

# Physical and mental health

## In 2018:

- 94% of elementary schools and 100% of secondary schools report collaborating with mental health care services.
- 53% of elementary schools have a specialist health and physical education (H&PE) teacher, full- or part-time, compared to 42% in 2017.
- 39% of elementary schools in rural areas have H&PE teachers, compared to 62% of those in urban areas.
- Among elementary schools with an H&PE teacher, 80% have advanced training.
- 62% of urban elementary schools have H&PE teachers, compared to 39% of rural elementary schools.

“It is amazing to have a dedicated H&PE teacher. He also does yoga, meditation and self-regulation strategies with them.”

Elementary school,  
Simcoe Muskoka Catholic DSB

Students bring not just their minds, but their complete selves to school. Resources that support student health and physical activity are pivotal in ensuring that students graduate from school prepared to make healthy choices throughout their lives (Ferguson & Power, 2014).

## Specialists on the rise

In this year’s survey, 53% of elementary schools report having a health and physical education (H&PE) teacher. This reflects a general upward trend since the beginning of the Annual Ontario School Survey in 1998 (see Figure 4.1). The percentage of schools reporting that their H&PE teacher is full-time has also increased, from 18% in 1998 to 39% this year.

Among those schools with H&PE teachers, 80% report that their teachers have some sort of advanced training for H&PE (e.g. an Additional Qualification course, a degree in a relevant field, or professional development around H&PE teaching).

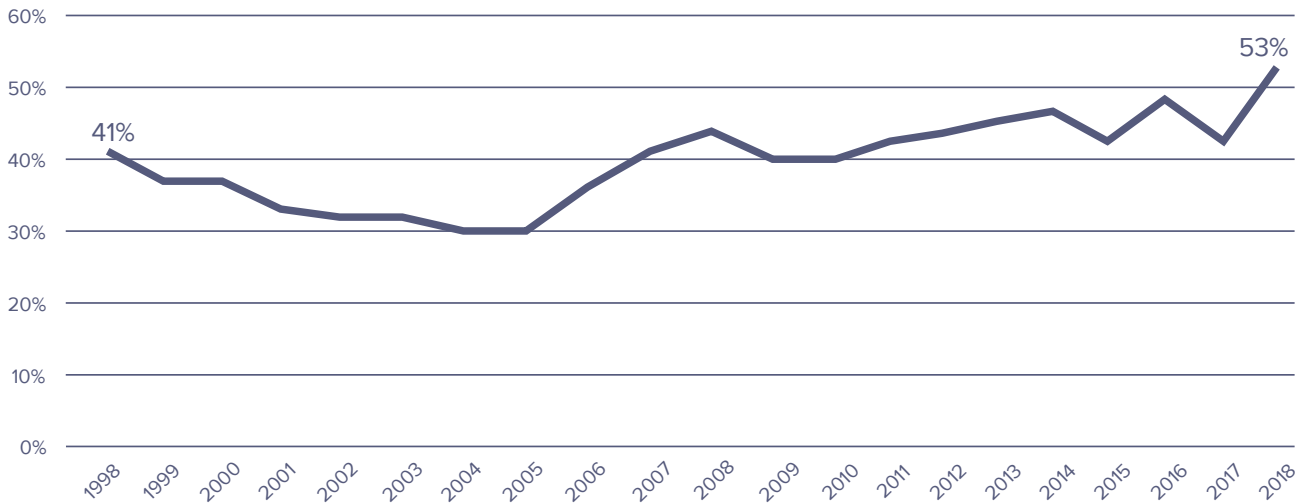
Some studies have shown that being taught by specialist H&PE teachers can lead to better health and academic outcomes for elementary students (e.g. Telford, et al., 2012). In Ontario, children generally receive the same amount of instruction time in physical education, regardless of whether a specialist or generalist is teaching (Faulkner, et al., 2008). However, in schools where specialist teachers are responsible for H&PE, students are more likely to be engaged in intramural sports. Faulkner et al. suggest that this is because specialists may have more resources and a greater interest in developing and promoting these opportunities for students. On the other hand, Ophea—a non-profit organization that supports health and physical education in Ontario—suggests that both qualified elementary teachers and H&PE specialists are capable of delivering quality physical activity initiatives and programs (Ophea, 2016).

This year, we matched our survey results to data from grade 3 and 6 student questionnaires completed as part of the Education Quality and Accountability Office (EQAO) assessments. The results indicate that students attending schools with at least one full-time H&PE teacher are slightly more likely to participate in sports or other physical activities outside the school day, every day or almost every day, when compared to schools with no H&PE teacher.

In a recent survey of parents, Ophea found that 79% of Ontario parents agree that teaching H&PE in schools helps prepare their children to address health issues (Ophea, 2018).

Figure 4.1

### Percentage of elementary schools with a H&PE teacher full- or part-time



### Increased funding for specialists

As with most specialist teachers, there is no specific funding designated for H&PE teachers. Instead, school boards are allocated funds on a per-pupil basis to cover the costs of preparation time for classroom teachers. In elementary schools, while classroom teachers are using their preparation time (for things like marking, preparing, collaborating with other teachers, and communicating with parents), their classes are taught by specialist teachers in subjects like H&PE. The larger the school, the more preparation time is generated; thus larger schools have more funding to hire more specialist teachers. Elementary schools with at least one full-time H&PE teacher have, on average, 45% more students than those without a full-time H&PE teacher.

In 2017/18, the Ministry of Education increased the amount of funding for specialist teacher/preparation time (Ontario, 2016b; 2017b). This change in funding may be partly responsible for the eleven percentage-point increase seen in H&PE teachers this year.

“Excellent teacher and involved in many areas; qualified up to [H&PE Additional Qualification] part 3. He knows all the students and their strengths and needs. He is involved in many extracurricular and sports activities with several members of our staff.”<sup>7</sup>

Elementary school,  
Conseil Scolaire Catholique  
Providence

“Staff enjoy teaching their own Phys. Ed. (instead of teaching their own music for example). However, I find they do not engage in the same way a Phys. Ed. teacher would (e.g., wear athletic gear and actually run or jump or play a game of tag with students).”

Elementary school,  
Waterloo Region DSB

7. Translated from French. Original comment: “Excellent enseignant et impliqué dans bien des domaines. Il est qualifié jusqu’à la partie trois. Il connaît tous les élèves et leurs forces et besoins. Il s’implique dans plusieurs activités parascolaires et sportives avec plusieurs membres de notre personnel.”

“ [Challenges with H&PE:] just timetabling. Students should have Physical Education every day in my opinion.

Elementary school,  
Toronto DSB

“ We share a gym with another larger school. None of the classes have access to the gym every day. It’s either twice or 3 times a week in a 5-day cycle. It’s difficult (next to impossible) to get additional gym time for sports if we want to practice at lunch, as an example.

Elementary school,  
Huron-Superior Catholic DSB

## More specialists in urban schools

In this year’s survey, elementary schools in urban areas are more likely to have H&PE teachers than those in rural areas (see Figure 4.3). Overall, 39% of elementary schools in rural areas have H&PE teachers, compared to 62% of those in urban areas. In part, this gap can be attributed to school size. However, a slight difference persists even when school size is taken into account.

In addition to having more teachers, urban regions are more likely to have H&PE specialists with advanced training. Among schools in rural areas with H&PE teachers, 77% have advanced training, compared to 82% in urban areas.

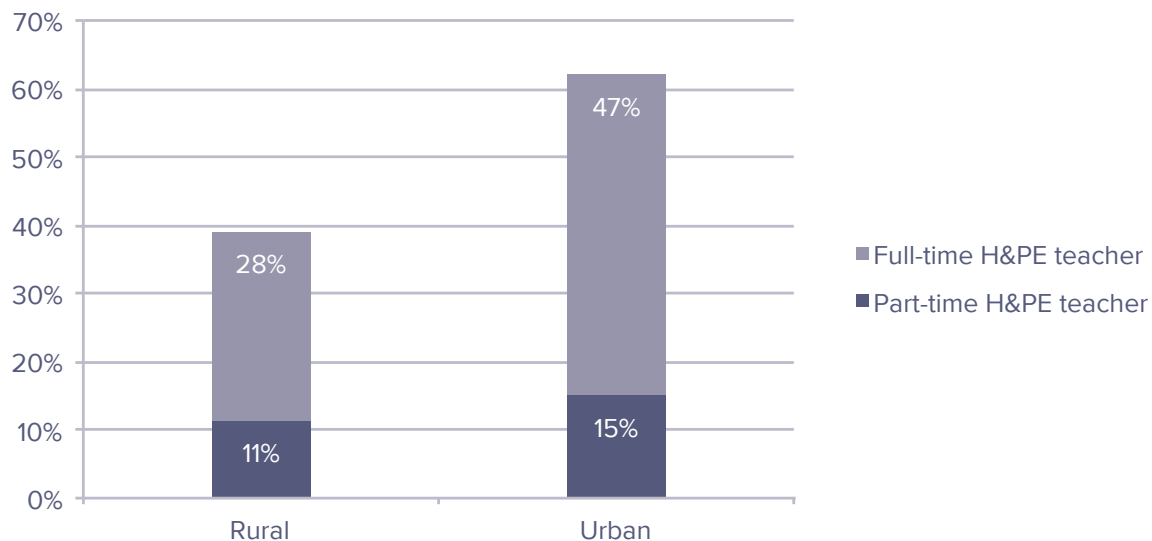
## Daily activity is a challenge

In 2014, the Ontario government announced it would work to implement 60 minutes of physical activity, connected to the school day, for all students (Office of the Premier, 2014), and in 2018, a survey of Ontario parents found that 99% believe it is important for their children to be physically active for at least 60 minutes each day (Ophea, 2018).

However, data from the Canadian Health Measures Survey from 2009 to 2015 indicate that only 7% of Canadian children and youth accumulated at least 60 minutes of moderate to vigorous physical activity on at least 6 out of 7 days (Colley et al., 2017). The study, which used accelerometers to measure movement, also found that boys accumulated more physical activity than girls, and children (6- to 11-year olds) were more physically active than youth (12- to 17-year olds). The levels of physical activity have remained relatively consistent over time, and have not changed substantially with the introduction of new initiatives.

Figure 4.2

### Percentage of elementary schools with H&PE teachers



In 2017, the Auditor General reported that there was progress in the implementation of the 20-minute Daily Physical Activity requirement in elementary schools, but “little or no progress” towards increasing physical activity to 60 minutes (Auditor General, 2017).

In this year’s survey, many principals commented that having adequate space and equipment for students is a significant challenge in providing physical education.

“[Challenges with H&PE:] space. One small gym in the basement, one auditorium, and not enough large space in the school.”

Elementary school,  
Toronto DSB

## Supporting students’ mental health

Health and physical education is not only about sports and exercise. It also includes learning about taking care of mental health, understanding and managing risks, and knowing how to recognize signs of mental illness and when to get help with mental health issues. According to a recent poll conducted by Ophea and Environics, 90% of Ontario parents “agree” or “strongly agree” that mental health should be taught as a component of the H&PE curriculum (Ophea, 2018).

Supporting students’ mental health is a central goal for the Ministry of Education. In 2009, the province amended Ontario’s *Education Act* to make the promotion of well-being a responsibility of every school board (Education Act, RSO, 1990), and mental health and wellbeing are core components of the province’s Wellbeing Strategy, introduced in 2014 (Ontario, 2016d).

However, it is clear from the concerns raised in this year’s survey that supporting and promoting mental health, and ensuring there are adequate resources and supports for students struggling with mental illness, continue to present serious challenges.

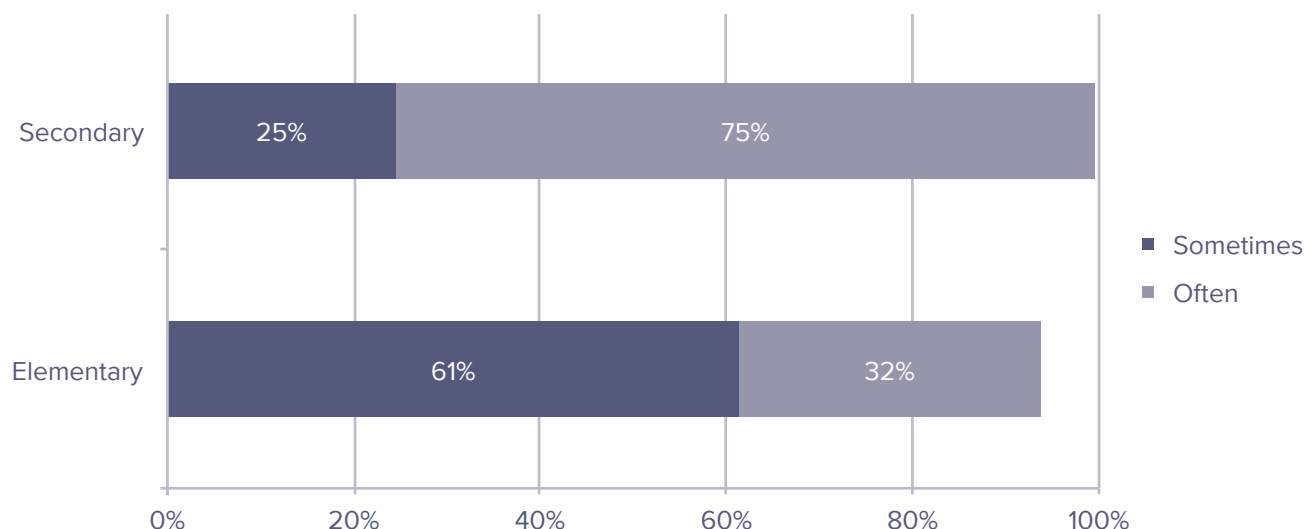
People for Education—in collaboration with academics and educators—

“Our biggest challenges are supporting students and their families regarding mental health issues. Education has changed tremendously and we spend much of our time providing support for issues that are outside of the classroom/school.”

Elementary school,  
Upper Canada DSB

Figure 4.3

### Percentage of schools that report connecting with mental health care services



**Mental Health and behaviour challenges are on the rise and require much more time and attention than has been needed in the past. This often takes away from the time needed on academic school improvement. The good news is that we have been given the opportunity to focus on well-being as part of our School Improvement Planning, with resources to support this. Unfortunately, the need still far out-weighs the available resources in schools each day.**

**Elementary school,  
Waterloo Region DSB**

has identified specific health and social-emotional competencies that contribute to a whole-school approach to supporting mental health. (Ferguson & Power, 2014; Shanker, 2014) To be effective, these competencies can and should be integrated within curriculum and policy from kindergarten through grade 12, foregrounded as a central area of focus for educators, and recognized as a valued outcome of learning, rather than an add-on or by-product of academic achievement.

Most schools in Ontario are reaching beyond the education system to connect students and their families with mental health services and support. In 2018, 94% of elementary and 100% of secondary schools report connecting or working with mental health care services (see Figure 4.3).

While the vast majority of schools report collaborating with mental health organizations, there may still be issues with access to support. In 2017, 47% of elementary schools reported that they did not have access to child and youth workers, 15% did not have access to social workers, and 13% did not have access to psychologists. This year, many principals commented on the challenge of supporting students who are struggling with mental illness.

## Recommendations

Students' mental and physical health has an impact on both their education and their long-term success. It is vital to recognize – with policy, curriculum, resources and professional supports – that supporting students' health is one of the “basics.” It is also vital to foster mental health promotion and illness prevention strategies, rather than focusing solely on reactions and supports for mental illness. Doing this will ensure that students:

- Develop vital social-emotional and health competencies
- Are able to make healthy choices
- Have the capacity to recognize when they need help
- Develop life-long health promoting habits and behaviours

People for Education recommends that the province:

- Work with a range of stakeholders to create learning spaces and environments that maximize student wellbeing and social-emotional learning.
- Integrate social-emotional and health competencies across the curriculum, and provide adequate resources and capacity-building for staff to support both themselves and their students.