at-risk youth are offered at the Alternative Education Centre that you work at?

Probes: Are these services offered online and in-person? To your knowledge, do other locations offer the same services and programs?

Question 4: Do you believe that these services are easily accessible to at-risk youth?

Probes: How can they be accessed? Do they need to book appointments? Are they free?

Question 5: How many youths do you think attend the Alternative Education Centre you are employed at?

Probes: How many of these youth do you think access mental health and well-being services?
How regularly?

Question 6: Can you identify any barriers that you believe impact attendance of at-risk youth to the Alternative Education Centre?

Probe: Are there any barriers to mental health and well-being services and programs?

Question 7: If you can identify any barriers to attendance of the Alternative Education Centre, what do you believe can deter the barrier?

Probes: Do you believe the barrier can be eliminated? What would you do to address the barrier?

Question 8: Would you identify a lack of certain programs and services as a barrier to the Alternative Education Centre itself?

Probe: Have students ever inquired about a mental health and well-being program or service that the centre does not offer?

Question 9: What would you identify as the most beneficial mental health and well-being program/service offered at the Alternative Education Centre you are employed at?

Probes: Why do you believe this is the most beneficial program? Would you say a lot of at-risk youth access this program/service?

Question 10: Are there any program or service ideas you have that could be incorporated into the Alternative Education Centre you work at to better address mental health and well-being among at-risk youth?

Probes: How would you implement this program or service? Are there similar programs and services available? What needs does this program or service address?

Question 11: Based on your opinion, how aware are the at-risk youth of external resources listed on the Alternative Education websites?

Probes: Is it assumed that youth should access these services independently? Is there guidance accessible to youth for these services? Are parents aware of these external resources?

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