2021 ANNUAL MEETING PACKAGE

Bring this package to the 2021 Annual Meeting

Dear Delegates:

One of the benefits of belonging to OFHSA is the advocacy work done by the Federation on behalf of the membership. Our strength as an advocate for the needs of children, youth and families lies in our unique ability to present the opinions of our members. Those opinions are reflected in our Policy Document. OFHSA policies are derived from resolutions presented and adopted by association members at the Annual Meeting.

As an incorporated Federation, OFHSA is bound by its Constitution and Bylaws. The OFHSA Annual Meeting is opportunity for changes to policy or bylaws to be presented to the membership for debate. Proposals may include: new policy resolutions, amendments to existing policy statements, and the rescission of existing policy statements; or new bylaws, amendments to existing bylaws, and the rescission of existing bylaws.

The following package is divided into three sections for ease of use:

A OFHSA Bylaws – Association, Council and Federation

B Expiring Action Recommendations – 2018 Policies

C OFHSA Policy Resolutions

Before the Annual Meeting: As voting delegates you are representing your Association. Please take time to carefully review the issues with the members of your Association. If you have any questions or concerns about the Bylaws or Policy sections, please contact the appropriate submitting unit. Their contact information is provided with each proposed resolution.

Prior to the Annual Meeting: Submitting units may have changes to their Bylaw or Policy resolution(s) before they come to the floor at the Annual Meeting. Once a resolution has been moved and seconded at the Annual Meeting, it can only be amended by a motion of the voting delegates. Only amendments that do not change the intent of the resolution will be allowed.

At the Annual Meeting: During discussions of motions on the floor, speakers “for” and “against” will be recognized in alternating order. The business procedures for the Annual Meeting outline these and other pertinent points of order. Please refer to them for further clarification. A copy of the business procedures will also be provided at the Annual Meeting.

Emergency Resolutions are defined as ones that, because of circumstances and/or content of the resolution, were not available for submission by the deadline date for resolutions. Emergency Resolutions must be reviewed by the Policy Workgroup.

Policy Workgroup must be notified of any changes to the Annual Package no less than 48 hours prior to the Annual Meeting.

A

OFHSA BYLAWS

New bylaws, amendments or rescissions of existing bylaws of the Federation may be proposed for consideration at the Annual Meeting by any member, upon approval by an Association, Home and School Council, the Federation Executive Committee or the Federation Board of Directors, and by the Policy Workgroup of the Ontario Federation.

Any changes to bylaws will be moved and seconded at the Annual Meeting by the OFHSA Policy Workgroup.

Each motion is open for discussion and amendment by delegates.

Each motion is usually dealt with separately.

***** Any questions regarding OFHSA Bylaw amendments should be posed to the submitting unit <u>BEFORE</u> coming to the Annual Meeting. The names and contact information of the submitting unit are provided. Your questions will help the presenters prepare their comments for both the Resolutions Workshop and the Annual Meeting. This ensures that the time given at the Annual Meeting for debating the merits of a bylaw motion is not spent clearing up questions or misunderstandings.***

There are no OFHSA Bylaws changes for 2021.

B

EXPIRING ACTION RECOMMENDATIONS

Action Recommendations related to policy resolutions are acted upon by the Federation for a period of three years. At the end of that period, the action recommendations must be resubmitted to the voting delegates at the OFHSA Annual Meeting. If they are again passed by the members, the action recommendations remain in effect for one additional year.

The Expiring Action Recommendations will be moved and seconded at the Annual Meeting by the OFHSA Policy Workgroup.

There is usually no discussion of the recommendations as they were previously approved by the members.

Category B is voted on as a total unit.

There are no Expiring Action Recommendations from 2017.

There are 4 Expiring Action Recommendations from 2018.

POLICY STATEMENT 2018: STANDARDS FOR HEALTHY SCREEN TIME AND DEVICE USE

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. adopt the policy that the Ministry of Education, Ministry of Children and Youth and Ministry of Long-term Health, develop guidelines for healthy screen time and appropriate device use for students in the classroom.

ACTION RECOMMENDATION #1

Therefore be it resolved that Ontario Federation of Home and School Associations, Inc. petition the Minister and Ministry of Education (Responsible for Early Years and Child Care) and the Minister and Ministry of Children and Youth, in consultation with health care providers, to develop guidelines for healthy screen time for students, online and offline screen time tracking, to limit the negative impact on the developing brain. A healthy screen time limit must take into account the average hours children spend with screens in the classroom and balance with average in home use.

ACTION RECOMMENDATION #2

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. petition the Minister and Ministry of Education to develop appropriate use guidelines that restrict social media and use ad blockers, to ensure all WIFI access on devices is strictly educational on all devices used by students.

ACTION RECOMMENDATION #3

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. petition the Minister and Ministry of Education, through the College of Teachers, to provide materials, assembled and published, designed to provide Ontario teachers with knowledge to identify and address screen addiction and mental health issues related to Virtual Addiction: Gaming and Internet Addictions.

ACTION RECOMMENDATION #4

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. petition the Minister and Ministry of Education and the Minister and Ministry of Children and Youth, in consultation with health care providers, to enhance health and physical education curriculum regarding healthy screen time and appropriate device use, designed to develop the skills to make healthy, informed decisions, identify warning signs and prevention strategies related to Child/Adolescent Digital Technology Use/Abuse.

C

OFHSA POLICY RESOLUTIONS

New policy resolutions, amendments or rescissions of existing policy statements may be submitted for consideration at the Annual Meeting by Associations, Home and School Councils or Federation Workgroups.

During the Annual Meeting, the submitting unit is called to identify themselves, stating their names and associations. They will then move and second each policy statement and each action recommendation individually. The same process applies for any policy amendments or rescissions.

For each motion presented, the mover from the submitting unit may speak for five minutes. The seconder may speak for two minutes. The resolution is then open for discussion from the floor, at which time there is 30 minutes maximum to discuss and complete the voting process. If the time expires, so does the motion.

Each policy statement and action recommendation of a resolution is open for discussion and amendment by voting delegates.

Upon ratification by the membership, the policies become the mandate of the Federation. Policy statements are added or amended in the OFHSA Policy Document. Likewise, a rescinded policy statement will be removed from the OFHSA Policy Document. Action recommendations will be actively pursued for three years and then resubmitted for action for one additional year.

Any questions you have regarding the policy resolutions, amendments or rescissions should be posed to the submitting unit BEFORE coming to the Annual Meeting. The names and contact information for the submitting unit are provided. Your questions will help the presenters prepare their comments for both the Resolutions Workshop and the Annual Meeting. This ensures that the time given at the Annual Meeting for debating the merits of a policy resolution, amendment or rescission is not spent clearing up questions or misunderstandings.

1. POLICY AMENDMENT - SMOKING:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. revise policy II.D.1.3.1 as follows:
From:

*that there be zero tolerance towards smoking in the buildings and on the property of all publicly funded schools in Ontario (1993) ***
To:

that there be zero tolerance towards smoking/vaping in the buildings and on the property of all publicly funded schools in Ontario.

RATIONALE:

This amendment is required in order to reflect a change in legislation.

The *Smoke-Free Ontario Act, 2017* regulates where it is prohibited to smoke or vape. In Ontario, a person must be 19 years of age to legally buy, be provided with, or smoke tobacco, cannabis or vapour products. The Act applies to the following substances and products:

a) tobacco in any processed or unprocessed form that may be smoked, inhaled or chewed, including snuff, but not to products intended for use in nicotine replacement therapy;
b) cannabis;
c) vapour products; and
d) prescribed products and substances.

Under the Act, smoking and vaping refer to the following:

a) smoking or holding lighted tobacco;
b) smoking or holding cannabis (medical or recreational); and
c) vaping (inhaling or exhaling vapour) from an electronic cigarette (e-cigarette) or holding an activated e-cigarette, whether or not the vapour contains nicotine.

Cannabis Statute Law Amendment Act – Bill 36, September 27, 2018: proposes to amend several Ontario statutes, including the *Smoke-Free Ontario Act*, 2017 and *Cannabis Act*, 2018.
Tobacco and Vaping Products Act: was enacted on May 23, 2018, to regulate the manufacture, sale, labelling and promotion of tobacco products and vaping products sold in Canada.

In order for OFHSA policy to remain current and accurate, terminology needs to be updated in section II.D SCHOOL HEALTH AND SAFETY; II.D.1.0 Health Issues; II.D.1.3 Smoking

CITED REFERENCES:
Smoke-Free Ontario Act, 2017
www.ontariocanada.com/registry/view.do?postingId=27806
https://www.ontario.ca/laws/statute/17s26
Cannabis Statute Law Amendment Act - Bill 36, 2018
https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-36
Tobacco and Vaping Products Act, 2018
https://www.canada.ca/en/health-canada/services/health-concerns/tobacco/legislation/federal-laws/tobacco-act.html
Submitting Unit:
Sandra Huculiak
OFHSA Policy Workgroup Leader
info@ofhsa.on.ca

2. POLICY AMENDMENT - TOBACCO PRODUCTS:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. revise policy III.B.2.1 as follows:
From:

that cigarette advertising on television and radio be prohibited. (1969)

To:

that display and promotion of tobacco or vapour products and accessories be prohibited in any advertising medium in Ontario.

RATIONALE:

This amendment is required in order to reflect a change in legislation.

Tobacco and Vaping Products Act: was enacted on May 23, 2018, to regulate the manufacture, sale, labelling and promotion of tobacco products and vaping products sold in Canada.
Smoke-Free Ontario Act, 2017: regulates the sale, display and promotion of tobacco or vapour products in Ontario.

Tobacco products include:
Cigarettes, cigars, cigarillos, specialty tobacco products such as chewing tobacco, pipe tobacco, snus and snuff, tobacco sticks or capsules used in vapour products

Vapour products include:
Electronic cigarettes (e-cigarettes), any part of an e-cigarette (for example, coils), substances made or sold to be used in an e-cigarette

Display and promotion of:
Tobacco products and branded tobacco product accessories (for example, lighters):

- must be hidden from view until a customer buys them
- cannot be handled by a customer before they've bought them
- cannot be promoted in a retail store

Vapour products:

- must be hidden from view until a customer buys them
- cannot be handled by a customer before they have bought them
- can be promoted if the promotion complies with the *Tobacco and Vaping Products Act* (Canada), 2018

In order for OFHSA policy to remain current and accurate, terminology needs to be updated in section III.B SUBSTANCE ABUSE; III.B.2.0 Tobacco Products

CITED REFERENCES:
Smoke-Free Ontario Act, 2017
www.ontariocanada.com/registry/view.do?postingId=27806
https://www.ontario.ca/laws/statute/17s26
https://www.ontario.ca/page/rules-selling-tobacco-and-vapour-products
Tobacco and Vaping Products Act, 2018
https://www.canada.ca/en/health-canada/services/health-concerns/tobacco/legislation/federal-laws/tobacco-act.html

Submitting Unit:
Sandra Huculiak
OFHSA Policy Workgroup Leader
info@ofhsa.on.ca

3. DEFINITION ADDITION TO OFHSA POLICY DOCUMENT:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. introduce a definition into the OFHSA Policy Document clarifying the term 'drugs', at section III.B.3.0 Drugs.

RATIONALE:

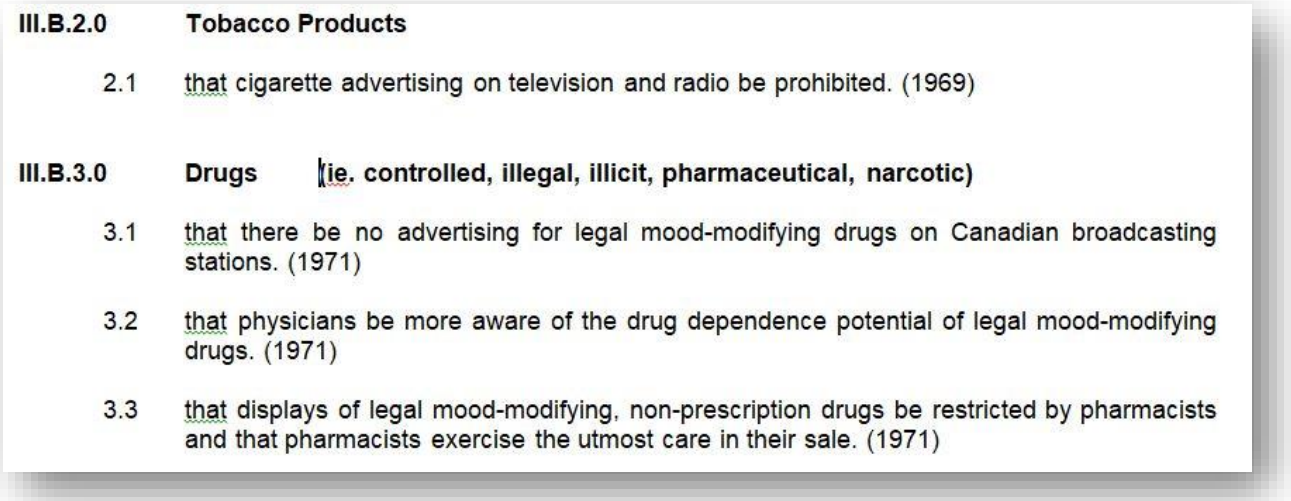
The *OFHSA Policy Document* must be continuously amended to reflect legislative changes and appropriate phrasing to be effective for guidance on any issue.

Background: Standing policies have been formulated with illegal and illicit drugs in mind.
For the purpose of clarifying the term 'drugs', a definition will be introduced at section **III.B.3.0 Drugs,** as shown below, so that the meaning is understood wherever the word appears in the *OFHSA Policy Document.*

III.B.3.0 Drugs (i.e. controlled, illegal, illicit, pharmaceutical, and narcotic)

Screenshot section III.B OFHSA Policy Document

Submitting Unit:
Sandra Huculiak
OFHSA Policy Workgroup Leader
info@ofhsa.on.ca



III.B.2.0 Tobacco Products

2.1 that cigarette advertising on television and radio be prohibited. (1969)

III.B.3.0 Drugs (ie. controlled, illegal, illicit, pharmaceutical, narcotic)

3.1 that there be no advertising for legal mood-modifying drugs on Canadian broadcasting stations. (1971)

3.2 that physicians be more aware of the drug dependence potential of legal mood-modifying drugs. (1971)

3.3 that displays of legal mood-modifying, non-prescription drugs be restricted by pharmacists and that pharmacists exercise the utmost care in their sale. (1971)

4. PHRASING AMENDMENTS TO OFHSA POLICY DOCUMENT:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. amend the phrasing in the OFHSA Policy Document, sections: II.A.4.2.0, II.B.2.0, III.B.3.0, III.B.4.0, III.B.5.0, and V.11.0, pertaining to Drugs & Drug Education to reflect appropriate phrasing where applicable including:

- ***Narcotics Safety and Awareness Act, 2010 (update to the new Act)***
- ***Cannabis Act, 2018 (update to the new Act)***
- ***Replace the word 'use' with 'consumption' where appropriate***
- ***Replace the word 'modifying' with 'altering' where appropriate***
- ***Replace the word 'cannabis sativa' with 'cannabis' where appropriate***

RATIONALE: (Applies to Amendments 4 - 9 inclusive)

In order for OFHSA policy to remain current and accurate, terminology needs to be updated in policy sections pertaining to Drugs & Drug Education: II.A.4.2.0, II.B.2.0, III.B.3.0, III.B.4.0, III.B.5.0, and V.11.0

- Canadian and Ontario Acts must be updated
- Phrasing must be updated to current terminology

Canada's federal government introduced the *Cannabis Act, 2018* to legalize recreational marijuana use. No person may sell or provide cannabis to any person under the age of 18 (legal age in Ontario is 19). The regime for medical cannabis will continue to allow access to cannabis for people who have the authorization of their healthcare provider.

Legislation will, among other things, regulate the promotion and packaging of cannabis and cannabis accessories by prohibiting the marketing of cannabis and cannabis accessories in a false, misleading or deceptive manner. Provisions that discourage youth cannabis use by prohibiting:

- products that are appealing to youth
- packaging or labelling cannabis in a way that makes it appealing to youth
- selling cannabis through self-service displays or vending machines
- promoting cannabis, except in narrow circumstances where young people could not see the promotion

CITED REFERENCES: (Applies to Amendments 4 - 9 inclusive)

Narcotics Safety and Awareness Act, 2010

The legislation enables the Ministry to collect, use, and disclose information, including personal information and personal health information, that relates to the prescribing and dispensing of prescription narcotics and other monitored drugs* in Ontario.

Cannabis Act 2018

The Cannabis Act creates a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada. The Act aims to accomplish 3 goals: keep cannabis out of the hands of youth; keep profits out of the pockets of criminals; protect public health and safety by allowing adults access to legal cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts.

Controlled Drugs and Substances Act, 1996

This Act and its regulations provide a framework for the control of substances that can alter mental processes and that may produce harm to an individual or to society when diverted to an illicit market. Scheduling substances under the CDSA provides law enforcement agencies with the authority to take action against illicit activities with those substances.

Current OFHSA Policy Statements relating to Drugs & Drug Education: (for Reference)

**updates are required in areas that are bolded.

II.A.4.0 Personnel: Teachers

4.2 Qualifications / Training

*4.2.6 that Faculties of Education train teachers to deal competently and constructively with classroom discussions of alcohol and other **drugs**. (1971)*

*4.2.7 that the Ministry of Education and Ministry of Health provide resources so that individual district school boards can provide more extensive in service training of teachers in handling classroom discussions about alcohol and other **drugs**. (1971)*

II.B.2.0 Curriculum / Program

2.9 Physical Education / Health / Family Studies

*2.9.6 that there be a compulsory health and family living education program kindergarten to Grade 12, separate from physical education, including the study of physiology, behavioral and environmental risks, i.e. nutrition, societal stresses, abuse of **drugs**, alcohol, tobacco, traffic and accidents, and the importance of the family unit. (1975)*

III.B.3.0 Drugs

*3.1 that there be no advertising for legal mood-**modifying** drugs on Canadian broadcasting stations (1971)*

3.2 that physicians be more aware of the drug dependence potential of legal mood-**modifying** drugs. (1971)

3.3 *that displays of legal mood-**modifying**, non-prescription drugs be restricted by pharmacists and that pharmacists exercise the utmost care in their sale. (1971)*

*3.5 that all amphetamines be under **Narcotics Control Act**. (1971)*

*3.6 that the use of cannabis **sativa**, its preparations and derivatives, including (1) cannabis resin (hashish and hash oil); (2) cannabis (marijuana), continue to be restricted **under Narcotics Control Act.** (1981)*

*3.7 that it be illegal to sell over the counter, by catalogue sales, mail order, or any other means, any paraphernalia known to be used or associated with the **use** of cannabis **sativa** and its derivatives; such as books, magazines, comic books, paperbacks, etc., promoting the cultivation and manufacturing of cannabis **sativa**, and its derivatives; decals and bumper stickers advertising the use of cannabis **sativa** and its derivatives. (1981)*

*3.8 that all district school boards have a policy discouraging the illegal **use**, possession and trafficking of **drugs** on school premises. (1983/84)*

*3.9 that a portion of the proceeds that are forfeited to the Province of Ontario under the provisions of Bill C-61, (an act to amend the Criminal Code, the Food and Drug Act, Controlled Drugs and Substances Act and the **Narcotics Control Act**) be distributed to OFHSA to promote **drug** education and prevention programs for parents. (1989)*

III.B.4.0 Hazardous Substances

*4.1 that control of the dangerous practice of glue sniffing continue through Bill S-22. (Note: Bill S-22 states, "an act to prohibit the sale and advertising of hazardous substances," and includes amendments to Food & Drug Act; **Narcotics Control Act** and Criminal Code). (1968)*

III.B.5.0 Community Programs for Drug Education

*5.1 that district school boards, in co-operation with local Boards of Health, organize community programs relating to the **use** and abuse of drugs in society. (1983/84)*

Current OFHSA Directives: (for Reference)

**updates are required in areas that are bolded.

***V.11.0** Home and School councils should encourage all district school boards in co-operation with local boards of health, to organize community programs related to the **use** and abuse of drugs in society. (1984)*

Submitting Unit: (Applies to Amendments 4 - 9 inclusive)
Sandra Huculiak
OFHSA Policy Workgroup Leader
info@ofhsa.on.ca

5. POLICY AMENDMENT - DRUGS

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. revise policy III.B.3.1 as follows:

From:

that there be no advertising for legal mood-modifying drugs on Canadian broadcasting stations. (1971)

To:

that the display and promotion of legal mood-altering drug products and accessories be prohibited in any advertising medium in Canada.

6. POLICY AMENDMENT - DRUGS

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. revise policy III.B.3.2 as follows:

From:

that physicians be more aware of the drug dependence potential of legal mood-modifying drugs. (1971)

To:

that physicians and health care professionals be more aware of the potential misuse of legal mood-altering drugs

7. POLICY AMENDMENT - DRUGS

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. revise policy III.B.3.3 as follows:

From:

that displays of legal mood-modifying, non-prescription drugs be restricted by pharmacists and that pharmacists exercise the utmost care in their sale. (1971)

To:

that the display and endorsement of legal mood-altering, non-prescription drugs be restricted by pharmacists and that pharmacists exercise the utmost care in retailing therapy products.

8. POLICY AMENDMENT - DRUGS

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. revise policy III.B.3.6 as follows:

From:

that the use of cannabis sativa, its preparations and derivatives, including (1) cannabis resin (hashish and hash oil); (2) cannabis (marijuana), continue to be restricted under The Narcotics Control Act. (1981)

To:

that the consumption of cannabis, its preparations and derivatives, including (1) cannabis resin (hashish and hash oil); (2) cannabis (marijuana), continue to be restricted under the Cannabis Act and Narcotics Safety and Awareness Act.

*** This amendment is required in order to reflect a change in legislation and phrasing.

9. POLICY AMENDMENT - DRUGS

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. revise policy* III.B.3.7 *as follows:

From:

that it be illegal to sell over the counter, by catalogue sales, mail order, or any other means, any paraphernalia known to be used or associated with the use of cannabis sativa and its derivatives; such as books, magazines, comic books, paperbacks, etc., promoting the cultivation and manufacturing of cannabis sativa, and its derivatives; decals and bumper stickers advertising the use of cannabis sativa and its derivatives. (1981)

To:

that it be illegal to sell or provide cannabis, or any paraphernalia known to be used or associated with the consumption of cannabis and its derivatives to any person under the legal age, either over the counter, by catalogue/electronic sales, mail order, or any other means; and that it be illegal to advertise the consumption of and/or promoting the cultivation and manufacturing of cannabis, and its derivatives in any marketing medium.

*** This amendment is required in order to reflect a change in legislation and phrasing.

MENTAL HEALTH PROGRAMS AND SERVICES TO CHILDREN AND YOUTH
CHSF Policy 2019

10. POLICY STATEMENT:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. adopt the policy that comprehensive school-based mental health programming and supports be instituted to meet the needs of all children and youth in Ontario.

ACTION RECOMMENDATION #1:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. petition the Minister and Ministry of Children, Community and Social Services, the Minister and Ministry of Health, the Associate Minister and Ministry of Mental Health and Addictions and the Minister and Ministry of Education, to develop comprehensive school-based mental health guidelines, in consultation with health-care professionals, and public health agencies concerned with Ontario's child and youth mental health system.

ACTION RECOMMENDATION #2:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. petition the Minister and Ministry of Education to institute comprehensive mental health supports and programs in all Ontario public schools which will meet the needs of all children and youth.

ACTION RECOMMENDATION #3:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. petition the Minister and Ministry of Education to provide Ontario educators with materials assembled and published designed to institute school-based strategies and supports for positive mental health promotion in all District School Boards.

ACTION RECOMMENDATION #4:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. petition the Minister and Ministry of Health and the Associate Minister and Ministry of Mental Health and Addictions to expand community programs of mental health promotion through public agencies concerned with child and youth mental health in Ontario.

RATIONALE:

This policy was adopted by members of our national Home and School organization, *Canadian Home and School Federation (CHSF*), at the 2019 Annual General Meeting. The OFHSA representative to CHSF is responsible for carrying policy resolutions from OFHSA members to CHSF members at the AGM and vice versa.

The Public Health Agency of Canada's definition of positive mental health is "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face."

Mental health encapsulates one's ability to manage thoughts, feelings and behaviour, making it possible to set and achieve goals, create and keep relationships, adapt to and cope with stress and sadness, and feel happiness.

In some parts of the province, children and youth with mental health issues **wait more than a year to receive the treatment they need from community-located mental health centres**. Research shows that families with children with mental illness are facing too high a personal and financial burden. This data illustrates that now, more than ever, is the time to increase investments in mental health promotion for child and youth.

Children's Mental Health Ontario (CMHO) recommendations focus on improving the family experience in the child and youth mental health system.
1) Expanding supports for families, and ensuring these supports meet the needs of all families,
2) Increasing resources at or near schools to better support families,
3) Ensuring the system is designed to meet the needs of families through family engagement, and
4) Expanding the availability of effective and high quality care for all children and families, especially those in rural, Northern and remote communities.

Why mental health matters.
Healthy emotional and social development in early years lays the foundation for mental health and resilience throughout life. An estimated 1.2 million children and youth in Canada are affected by mental illness—yet, less than 20 per cent will receive appropriate treatment.

Children's Mental Health Ontario has released Annual Report Card (02/19), disclosing new research was conducted in response to CMHO's 2017 Ipsos Public Affairs survey that discovered 1 in 4 Ontario parents have reported missing work to care for a child with issues related to anxiety. This year's report card also includes results from a series of interviews done with Ontario parents and caregivers who have sought treatment for a child's mental health issues as well as survey findings from siblings of young people with mental illness.

By age 25, approximately 20 per cent of Canadians will have developed a mental illness. Youth who are engaged in child and adolescent mental health services, and who require continued services, are also often not well supported as they prepare to enter the adult mental health system. Universal programs can be effective in improving the well-being of children and youth.

There is a link between mental health and academic performance.

The *Mental Health Commission of Canada (MHCC)* recommends increasing "comprehensive school health and post-secondary mental health initiatives that promote mental health for all students and include targeted prevention for those at risk".

MHCC, boards and schools reported on their stage of implementation of school mental health.
- Few provide coordinated, evidence-based services across the continuum of care
- Most had partial implementation of mental health promotion and prevention programming
- More board-level respondents reported full implementation or sustainability for intervention and ongoing care
- Special programs and individual/group counseling delivered by an educator were more prevalent than the use of evidence-based therapy provided by a trained mental health professional.

The most commonly identified challenges to implementation were:
(1) insufficient funding, services, staff to meet the demand;
(2) a need for parent awareness, engagement;
(3) a need for more prevention / promotion programming;
(4) a need for more professional development; and
(5) stigma

Mental illness affects 1 in 5 Canadians in any given year. We know mental health problems and illnesses have a high economic cost and take an even greater human toll. Mental health is more than the absence of illness. Just like our physical health, it is a resource. It gives us the capacity to enjoy life and deal with challenges. It is both a health and a social policy issue in which policy makers can make a big difference.

Source: https://www.mentalhealthcommission.ca/English

OFHSA members realize that mentally healthy home, school, and community environments are essential to the development of proper attitudes towards oneself and others.

CITED REFERENCES:

Consider consulting the following agencies for additional information:

- Aboriginal Health Access Centres www.allianceon.org/aboriginal-health-access-centres
- Centre for Addiction and Mental Health [CAMH] http://www.camh.ca/
- Children's Mental Health Ontario [CMHO] https://www.cmho.org/
- Canadian Mental Health Association [CMHA] https://cmha.ca/
- Evergreen: A Child and Youth Mental Health Framework for Canada www.mentalhealthcommission.ca/sites/default/files/C%252526Y_Evergreen_Framework_ENG_1.pdf
- Ontario Mental Health Association [CMHA-Ontario] http://ontario.cmha.ca/
- Mental Health Commission of Canada https://www.mentalhealthcommission.ca/English
- Sick Kids' Hospital, Centre for Brain and Mental Health http://www.sickkids.ca/Brain-Mental-Health/index.html
- Children's Hospital of Eastern Ontario [CHEO] http://www.cheo.on.ca/en/cheomentalhealth
- https://www.oct.ca/resources/advisories/mental-health
- School Mental Health – ASSIST https://smho-smso.ca/parents-and-families/your-role/
- EdCan Network https://www.edcan.ca/
- EDU http://www.edu.gov.on.ca/eng/parents/mentalhealth.html
- Teenmentalhealth.org http://teenmentalhealth.org/

Submitting Unit:

Sandra Binns
OFHSA representative to CHSF (to Jan '20)
info@ofhsa.on.ca

LATER SCHOOL START TIMES AND HEALTHY SLEEP
CHSF Policy 2019

11. POLICY STATEMENT:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. adopt the policy that District School Boards in Ontario incorporate later school start times that support educational outcomes and well-being for adolescent students.

ACTION RECOMMENDATION #1:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. petition the Minister and Ministry of Education to undertake a full study of the practical implications of Later School Start Times on healthy sleep needs and patterns which provide opportunities for sufficient, quality sleep for adolescents.

ACTION RECOMMENDATION #2:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. encourage the Minister and Ministry of Education, education stakeholders, policymakers and appropriate organizations to collaboratively develop standards for sleep needs and patterns and create guidelines that identify and address the potential risks of insufficient sleep, including prevention strategies for sleep related difficulties.

ACTION RECOMMENDATION #3:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. encourage District School Boards in Ontario to incorporate later school start times that support standards for sufficient, quality sleep for adolescents.

RATIONALE:

This policy was adopted by members of our national Home and School organization, *Canadian Home and School Federation (CHSF*), at the 2019 Annual General Meeting. The OFHSA representative to CHSF is responsible for carrying policy resolutions from OFHSA members to CHSF members at the AGM and vice versa.

Research has highlighted the importance of sleep and uncovered evidence that suggests potential benefits for later school start times.

Studies have demonstrated that the duration of sleep is positively correlated with academic outcomes for students; and external factors including, but not limited to, large amounts of homework, robust extra-curricular and work schedules, poor sleep routines and early school start times can curtail adolescents' sleep, thereby negatively affecting their ability to learn.

Research shows that adolescents require between 8.5 and 9.5 hours of sleep per night, yet more than two-thirds of teens average fewer than 8 hours of sleep on school nights. Research has also demonstrated that sleep deprivation is associated with poorer emotional health and regulation. This is a concern given that even mild sleep deprivation is associated with undesirable effects, including impaired learning, slowed performance, and memory loss.

With increasing responsibilities from work, school, and extra-curriculars, students simply don't have time for sleep. That includes homework, volunteering, family obligations, jobs, sports, hobbies or leisure time with

friends, and basic needs like eating and bathing. These demands have only increased as many adolescents and parents are unaware of how certain behaviours they engage in, such as using electronics at night, actually *reduce* the quality of the sleep they do get.

The *McGill Institute for Health and Social Policy*, in a recent study published in the *Journal of Sleep Research*, mirrors previous research internationally that has shown that teenagers who are sleep-deprived do worse at school, have more health problems, and are more vulnerable to depression, anxiety and behavioural problems. Complicating matters is the poor sleep hygiene many adolescents unknowingly practice. Sleep hygiene refers to the thoughts, behaviours, and habits we have around sleep.

Parents, teachers, and administrators know the late-night use of cell phones, computers, televisions, and video games as reasons for the sleep deprivation. McGill researchers used Canadian data covering 30,000 students from 362 schools across Canada, from a cross-national survey conducted every four years in more than 40 countries in collaboration with the *World Health Organization*. ***Source: Gariepy, G., Janssen, I., Sentenac, M., & Elgar, F. J. (2016).***

The American Academy of Pediatrics notes that "a substantial body of research has now demonstrated that delaying school start times is an effective countermeasure to chronic sleep loss and has a wide range of potential benefits to students with regard to physical and mental health, safety, and academic achievement."

Successful intervention for sufficient, quality sleep must include parents, teachers, school administrators, and community to validate impact that sleep has for teens' health, safety, academic success, and future earnings.

A large reason why schools have not suddenly changed their start times in response to all this research is an obvious one: cost. It costs money to make sweeping changes like these, with a large part of that cost coming from the changes to bus schedules. Currently bus schedules are staggered by high school and elementary start times, so more busses and drivers would need to be employed in order to transport all students at the same time.
We must also consider the logistical challenges:

- decreased morning interactions between parents and children,
- decreased alertness in mid-afternoon,
- missing extracurricular activities,
- transportation troubles,
- safety concerns (as students may have to walk home in the dark)

These issues are surmountable, and, with adequate planning, can be minimized or completely eliminated.

Education of stakeholders and establishment of school policies which support healthy sleep habits are effective means of addressing problems that result from sleep deprivation that hamper students' progress and development, including absenteeism, tardiness and inattentiveness, and thereby improving student performance.

CITED REFERENCES:

School Start Times and Sleep; updated July 22, 2019
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https://www.apa.org/pi/families/resources/school-start-times.pdf
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https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=23&ved=2ahUKEwi3gruUxaTnAhUun-AKHXwxDWcQFjAWegQIAxAB&url=https%3A%2F%2Fjps.library.utoronto.ca%2Findex.php%2Fijih%2Farticle%2Fdownload%2F30279%2F22995%2F&usg=AOvVaw3jxYHUDEqs-qLIC5V3p8CP
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Submitting Unit:
Sandra Binns
OFHSA representative to CHSF (to Jan '20)
info@ofhsa.on.ca

DAILY MINIMUM OUTDOOR TIME

12. POLICY STATEMENT:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. adopt the policy that outdoor time for elementary students be a minimum of 60 minutes daily to benefit their mental and physical health.

ACTION RECOMMENDATION #1:

Therefore be it resolved that the Ontario Federation of Home and School Associations, Inc. petition the Minister and the Ministry of Education to institute a 60 minute minimum standard for daily outdoor time that allows schools to provide extended recess/breaks, structured play, unstructured free time or instructional time in a way that works with their specific space, schedule and staff.

RATIONALE:

Children today play less and spend less time outdoors than their parents' generation which is having detrimental effects on their physical, emotional, mental and academic well-being. COVID-19 has increased the time many children spend in front of screens, and decreased outdoor time. Spending more time outdoors during the school day offers children a safe opportunity to play, create, speak to peers, learn in new ways and move their bodies. It offers educators a safe opportunity to take the classroom outdoors. The benefits of increased outdoor time for students includes improved focus, increased physical exercise and better academic performance. According to the Canadian Public Health Association, "Even 15 minutes of recess a day can contribute to better classroom behaviour and empathy for peers."

Increasing outdoor time at school can help our children combat any negative effects of the past year of COVID-19, as well as any ongoing effects until this pandemic is declared over.

Submitting Unit

Alicia Cox Thomson
School Council Representative
Adelaide Hoodless Home and School Association

Krysten Rafferty
Acting President
Adelaide Hoodless Home and School Association

CITED REFERENCES:

1. The Canadian Public Health Association on the benefits of recess and extended recess:
"Time spent during recess has been found to improve grades and standardized test scores, as well as indicators of cognitive skills (i.e.: attention, concentration, and memory), and academic behaviours such as attention and the ability to remain on task. Even 15 minutes of recess a day can contribute to better classroom behaviour and empathy for peers. Interviews with elementary school children reveal that physical education classes do not provide children with the opportunity to organize their own games and choose peer groups. Recess provides one of the few forums for children to interact with their peers on their own terms as classroom instruction is often focused on individual learning and free play after school is diminishing…Strategies to increase outdoor play are necessary, but they need to be supported by policies that promote the physical, academic, and social benefits of recess. When recess breaks are extended, more children are engaged and play happens at a more vigorous intensity."
https://www.cpha.ca/recess

3. Ontario Physical Activity Safety Standards in Education released their COVID-19 Pandemic: Return to School Canadian Physical and Health Education Guidelines:
Focus on Well-being: How do we support student learning and well-being across the school day?

- Deepen opportunities for outdoor learning, not just for PHE but for all subjects to increase movement

Physical Education (PE): How do we engage our students in meaningful learning to help them connect what they are learning at school to their personal lives?
Blended learning: (online and in-school learning)

- Explore local parks and green spaces to promote outdoor learning and activity

In-school learning

- Use outdoor spaces and parks as much as possible

https://phecanada.ca/sites/default/files/content/docs/Home%20Learning%20Resource/Guidelines/COVID-19%20Return%20to%20School%20Canadian%20PHE%20Guidelines%20EN.pdf

4. A national survey commissioned by ParticipACTION shows evidence of collateral damage to the lifestyles of Canadian children and youth consequent to public health restrictions imposed to help contain the COVID-19 pandemic.
“This survey showed that children and youth had lower physical activity levels, less outdoor time, higher leisure screen time and more sleep during the outbreak” said Dr. Mark Tremblay, Chair of Outdoor Play Canada, Chief Scientific Officer for the ParticipACTION Report Card, and Senior Scientist at the CHEO Research Institute in Ottawa.
https://www.outdoorplaycanada.ca/2020/07/08/national-survey-of-children-and-youth-shows-covid-19-restrictions-linked-with-adverse-behaviours/

5. The Canadian Society for Exercise Physiology recommends the below activity for children – some of this can be done during the school day.
The Canadian 24-Hour Movement Guidelines for Children and Youth (ages 5-17 years)
These guidelines were developed by the Healthy Active Living and Obesity Group (HALO) of the Children’s Hospital of Eastern Ontario (CHEO) Research Institute, the Canadian Society for Exercise Physiology (CSEP), ParticipACTION, The Conference Board of Canada, the Public Health Agency of Canada and a group of leading researchers from around the world, with the input of over 700 national and international stakeholders.

MODERATE TO VIGOROUS PHYSICAL ACTIVITY An accumulation of at least 60 minutes per day of moderate to vigorous physical activity involving a variety of aerobic activities. Vigorous physical activities, and muscle and bone strengthening activities should each be incorporated at least 3 days per week
LIGHT PHYSICAL ACTIVITY Several hours of a variety of structured and unstructured light physical activities
Preserving sufficient sleep, trading indoor time for outdoor time, and replacing sedentary behaviours and light physical activity with additional moderate to vigorous physical activity can provide greater health benefits.

6. “Today, the average school-aged child is sedentary for roughly 7.5 hours each day, according to the Canadian Public Health Association. When kids are taking part in physical activities, it's often in a structured environment under the watchful eyes of parents…It's a very real thing and temporal trends show very clearly that children aren't playing as much, they're not spending as much time outside and this is manifesting in all kinds of health-related consequences that are increasingly well documented," said Dr. Mark Tremblay, director of healthy active living and obesity research with the CHEO Research Institute in Ottawa.”
https://www.cbc.ca/news/canada/newfoundland-labrador/dangerous-indoors-researcher-says-about-kids-1.5229036