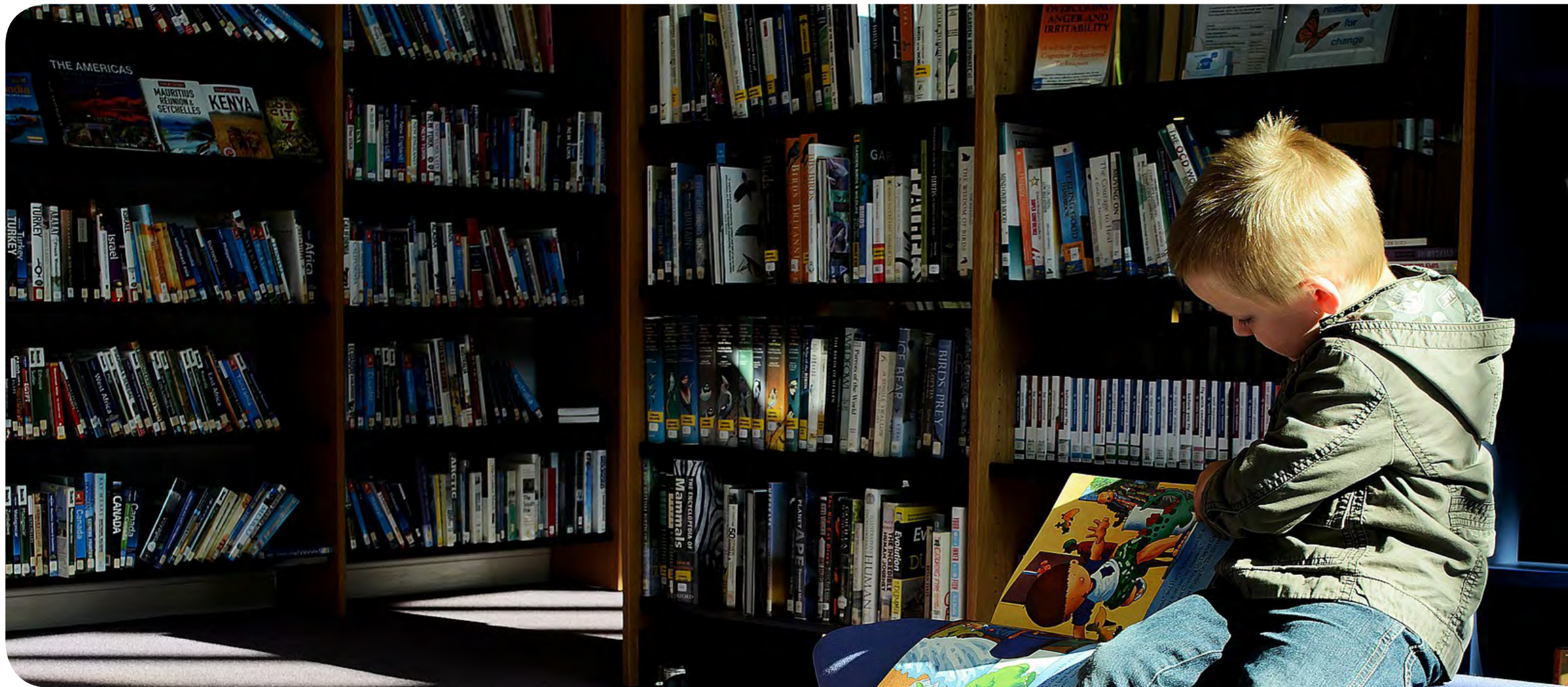


LEADING MENTALLY HEALTHY SCHOOLS

A VISION FOR STUDENT MENTAL HEALTH AND WELL-BEING IN ONTARIO SCHOOLS



A RESOURCE FOR SCHOOL ADMINISTRATORS BY SMH-ASSIST

2013

FOREWORD

VERSION 2 | 2013

LEADING MENTALLY HEALTHY SCHOOLS

This Resource was created by school administrators, for school administrators, with the support of mental health professionals and Ministry of Education staff. It is part of the suite of resources prepared through School Mental Health ASSIST. We thank the many Ontario administrators who reviewed the materials and took the time to make suggestions and provide important feedback. This resource is currently being shared as a working draft and feedback is encouraged and can be provided at <http://smh-assist.ca>.

A Vision for Student Mental Health and Well-Being in Ontario Schools

Ontario students are flourishing, with a strong sense of belonging at school, ready skills for managing academic and social/emotional challenges, and surrounded by caring adults and communities equipped to identify and intervene early with students struggling with mental health problems.

This working draft has been co-created by representatives from the Catholic Principals' Council of Ontario, Association des directions et directions-adjointes des écoles franco-

ontariennes. Ontario Principals' Council, Chief Psychologists, Chief Social Workers, and the Leadership Branch, Learning Environment Branch, and Special Education Program and Policy Branch of the Ministry of Education. School Mental Health ASSIST coordinated this initiative and serves as the main contact.

Leading Mentally Healthy Schools is intended to complement school board initiatives related to promoting student mental health and well-being and is meant to be used as a companion to the Ministry of Education Guide: ***Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being, 2013.***

AS A COUNTRY...

“We can and must defeat the stigma that has blighted people’s attitudes for far too long and has fed the discrimination that so many have endured. We can and must ensure that everyone who confronts a mental health problem or illness is able to count on the same support, treatment and services as anyone who is facing a physical health challenge. We can and must promote mental health in all walks of life, and do everything possible to reduce people’s risk of developing a mental health problem or illness, or of becoming so desperate as to contemplate suicide.”

Changing Directions, Changing Lives: The Mental Health Strategy for Canada
Mental Health Commission of Canada, 2012

AS A PROVINCE...

“We need a call to action around student mental health that recognizes the severe needs in our system currently. A provincial response that includes attention to mental health literacy, evidence-based universal and preventive programming, and systems of care for students in distress would be most welcome.”

Taking Mental Health to School
Ontario Centre of Excellence for Child and Youth Mental Health, 2009

AS EDUCATORS....

“We need to work together. Mental health is the number one issue in schools today as identified by our teachers, principals, superintendents, directors of education and trustees.”

Ontario Public School Boards’ Association, 2011

AS ONE.



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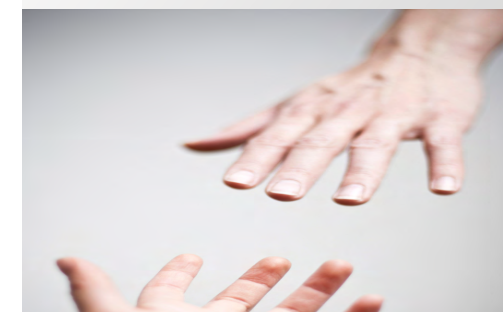
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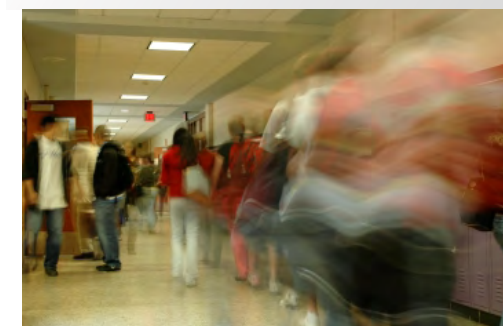
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ONTARIO'S MENTAL HEALTH AND ADDICTIONS STRATEGY



STRATEGIES FOR ADMINISTRATORS SUPPORTING MENTAL HEALTH IN SCHOOL



TACKLING THE TOUGH ISSUES IN SCHOOLS

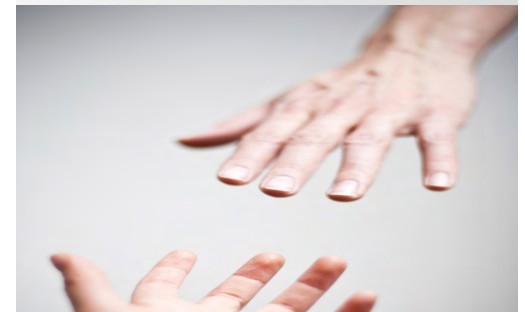
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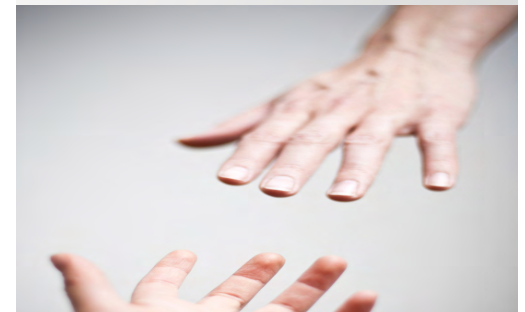
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BACKGROUND ON STUDENT MENTAL HEALTH AND WELL-BEING



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TACKLING THE TOUGH ISSUES IN SCHOOLS

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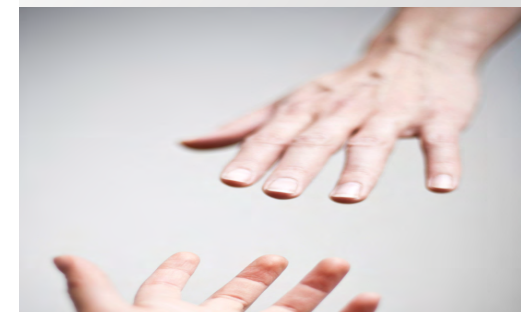
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**BACKGROUND ON STUDENT
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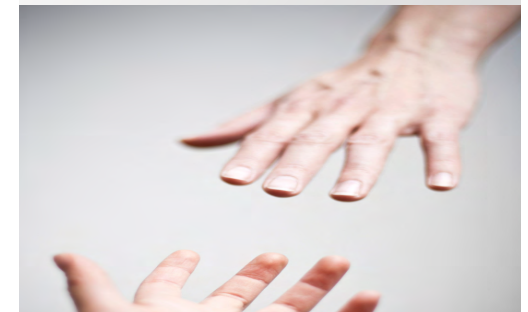
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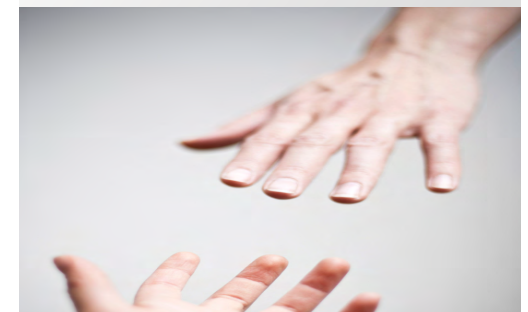
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**BACKGROUND ON STUDENT
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**STRATEGIES FOR
ADMINISTRATORS SUPPORTING
MENTAL HEALTH IN SCHOOL**



**TACKLING THE TOUGH
ISSUES IN SCHOOLS**

INTRODUCTION

As school administrators, we are well-positioned to enhance the well-being of all of our students. Every day in Ontario schools we plan for success, create caring cultures, and help staff and students to be their best. This is foundational to good mental health for students. In our role, we also often find ourselves working with students that struggle to belong, emotionally and/or academically, within the school setting. With professional learning to increase our own mental health literacy, we can enhance our ability to recognize early signs of behavioural-emotional problems, to select and support appropriate strategies, and to help students and families access needed services. We can also help our school staff create mentally healthy classrooms, and be sensitive to the needs of psychologically vulnerable students.



VIDEO COURTESY OF PEEL SCHOOLS

[HTTP://WWW.YOUTUBE.COM/WATCH?V=XKJLXU5ZAT8](http://www.youtube.com/watch?v=XKJLXU5ZAT8)

How to Use Leading Mentally Healthy Schools

This guide is meant to be used as a companion with *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being*, Ministry of Education, 2013, which focuses on specific school and classroom strategies for supporting mental health. Leading Mentally Healthy Schools is one resource among a suite of resources that will be available through School Mental Health Assist (smh-ASSIST.ca) and other sources, to support enhancing the capacity of school leaders and staff to support the mental health and well-being of students.

This resource is developed for use in electronic format, and is divided into four main sections. The first two sections cover background information on mental health and well-being and the Ontario Mental Health and Addiction strategy. The last two sections provide the most comprehensive information for school administrators. They contain process strategies for use in implementing *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being*, and a section providing an overview for tackling the tough issues that administrators are faced with in their schools as they support students. This resource is intended to be a working document and will be enhanced over time so your continued feedback is welcome.

In implementing the ideas in this document, administrators may find it helpful to:

- become aware of the board Mental Health planning strategy
- know that each board has a designated Mental health Leader who is working with a board steering committee to co-ordinate implementation of the board Mental Health strategy and School Mental Health Assist resources, including this document
- be familiar with the contents of the Educator's Guide; *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being*
- check back at smh-ASSIST.ca regularly for resources to support your school's work such as videos, case studies and PowerPoint presentations
- become aware of the "Top 10 list of Organizational Conditions" for school mental health prior to planning or implementing, which are included in this document.

In summary, the purpose of this resource is to provide:

- **Basic information about student mental health and well-being;**
- **An overview of Ontario's Comprehensive Mental Health and Addiction Strategy and its alignment to other provincial initiatives;**
- **Leadership, mental health literacy, and planning strategies that can support student mental health;**
- **Ways to manage the "tough issues" that can arise in this area of work.**



BACKGROUND ON STUDENT MENTAL HEALTH AND WELL-BEING



RATIONALE FOR SCHOOL MENTAL HEALTH

There is a clear relationship between student mental health problems and academic difficulties. When students are preoccupied with emotional concerns they cannot participate fully in learning. Similarly, students who are experiencing academic challenges due to learning disabilities, intellectual disabilities, or other learning problems can develop mental health problems, such as anxiety or depression as a result. These concerns also interfere with social relationships and contribute to feelings of low self-worth, anger, worry and confusion. Given that mental health problems are very real, and very painful, and are often difficult to treat even with support, the earlier we intervene, the better the trajectory for a child vulnerable to mental illness. Fortunately, there is a rich and growing research literature describing programs and practices that can be used to support children at risk. These programs can keep

students from falling into a negative spiral by bolstering social, academic, or emotional skills, changing negative thought patterns, and nurturing student sense of well-being. For those with identified mental health problems, psychosocial treatments, like cognitive-behaviour therapy and parent training, have strong support for helping children with problems like anxiety, depressed mood, and behaviour problems. The use of medication has also been shown to be helpful for some children and youth struggling with particular mental health problems. Note that even when difficulties are long-standing, there are ways to help students and families to effectively manage the disorder, just as you might with other chronic health conditions.

Unfortunately, while there are treatment options available that can help children and youth who struggle with mental health problems, relatively few will access the help they need. There are currently several barriers to getting help. The stigma associated with acknowledging emotional problems prevents many people from engaging in the courageous conversations needed to identify and support children and youth in need. In addition, caring adults and peers who may be in a position to help, often feel ill-equipped in terms of knowledge and skills to identify problems and to know where to find professional assistance. Finally, even when problems are voiced and/or identified, in some communities there are not enough services to meet the demand.

These issues with access make schools an even more important place to support students in need. It has

been widely noted that schools are, indeed, an optimal setting to reduce stigma, promote positive mental health, build student social-emotional learning skills, prevent the development of mental health problems in high risk groups, identify students in need, and support them along the pathway to

service. **It is very important to stress that there is no expectation that educators should become counselors or that boards should do the work of community mental health organizations.**

Rather, that education has a role to play in a full system of care. This role involves creating caring schools and classrooms, building social emotional learning skills, and helping to identify students in need of early intervention.



KEY SOURCES

Joint Consortium for School Health (2010). Schools as a setting for promoting positive mental health: Better practices and perspectives.

<http://www.jcsh-cces.ca/upload/JCSH%20Positive%20Mental%20Health%20Perspectives%20Better%20Practices.PDF>

Kirby, M.J.L. & Keon, W.J. (2006). Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada. Senate Standing Committee on Social Affairs, Science and Technology.

Santor, D., Short, K.H., & Ferguson, B. (2009). Taking mental health to school: A policy-oriented paper on school-based mental health for Ontario. Paper commissioned by the Ontario Centre of Excellence for Child and Youth Mental Health.

http://www.excellenceforchildand youth.ca/sites/default/files/position_sbmh.pdf

School-Based Mental Health and Substance Abuse Consortium (2013). School Mental Health in Canada: Report of Findings. Project commissioned by the Mental Health Commission of Canada.

KEY FACTS AND FIGURES

WHAT IS CHILD AND YOUTH MENTAL HEALTH?

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

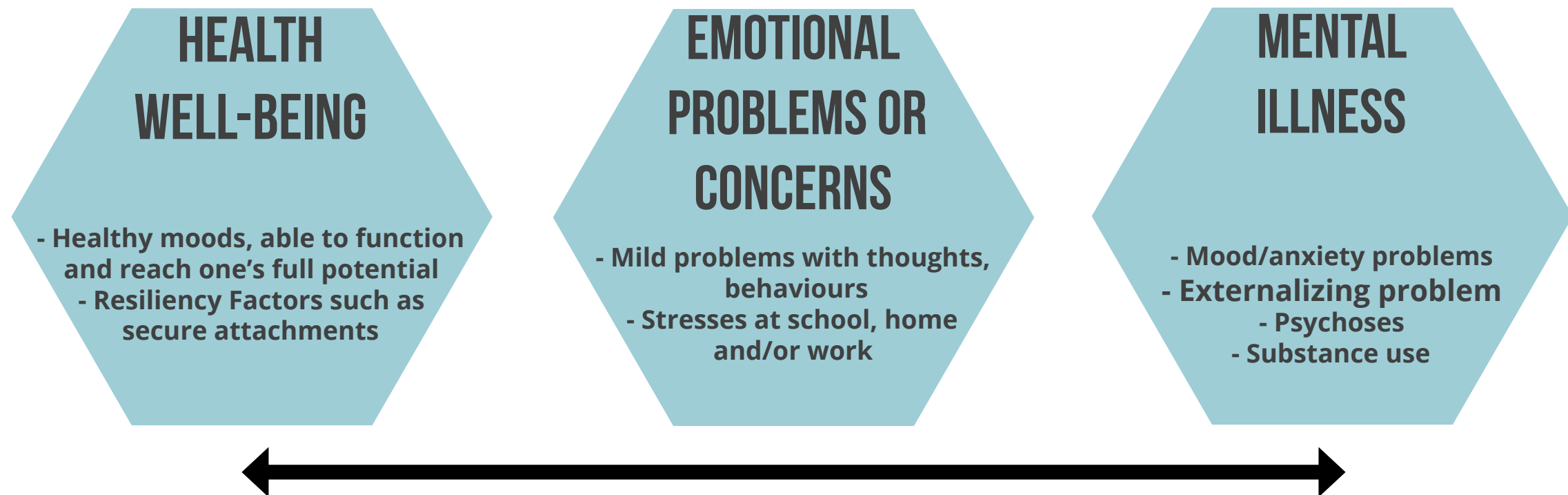
World Health Organization

Mental health problems are emotional, behavioural and brain-related difficulties that may have a negative impact on students' well-being and interfere with their functioning at school, at home, in the community, and in social settings. Development, school attendance, academic achievement and relationships with family and friends may be affected. A mental health problem that is severe, persistent, and causes impairment in daily life is called a mental health disorder or mental illness. It is helpful to think of mental health as occurring along a continuum.

HOW COMMON ARE CHILD AND YOUTH MENTAL HEALTH PROBLEMS?

Although prevalence estimates vary somewhat depending on which study is referenced and how the problem is defined, most place the rate of mental health problems in the range of 18-23%. The "one in five" statistic is a helpful way to remember just how many of our students are affected by significant emotional difficulties. As an administrator you may wish to speak with your staff and encourage them to think about and to anticipate that in any given year, in a class of 25-30, there may be 5 to 7 students who struggle with behaviour and emotions to a degree that will interfere with their academic performance.

MENTAL HEALTH CONTINUUM



WHAT DO MENTAL HEALTH PROBLEMS LOOK LIKE?

Mental health problems can present in various forms. Most classification systems divide these clusters of signs and symptoms into two broad areas; **externalizing** problems, or those that manifest outwardly in things like aggression, impulsivity, and non-compliance; and **internalizing** problems, or those that manifest inwardly in things like sadness, anxiety, and social withdrawal. Although classification systems exist to help us to understand and organize the clusters of symptoms that we observe, mental health problems do not fall neatly into categories in real life. Symptoms that are characteristic of one disorder are often symptoms of other disorders, and, to complicate things further, disorders tend to travel together. This is called co-morbidity. Approximately 45% of children and youth with one mental health disorder are likely to have another area of difficulty as well (e.g., depression AND anxiety, ADHD AND oppositional defiant disorder). It is because of this complexity that diagnosis is a controlled act - only to be performed by physicians and psychologists in Ontario - and that treatment must be provided by those with mental health expertise.

WHAT SORTS OF MENTAL HEALTH PROBLEMS ARE WE MOST LIKELY TO SEE AT SCHOOL?

Some child and youth mental health problems are more common than others. Specifically, difficulties with anxiety, behaviour and mood are most prevalent amongst Canadian children. Within the school context, we are also well-positioned to notice emotional and behavioural difficulties associated with learning, attention and hyperactivity/impulsivity. Because some mental health difficulties emerge earlier in development than others, some types of problems are more commonly seen in primary, junior and intermediate settings, while others are most prevalent within secondary schools. Note that because, untreated, problems can become more pronounced over time, secondary school educators are more likely to observe more serious mental health difficulties amongst students than elementary school educators. Secondary staff, in particular, should be alert to the potential role of addictions in student emotions and behavior at school.

HOW ARE CHILD AND YOUTH MENTAL HEALTH PROBLEMS TREATED?

Specialized treatment is delivered by a trained mental health professional who is regulated by a governing College requiring adherence to a set of clinical, ethical and legislative standards (e.g., psychiatrist, psychologist, social worker). The treatment protocol varies with the type of presenting problem, but most often it involves psychosocial and/or pharmacological approaches. Treatment can occur in schools, in the community or in hospital settings. When mental health problems are in part a result of overwhelming academic difficulties, classroom and special education teachers are part of the treatment team since appropriate learning supports will ease issues such as anxiety, weakened self-esteem or even depressive mood.

Part two of the Educator Guide 'Supporting Minds' released by the Ministry in 2013 contains eight sections, each dedicated to a particular mental health problem.

WHAT IS THE PROGNOSIS FOR STUDENTS WITH MENTAL HEALTH PROBLEMS?

Untreated, child and youth mental health problems are persistent and impairing. Early intervention can make a considerable difference to outcomes for children, youth and their families.

KEY SOURCES

Canadian Institute for Health Information (2009). Children's Mental Health in Canada: Preventing Disorders and Promoting Population Health.

http://www.cihi.ca/CIHI-ext-portal/pdf/internet/CPHI_FUNDED_RES_cwaddell_EN

National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions. Mary Ellen O'Connell, Thomas Boat, and Kenneth E. Warner, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

http://www.nap.edu/catalog.php?record_id=12480#toc

Waddell, C., Hua, J. M., Garland, O., Peters, R., & McEwan, K. (2007). Preventing mental disorders in children: A systematic review to inform policy-making, Canadian Journal of Public Health, 98, 3, 166–173.

<http://journal.cpha.ca/index.php/cjph/article/view/812/812>

INTRODUCING SUPPORTING MINDS

In 2013, the Ontario Ministry of Education released *Supporting Minds: An educators' guide to promoting students' mental health and well-being (Supporting Minds)*. This Guide is designed to build understanding about student mental health amongst classroom educators. In addition to providing detailed background information about this topic, Part One of *Supporting Minds* offers guidance related to the role of educators in creating mentally healthy classrooms. Part Two provides in-depth coverage of common mental health problems that might be observed in the classroom.

The following chapters are included:

- Anxiety Problems
- Mood Problems
- Attention and Hyperactivity / Impulsivity Problems
- Behaviour Problems
- Eating and Weight-Related Problems
- Substance Use Problems
- Gambling
- Self-Harm and Suicide

Each chapter includes information about prevalence, signs and symptoms, and ways to support students at school. The Guide reinforces that while educators should not be diagnosticians or counselors, they do have a role to play in supporting students so that they can achieve their potential at school.

ONTARIO'S MENTAL HEALTH AND ADDICTIONS STRATEGY



ONTARIO MENTAL HEALTH AND ADDICTIONS STRATEGY OUTLINE

In June 2011, Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy was announced. The province aims to "reduce the burden of mental illness and addictions by ensuring that all Ontarians have timely access to an integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, community support and treatment programs" (Ontario's Comprehensive Mental Health and Addictions Strategy, 2011, p 7). The over-arching goals of the Strategy are:

- To improve mental health and well-being for all Ontarians;
- To support the creation of healthy, resilient and inclusive communities;
- To identify mental health and addiction problems early and intervene; and
- To provide timely, high quality, integrated, person-directed health and human services.

FAST ACCESS TO HIGH QUALITY SERVICES

- Build capacity in the community-based sector
- Reduce wait times
- Meet community needs
- Link education, child and youth mental health, youth justice, health care, and the community

IDENTIFY & INTERVENE EARLY

- Provide tools and support to those in contact with children and youth so they can identify mental health issues sooner
- Provide resources for effective responses to mental health issues
- Build mental health literacy and local leadership

CLOSE CRITICAL SERVICE GAPS

- Increase availability of culturally appropriate services and serve more children and youth in Aboriginal, remote and underserved communities
- With complex mental health needs
- At the key transition point from secondary to post-secondary education

SUPPORT SYSTEM CHANGE

- Support development of an effective and accountable service system for all Ontarians
- Build on efforts that promote evidence-informed practice, collaboration, and efficiencies
- Develop standards and tools to better measure outcomes for children and youth



The Strategy focuses on children and youth in the first three years, and will be supported by several Ministries, under the leadership of the Ministry of Child and Youth Services (MCYS). There are three key target areas:

- Fast access to high-quality services,
- Early identification and support, and
- Help for vulnerable children and youth with unique needs.

The Strategy builds upon the foundational work of the MCYS Policy Framework, A Shared Responsibility, Ontario's Framework for Child and Youth Mental Health, the related provincial mapping exercise, and the introduction of the Student Support Leadership Initiative. It is also aligned with Caring and Safe Schools in Ontario and Learning For All, A Guide to Effective Assessment and Instruction for All Students, K to Grade 12. An overview of the three year strategy is offered on the following page.

OVERVIEW OF THE THREE YEAR PLAN

Starting with Child and Youth Mental Health

Our Vision:

An Ontario in which children and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth reach their full potential.

THEMES

Provide fast access to high quality service

Kids and families will know where to go to get what they need and services will be available to respond in a timely way.

Identify and intervene in kids' mental health needs early

Professionals in community-based child and youth mental health agencies and teachers will learn how to identify and respond to the mental health needs of kids.

Close critical service gaps for vulnerable kids, kids in key transitions, and those in remote communities

Kids will receive the type of specialized service they need and it will be culturally appropriate

INDICATORS

- Reduced child and youth suicides/suicide attempts
- Educational progress (EQAO)
- Fewer school suspensions and/or expulsions
- **Higher graduation rates**
- More professionals trained to identify kids' mental health needs
- Higher parent satisfaction in services received
- Decrease in severity of mental health issues through treatment
- Decrease in inpatient admission rates for child and youth mental health
- **Fewer hospital (ER) admissions and readmissions for child and youth mental health**
- **Reduced Wait Times**

INITIATIVES

Improve public access to service information

Pilot Family Support Navigator model Y1 pilot

Implement *Working Together for Kids' Mental Health*

Implement standardized tools for outcomes and needs assessment

Enhance and expand Telepsychiatry model and services

Provide support at key transition points

Funding to increase supply of child and youth mental health professionals

Increase Youth Mental Health Court Workers

Amend education curriculum to cover mental health promotion and address stigma

Develop K-12 resource guide for educators

Hire new Aboriginal workers
Implement Aboriginal Mental Health Worker Training Program

Improve service coordination for high needs kids, youth and families

Reduce wait times for service, revise service contracting, standards, and reporting

Outcomes, indicators and development of scorecard

Implement school mental health ASSIST program and mental health literacy provincially

Provide designated mental health workers in schools

Expand inpatient/outpatient services for child and youth eating disorders

Hire Nurse Practitioners for eating disorders program [part of New Nurses Initiative]

Implement Mental Health Leaders in selected School Boards

Provide nurses in schools to support mental health services [part of New Nurses Initiative]

Create 18 service collaboratives

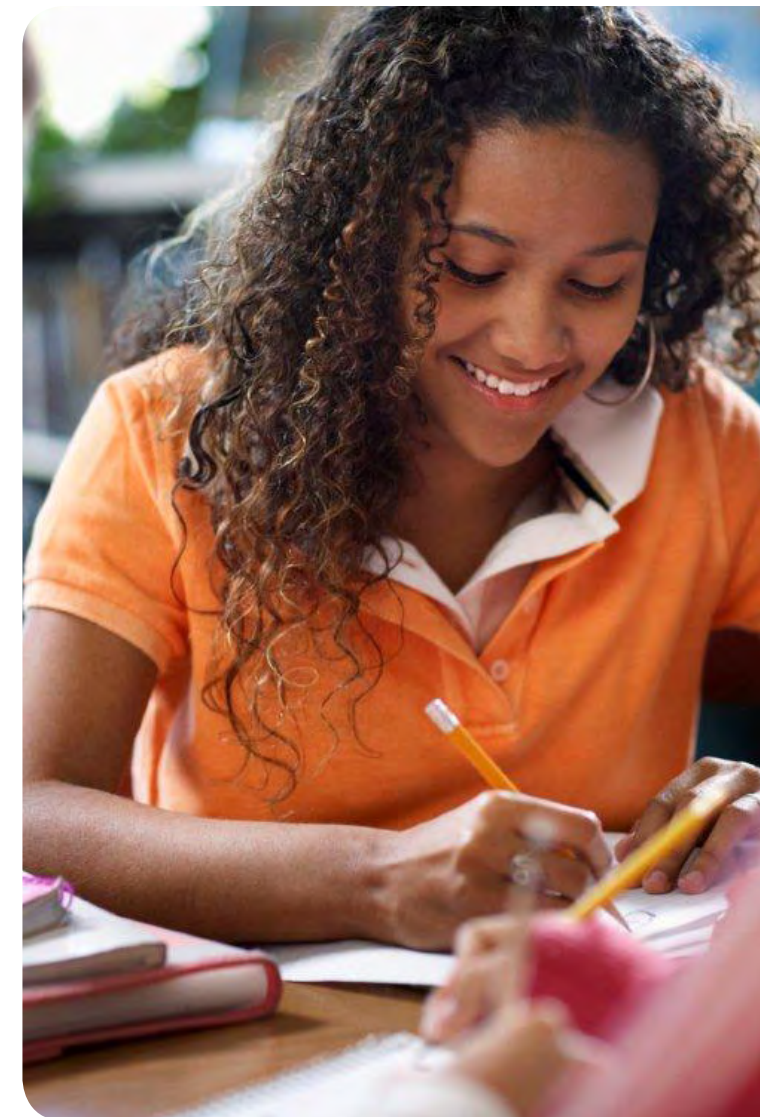
PlanEvaluation

MINISTRY OF EDUCATION COMMITMENTS

The Ministry of Education has made several commitments in relation to the Comprehensive Ontario Mental Health and Addictions Strategy.

- The K-12 curriculum is being enhanced to more strongly feature student mental health.
- An Educator Guide is being provided to help educators recognize and support students with mental health and addictions needs (*Supporting Minds: An Educator's Guide to Mental Health and Well-Being at School*),
- Dedicated funding has been provided to allow for professional learning in school mental health.
- The hiring of Mental Health Leaders to support board mental health and addictions strategy development and coordinated implementation.
- Finally, **School Mental Health ASSIST** was created to provide overall implementation support related to EDU commitments and the intersection of initiatives across the Strategy.

A more detailed description of the School Mental Health ASSIST team and the linkages to the work of other Ministries (Ministry of Child and Youth Services and Ministry of Health and Long Term Care) in the Mental Health and Addictions Strategy is available at <http://smh-assist.ca>. The information provided should help school administrators understand the role of SMH-ASSIST within school boards across the province.



WHAT IS SCHOOL MENTAL HEALTH ASSIST?

[Click here for Alignment with Related Provincial Mental Health and Addiction Initiatives.](#)

MISSION

School Mental Health ASSIST is designed to help Ontario school boards to create conditions for promoting positive student mental health and well-being and for supporting students who struggle with mental health and addictions problems, through a focus on leadership, capacity-building, and implementation support.

VISION

Ontario students are flourishing:

- with a strong sense of belonging at school;
- with skills for managing academic and social/emotional challenges;
- along with caring adults and communities equipped to identify and intervene early when students struggle with mental health problems.



VALUES/COMMITMENTS

School Mental Health ASSIST:

- Provides clear, precise, and concrete communication to the field about the initiative
- Offers a range of supports that are relevant and responsive to school boards
- Draws on research-based strategies for effective mental health leadership, capacity-building, and implementation in developing resources
- Draws on the experiences of MH Leaders, and others, in shaping resources
- Uses best practices in knowledge mobilization for sharing information about mental health
- Further enhances a culture of caring within school boards, in part by modeling sensitivity to staff mental health and well-being as this new initiative is implemented
- Encourages coordination and integration across sectors and initiatives

Your Board has a Mental Health Leader!

By 2013-2014, every board in the province has received funding to support a dedicated, full-time, Mental Health Leader. This senior-level mental health professional is tasked with creating system-level organizational conditions, supporting the roll out of mental health awareness and literacy, and assisting with the selection and implementation of mental health promotion and prevention programs for the board. They work alongside existing school mental health professionals and senior administrators to create and implement a board Mental Health Strategy. Find out who your Mental Health Leader is – they are there to support you in your leadership role!

CORE FOCUS

In the first three years of the initiative (2011-2014), School Mental Health ASSIST has a specific focus on:

- Leadership and organizational conditions to support effective school mental health
- Capacity-building for educators and system leaders
- Selection and implementation of evidence-based mental health promotion/prevention programming

STRATEGIES FOR ADMINISTRATORS SUPPORTING MENTAL HEALTH IN SCHOOL



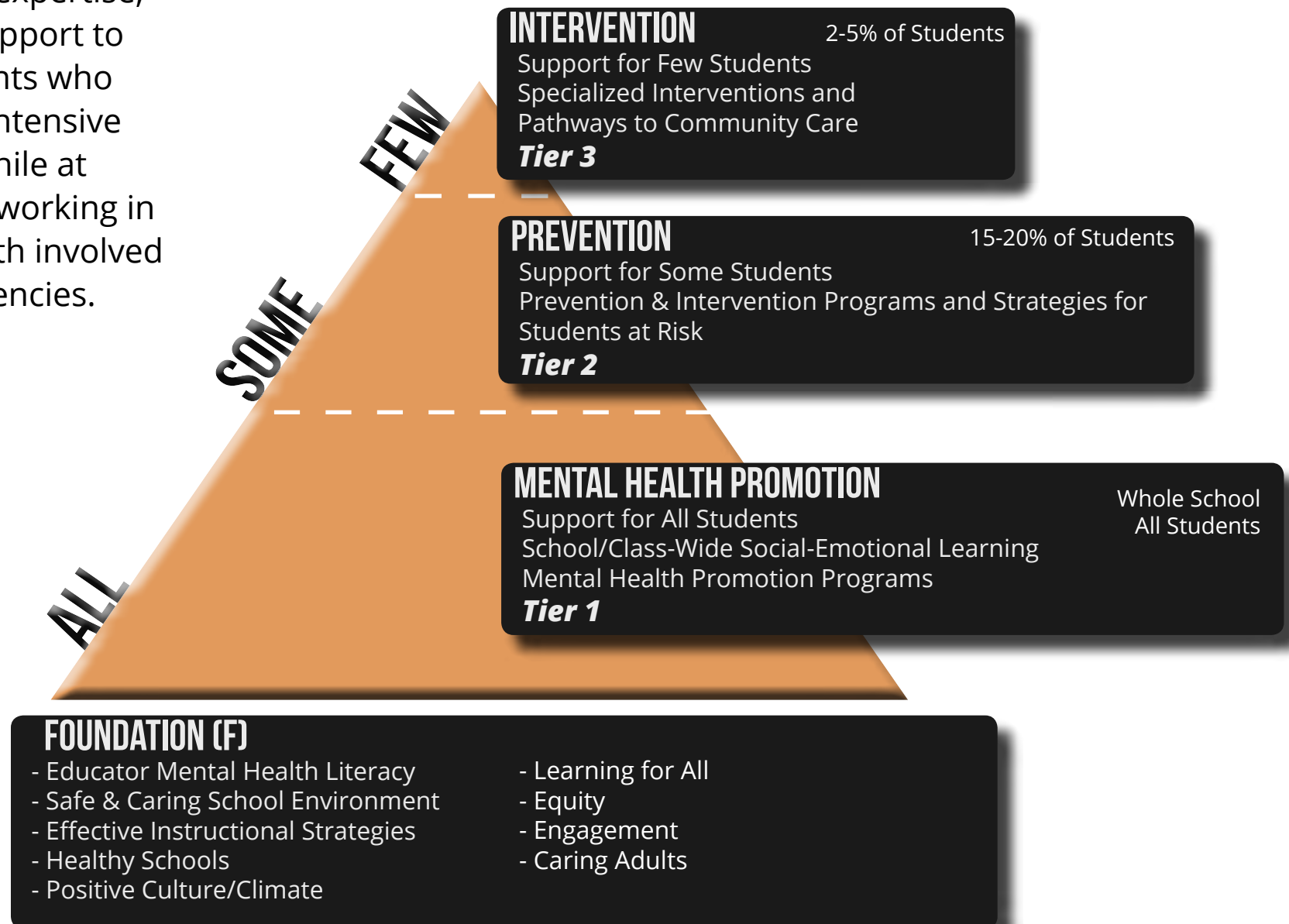
THINK IN TIERS

Understanding tiered frameworks for service delivery in mental health

What is a Tiered Approach to Mental Health?
As educators, our central role at school relates to instruction and learning, however, without healthy minds learning is a difficult task.

Using a tiered approach, we can promote mental health and well-being for ALL students, through universal approaches that are beneficial for all children and youth. We can also help to identify SOME students with, or at risk for developing, mental health problems and can help with targeted skill-building and with referrals to mental health support teams. With the assistance of professionals with

mental health expertise, we can lend support to the FEW students who require more intensive intervention while at school, ideally working in partnership with involved community agencies.



Several other countries have adopted similar tiered models for school mental health. Click the links below for examples:

http://www.education.ie/en/Publications/Education-Reports/Well_Being_PP_Schools_Guidelines.pdf

http://www.pbis.org/school/what_is_swpbs.aspx

The tiered levels of support provides a familiar framework for schools as described in *Learning for All, Ministry of Education, 2011* in supporting student social, emotional, behavioural and academic learning as follows:

- school support for ALL
- School support for SOME
- School support for a FEW

All students' needs can be described from time to time along a continuum and these needs are met with different levels of support depending on the complexity.

FOR ALL

We can support positive mental health for all students in the way that we go about our day-to-day work. For example, we show compassion and support, and we are caring adults in the lives of our students. We can encourage our staff to adopt research-based strategies that are shown to promote positive mental health across schools and classrooms, like chunking assignments to help students with managing stress, and ensuring active playground supervision to stem incidents of bullying. When we identify areas of need, we can incorporate school-wide programming to address areas of concern (e.g., peer mediation to help with playground conflict).

We can encourage our staff to integrate social emotional learning (SEL) into classroom activities so that students learn skills related to self-awareness, social awareness, self-regulation, relationship building, and decision-making. Research has shown a link between social emotional learning skills and academic performance. For more information about the critical role of social emotional learning, visit the Collaborative for Academic, Social and Emotional Learning (CASEL)

<http://casel.org/>

This summary report by the Evidence-Based Education and Services Team within the Hamilton-Wentworth District School Board offers a succinct summary of the research evidence in this area. <http://www.hwdsb.on.ca/e-best/wp-content/uploads/2011/03/RIB-Social-Emotional-Learning.pdf>

FOR SOME

In our schools we can, and do, also provide targeted skill-building for students at higher risk for developing problems. This may be formalized in Individual Education Plans or through short-term supportive counseling, or can occur through group delivery of special programs for students who experience similar struggles (e.g., anxiety management sessions, temper taming groups). Some students are at risk for developing MH problems and we can help with referrals to MH support teams who may be internal or external to the board. In collaboration with board mental health professionals, School Mental Health ASSIST provides support to Ontario school boards in selecting and implementing evidence-based mental health promotion and prevention programming.

FOR FEW

Your staff are often the first to notice changes in student performance or behaviour. As such, schools are in a unique position to identify and support students in need of more intensive services. It is important to understand that there is no expectation that educators will take on new and different roles in the classroom. Rather, the aim is that resources will be provided to enhance their ability to provide support to the one in five students in Ontario classrooms that may be struggling with their mental health or addictions.

Schools are in an optimum position to provide support through universal mental health promotion and prevention programming. To provide a full system of care, that offers support at universal, targeted, and intensive levels, we need to work seamlessly with our community partners who have particular expertise in working with students requiring clinical intervention.

Many communities across Ontario have set the foundations for the seamless delivery of mental health services through the Student Support Leadership Initiative and Working Together for Kids' Mental Health. This collaborative work will deepen in coming years as communities further define and support the local pathways that fit their context. Pathways to support need to be locally determined, but more importantly pathways are clear and articulated so that students receive the right help at the right time.

SET THE STAGE

Creating and sustaining the Top 10 conditions for effective school mental health

Creating a whole school approach and a culture that embraces a tiered approach to student mental health and well-being is a complex undertaking. In this section, we provide some considerations to help school administrators to enhance work in this area. In many ways, the principles set out within the Ontario Leadership Framework can be applied to school mental health in similar ways as to academic instruction. In this section, we make this explicit with action suggestions. Building on the Leadership Framework, and drawing from research, School Mental Health ASSIST has also created a Top Ten List of Organizational Conditions for Supporting School Mental Health. While all of the ten conditions are important, and are detailed in the following section, it is recommended that three areas form the basis for initial action:

1. Create a school level Mental Health Leadership Team (can be part of an existing Well-Being / Safe Schools Team)
2. Assess your school's initial capacity for school mental health
3. Develop a Mental Health Strategy / Action Plan to guide your efforts

Mental Health Adaptation of the Five Leadership Domains:

1. Setting Directions for Student Mental Health
(e.g., Co-Creating a School Vision for Student Mental Health)
2. Building Relationships and Developing People
(e.g., Recognizing the foundational work of mental health professionals, guidance, Student Success)
3. Developing the Organization to be Proactive about Student Mental Health
(e.g., Developing required infrastructure and protocols to facilitate effective tiered support)
4. Leading Mental Health Promotion / Prevention Programming
(e.g., Encouraging a systematic approach to the selection of promotion / prevention programs)
5. Securing Accountability for Student Mental Health and Well-Being
(e.g., Measurement of school climate, student well-being, etc.)

[Click Here for Ideas Into Action for School and System Leaders:
Five Core Capacities of Effective Leaders](#)

TOP TEN LIST OF ORGANIZATIONAL CONDITIONS FOR SUPPORTING SCHOOL MENTAL HEALTH

This Top Ten List reflects the essential organizational conditions ideal to the full implementation of mental health and well-being in schools. The descriptions on the following page will support administrators to work with their school staff.

- 1. Commitment**
- 2. Mental Health Leadership**
- 3. Clear and Focused Vision**
- 4. Shared Language**
- 5. Assessment of Initial Capacity**
- 6. Standard Processes**
- 7. Protocols for Professional Development**
- 8. Mental Health Strategy and Action**
- 9. Collaboration**
- 10. Ongoing Quality Improvement**

[Click here for more details](#)



TOP TEN LIST OF ORGANIZATIONAL CONDITIONS FOR SUPPORTING SCHOOL MENTAL HEALTH (CONT.)

1 - COMMITMENT

School Leaders:

- view child and youth mental health as a priority, and communicate this through action
- commit to the Tiered Support Model and help staff to understand the rationale for the model and practical ways to bring it to life
- consistently attend internal mental health team meetings and community liaison meetings
- provide visible, strategic and tangible support for needed infrastructure, resources, and staffing

2 - MENTAL HEALTH LEADERSHIP

There is a multidisciplinary, multi-layered mental health leadership team. Ontario schools already have school teams whose focus is supporting their students (e.g. Student Support Teams).

The team:

- Has representation or access to mental health expertise
- Considers parent and youth voice
- Has meaningful liaison with board and community partners
- focuses on vision-setting, leadership, collaboration, strategy selection, problem-solving

A systematic and coordinated approach to school mental health happens more consistently with the presence of

a multidisciplinary mental health leadership team. The composition of this team will vary, but representation is important for shared and distributed leadership. Having the right people when it comes to mental health is important in considering composition of team members (e.g. school leader, resource teacher, guidance teacher, psychology, social work, attendance counsellor, classroom teacher, Physical Education teacher, chaplain, classroom teacher, student success teacher etc.) In best cases, this team has responsibility for setting direction, coordinating professional development, implementing the tiered service delivery model, leading mental health programming, and securing accountability.

3 - CLEAR AND FOCUSED VISION

- Vision for student mental health is aligned with School and Board Plan/ Strategic Directions
- Vision is aligned with key principles in school mental health (e.g., preventive, linked with instruction, evidence-based, connected with partners at home and school, strong use of data)
- Vision and goals are created collaboratively
- Vision is the basis for decision-making

A clear and focused vision, that is created collaboratively and is aligned with board priorities and initiatives, is a key organizational element in school mental health. Most importantly, in schools and boards that have been successful with implementation, this vision is used as a foundation on which to base decisions and actions.

4 - SHARED LANGUAGE

- The vision for school mental health is communicated clearly across the school
- Foundational knowledge about student mental health is conveyed
- Terms are defined consistently
- Where differences in terms occur, there is translation (e.g., with community partners)

Effective school mental health requires the involvement of many stakeholders, with varied professional backgrounds, often working across sectors and disciplines. At times, differences in language and understandings can interfere with an integrated system of care. It is helpful to work towards shared meanings across the school and with partner organizations.

5 - ASSESSMENT OF INITIAL CAPACITY

- Assessment data informs the development of the school mental health strategy. Before setting priorities, an assessment of organizational strengths, needs, and resources (resource mapping) can be very helpful
- This assessment includes a scan of resources, in the form of people, processes, and programs
- Staff and student voice data can deepen understanding of needs

Too often, school mental health is managed in a fragmented manner. This occurs, in part, when new initiatives are introduced without appreciation for existing resources. Schools will benefit from a period of “taking stock” - of the

people, process, and program resources currently available - before embarking on new approaches in this area. Note that part of this taking stock can include gathering the perceptions of staff and students, with respect to priority areas of need.

6 - STANDARD PROCESSES

The school has standard processes for school mental health:

- Decisions about who does what (role clarification)
- Selection of school and classroom evidence-based programs
- Delivery of training and coaching on programs and strategies
- Standards and tools for monitoring progress
- Partnerships with community
- Access to board and community services

In order to make school mental health more seamless, certain protocols and procedures can be helpful. Key processes to attend to include: articulating who does what within the school (e.g., What do guidance counselors do? What is the role of student success? What do social workers do? What do psychological consultants do? What do public health nurses do? What do mental health workers in schools do?), What do the mental health and addictions nurses do? identifying how mental health programmes are selected, and defining the pathway to care (the route from when a teacher identifies a problem, to the child accessing school / board / community resources). The clarity that such protocols afford can assist with the smooth delivery of services in a tiered support model. Many boards through consultation and collaboration with your community partners have these

protocols in place from a system level and school staff should be aware of these before defining school pathways to service.

7 - PROTOCOLS FOR PROFESSIONAL DEVELOPMENT

- The school has a systematic approach to capacity building in mental health and well-being that supports and is in line with board directions
- High quality training protocols, delivered by an engaging expert (usually board system level professional services staff can support in this regard)
- Job-embedded, with ongoing coaching

Being systematic about professional development is very important to avoid one time or fragmented workshops. Administrators need to consider which audiences need which types of knowledge, delivered in which formats (e.g., Who needs mental health awareness? Who is ready and needing mental health literacy? Do we know which key mental health professionals can support our work? How can the professional development deepen iteratively over time so that educator knowledge is enhanced at a manageable and useful pace?). School Mental Health ASSIST has worked with a national roundtable to create a Decision Support Tool to help with the selection of professional development strategies in this area. This tool is available to all Ontario school boards on the [SMH ASSIST website](#).

8 - MENTAL HEALTH STRATEGY AND ACTION

- Mental Health Strategy is aligned with system goals (the Board Mental Health Leader may be a resource for this work)
- Strategy is founded on evidence-based practices
- Strategy is tailored to local context and data with respect to school needs and strengths
- Strategy is focused on measureable outcomes
- An implementation support plan is clearly articulated

A mental health strategy is a very important condition for effective service delivery within a tiered support model. Aligned with school priorities, and manageable in scope, this Strategy can capitalize on school strengths

while addressing (a small number of) gap areas over a short period of time. A clear implementation support plan with key measurable indicators is essential for ensuring full execution of the strategy.

9 - COLLABORATION

Be aware of what the Board has established for platforms of dialogue and collaboration:

- Across departments and schools
- With community and health agencies
- With universities and other research organizations
- With parents
- With students
- With government
- With other boards

This work is complex and is best done together! When schools create spaces for co-learning and collaboration, innovation emerges and commitment grows. School work should be aligned with board practices. There are many potential and willing partners – check first to ensure alignment and system support. The board may have a protocol for accessing system internal and external parties.

10 - ONGOING QUALITY IMPROVEMENT

There is ongoing quality improvement that includes measurement of:

- program / strategy implementation at the school

- teacher perceptions and knowledge
- student perceptions and knowledge
- student outcomes

Continuous quality improvement is important to successful school mental health implementation. Consistent with other processes like the **School Effectiveness Framework**, we need to identify indicators of success and measure our progress against these. In Ontario, we do not yet have consistent, province-wide measures of student mental health and well-being, school climate, or program implementation. Your board or school may, however, have standard tools that you use. If your board has a research department, these professionals may also be able to help you to define your indicators. Measurement of process variables, perceptions, and outcomes can assist with decisions about future actions.



CONNECT THE DOTS

Showing alignment with related initiatives that support student well-being

There is an increasing awareness that schools can engage in specific strategies to build awareness and promote attitudes and behaviours that enhance mental health and well-being. Over the past decade in Canada and elsewhere, school-based mental health and well-being have received significant attention.

Schools in Ontario have been working to promote student mental health and well-being in a variety of ways, for many years. Mental health and well-being has a link with many current initiatives like Student Success, Safe Schools, Special Education, Healthy Schools and others. A whole school approach to mental health is about galvanizing all of the capacities a school has and using them to implement a tiered model to achieve mental health and well-being. The goal of promoting mental health and well-being can be supported by reframing, affirming and building on the important work that the school is already doing. It is important that staff see the fundamental connections of mental health and well-being as part of these other important school initiatives (e.g., mental health and well-being is listed as a priority in a school board's improvement plan and is reflected in and aligned with Bill 13 (Accepting Schools Act), the community culture and caring pillar, School Effectiveness Indicators, Safe and Caring Schools, Education For All and Learning For All.)

The diagram on the following page outlines the connections in Ontario's Mental Health and Addictions Strategy, the Ministry of Education's commitments to the Strategy and the alignment with other important Ministry policies and initiatives.

RECENT CANADIAN SCHOOL MENTAL HEALTH HIGHLIGHTS

2006, the Canadian Senate Committee releases the report *Out of the Shadows at Last*, which makes specific recommendations about the need to optimize school-based mental health programming.

2009, *Taking Mental Health to School: A policy-oriented paper on School-based Mental Health for Ontario* is presented to five Ministries that have responsibility in this area.

2009, *Every Door is the Right Door, Toward a 10-year mental health strategy: A discussion paper* is released from the Ontario Ministry of Health and Long-Term Care.

2011, *Open Minds, Healthy Minds - Ontario's Comprehensive Mental Health and Addictions Strategy*, a 10-year cross-ministerial initiative is announced. The role of schools is highlighted.

2012, Mental Health Commission of Canada, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* is released as a comprehensive plan to improve mental health and well-being and to create a mental health system that can truly meet the needs of people of all ages living with mental health problems and illnesses.

2012, School-Based Mental Health and Substance Abuse Consortium releases findings of a 3-year study of school-based mental health in Canada (national review, scan of best practices, survey of Canadian school boards)

MENTAL HEALTH & ADDICTIONS STRATEGY CONNECTIONS

K-12 School Effectiveness Framework

Healthy Schools

Positive School Climate

Special Education
Learning For All

BIP for Student Achievement

Leadership Strategy

Equity And Inclusive Education Strategy

Growing Success

Aboriginal Education Strategy

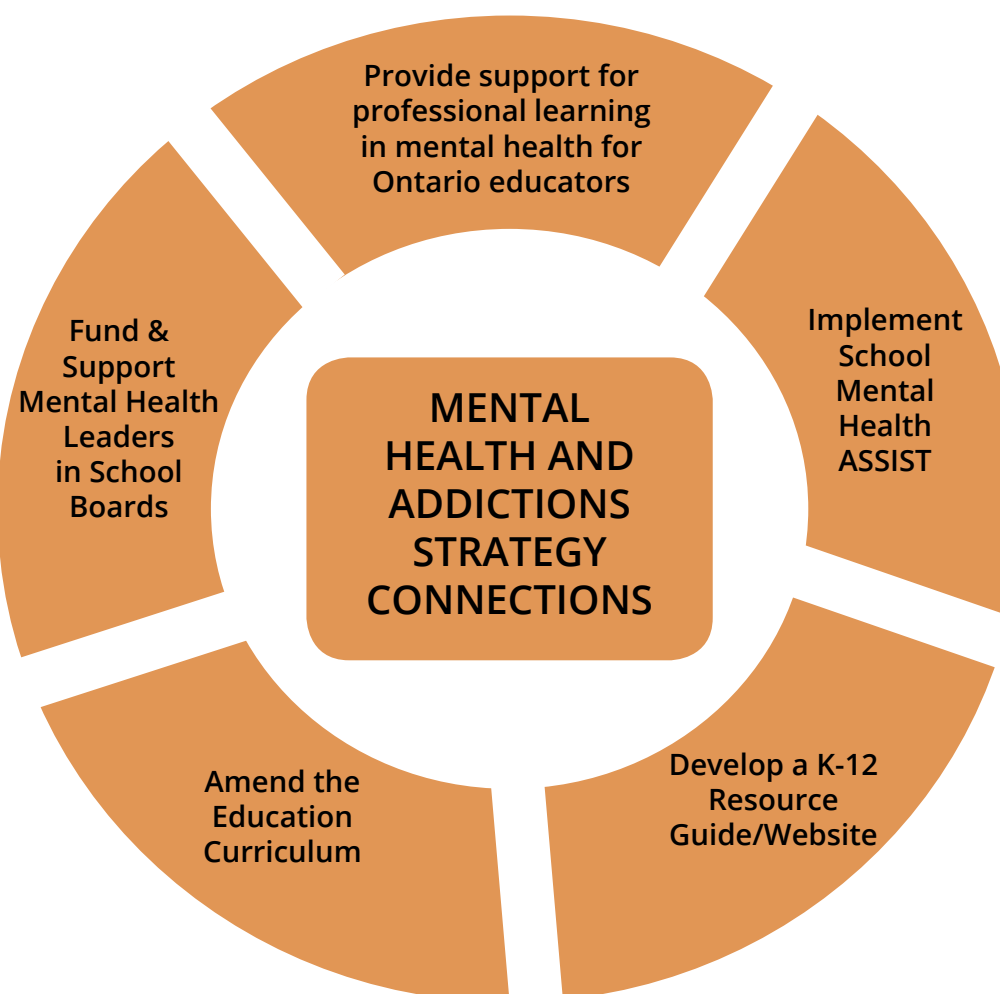
Student Voice

Safe and Accepting Schools

LNS Student Success Learning to 18

Parent Engagement

Bullying Awareness & Prevention



MENTAL HEALTH AND ADDICTIONS STRATEGY CONNECTIONS



CLICK ON EACH PROGRAM FOR MORE DETAILS

FOCUS ON THE POSITIVE

Highlighting mental health promotion at school

While schools and boards need to think through strategies to support students across the tiers of intervention, it is appropriate that most of our attention be placed on supporting positive mental health and well-being for all students, and that we rely on school mental health professionals and community partners for intervention with students with mental health problems and disorders. Given this central role that schools can play in mental health promotion, it is worth considering how best to accentuate positive mental health and well-being in schools.

... 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. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.

Public Health Agency of Canada

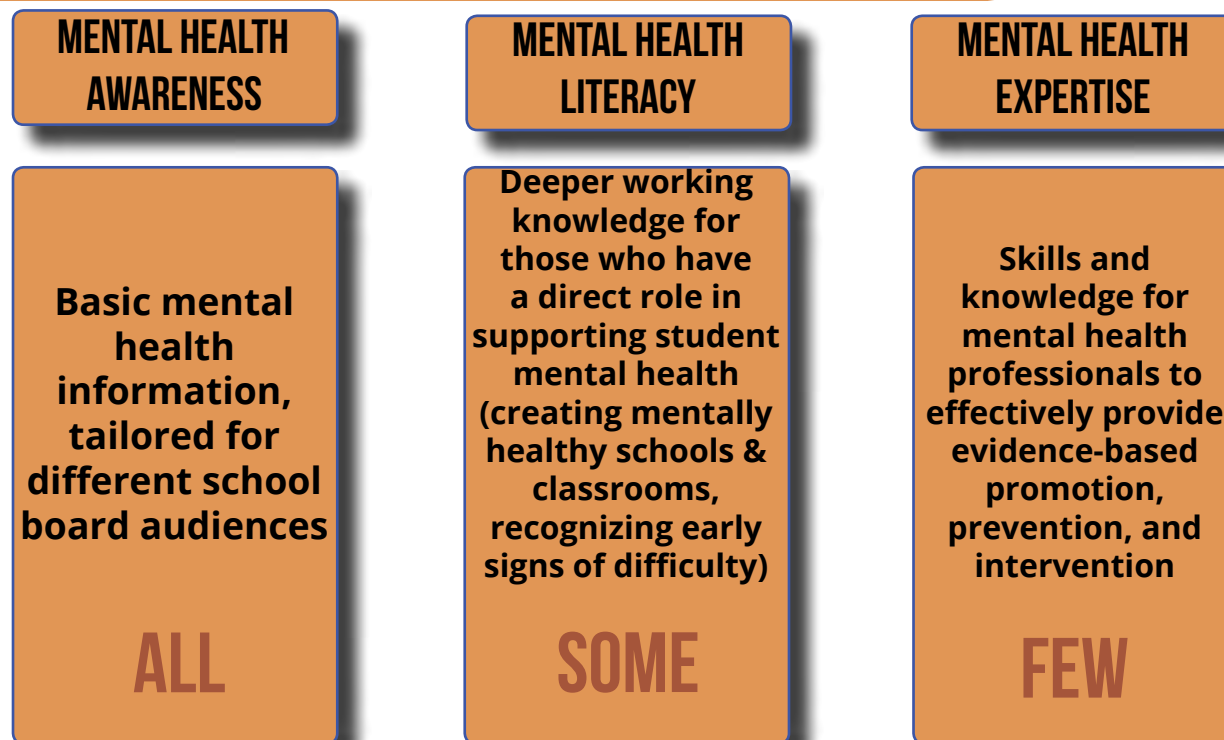
Schools have a role in helping young people to achieve this state of well-being. The Joint Consortium for School Health has recently released a **Positive Mental Health Toolkit**, founded upon a comprehensive school health model. This Toolkit is an expansion of the outline provided by this pan-Canadian group in their paper, Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives. According to this group, school administrators can facilitate positive school environments through: acceptance and understanding of student mental health needs, a focus on resiliency, understanding and encouraging protective factors, promoting positive youth development, recognizing diversity, highlighting mental fitness, encouraging a sense of connectedness, and providing social emotional learning.

A positive learning and teaching environment is essential if students are to succeed in school. **“Promoting a Positive School Climate”** is a resource that provides examples of practices and activities that will help your school improve its overall school climate. This resource has been designed to help your school and safe schools team identify practices that could work for you or be adapted to suit your needs.

**Click Here
for Additional
Information in
each of these areas.**

BRING PEOPLE ALONG

Building capacity for supporting student well-being at school



SUPPORTING PROFESSIONAL LEARNING

The area of student mental health and well-being is complex. Those who specialize in this area, like school psychological consultants and social workers, complete several years of graduate level training and are registered with a professional college that regulates their scope of practice. There is no expectation that education professionals would acquire this level of expertise. Different school board audiences need different types and levels of knowledge and skill in this area.

School Mental Health ASSIST has developed an approach

to professional learning that is based on a continuum of knowledge needs. That is, it is understood that mental health capacity occurs along a continuum and while all members of the education sector need some level of Mental Health Awareness (a basic level of understanding of mental health and common problems that might be observed at school amongst students, and how to help), those who work most closely with students require Mental Health Literacy (a deeper level of knowledge and skill so that they can promote well-being at school, and can identify and effectively support students who struggle with their emotions and behaviour). Those mental health professionals with responsibility for our most vulnerable students require Mental Health Expertise, a fluency with evidence-based mental health promotion, prevention, and intervention strategies and programs.

Classroom staff requires professional learning aimed at the level of Mental Health Literacy. This includes the knowledge, skills and beliefs school staff bring to:

- promoting positive mental health in the classroom,
- reducing stigma,
- identifying risk factors and signs/symptoms,
- preventing mental health and substance use problems,
- helping students to access support,
- connection between positive mental health and student success.

Staff members' knowledge of and beliefs about mental health and well-being is a critical factor influencing their work with students. Professional learning in this area should begin with basic mental health awareness and stigma reduction. Their views on mental health and well-being form the basis for how they operate as confidantes, role models and enablers of support. The language used is one of the first indicators to students who are beginning to think about seeking help. You may wish to access the webinar / slide show on the [School Mental Health ASSIST](#) website as a starting point with staff. Consult with school and board mental health professionals about ways to tailor this for your needs. Note that your board has a designated Mental Health Leader who can provide ongoing guidance and support. This individual works closely with School Mental Health ASSIST and has access to additional staff mental health literacy materials that can support your capacity-building efforts.

Deeper learning about creating mentally healthy classrooms, recognizing signs of common problems, and providing support should occur slowly, over time, in a job-embedded manner. Specifically, principals are encouraged to avoid one-time guest lecture approaches that are not tied with the school plan. Rather, professional learning must attend to the school culture and history, and needs to appreciate the complexity of this area of focus.

Understanding that different professionals learn in different ways, School Mental Health ASSIST has developed, and will continue to develop, mental health literacy materials that

acknowledge various learning styles (on-line resources, links, modules). The Decision Support Tool on Educator Mental Health Literacy available on the School Mental Health ASSIST website may help in your professional learning planning. You may wish to access the introductory webinar / slide show on the School Mental Health ASSIST website as a starting point with staff. Consult with school and board mental health professionals about ways to tailor this for your needs.

SUPPORTING STAFF MENTAL HEALTH

Workplaces are heavily impacted by mental health issues according to the 2011 report, [Building Mentally Healthy Workplaces: Perspectives of Canadian Workers and Front-Line Managers](#). Approximately 44% of employees surveyed reported they were either currently (12%) or had previously (32%) personally experienced a mental health issue. Indeed, mental illness affects everyone sooner or later—one in five people will experience a mental illness directly. Those of us who do not have a mental health problem ourselves, will have a friend, colleague, or family member who is dealing with this sort of difficulty. When we begin to introduce a focus on student mental health and well-being, this can create sensitivities for some staff members. Further, while we are attending to student needs we also need to be mindful of staff emotional needs. This includes a recognition that when we add professional learning in a new area and/or offer expectations that classroom staff will work on employing new or altered strategies for supporting students, this can create stress and discomfort for some. Below are some suggestions for ways

to introduce a focus on mental health, with a view to supporting staff well-being at the same time.

Develop an explicit strategy to enhance protective factors and reduce risks for staff. This might include:

- supporting staff to build personal resilience through healthy workplace activities
- nurturing a safe organization where staff are able to be supportive of others
- modeling positive relationship skills during meetings and professional learning sessions
- providing space to discuss collegiality and support in staff learning sessions.
- clarifying roles of teachers and mental health professionals
- developing a relationship with board professional service staff who do or could support your staff
- being knowledgeable about the employee benefits plan and supports available through EAP
- developing congruence between mental health information provided for staff and information provided for students

When introducing professional learning about student mental health and well-being, the following staff-based considerations may be helpful.

PREPARING FOR PROFESSIONAL LEARNING

- Emotional needs of staff are considered
- Provision is made for processes to empower individuals with supportive skills
- Individuals have appropriate time to prepare
- Support is identified for those who may need it before events transpire
- Structures are in place for individuals to be supported with their emotions 'after the event'
- Contact people and structures are maintained for follow-up
- Feedback is used to refine structures and processes.

DURING PROFESSIONAL LEARNING

- Align Professional Development for staff on mental health and well-being with Professional Development about students' mental health
- Provide Professional Development that updates staff mental health knowledge and understanding and

information about allied health and agency support

- Be aware of, and know how to access supports through the Employee Assistance Plan (EAP)
- Be aware of other supports such as [Mental Health Works: Managing Mental Health in the Workplace](#)
- Draw up a referral pathway for staff should they experience difficulties.

AFTER PROFESSIONAL LEARNING

- What professional debriefing structures are used by your student support staff?
- What means are available to debrief personally after a difficult day?

Additional information on this topic is provided in an excerpt from MindMatters, Australia, 2010 available on [page 85](#) in the appendix.

FOLLOW FAMILIAR PLANNING PROCESSES

Using a planning cycle to set and achieve your school mental health goals

A key purpose for this resource is to support school administrators as they assess their school's current capacity for school mental health and well-being by reflecting on existing practices, programs and resources in order to develop a school based action plan. The School Planning Process described below is consistent with other planning cycles used by administrators, for example the K-12 school Improvement Planning flowchart. The same common features are shown to incorporate mental health and well-being. Administrators may find the questions for reflection and templates provided in the "Tools" section of this resource helpful in the planning process. Having a methodical and participatory approach also helps to create a shared sense of ownership, which in turn provides the foundation for developing shared knowledge and a sense of professional purpose.



1

PLANNING CYCLE

- getting started

At a provincial level, School Mental Health ASSIST has created an action plan that is focused in three broad areas:

1. Helping boards to identify and build organizational conditions for effective school mental health
2. Creating resources and supports for mental health awareness and literacy amongst educators
3. Offering support to boards with respect to selecting and implementing evidence-based mental health promotion and prevention programs.

School Mental Health ASSIST is working with boards to create district-level action plans that touch on these same three areas. Further, boards are encouraged to work through these areas in sequence, beginning with foundational conditions, then moving to systematic professional learning for schools, then selecting and implementing needed programs and strategies for student well-being. The same guidance is offered to school administrators. It is suggested that schools create action plans that are focused first on ensuring that school conditions are in place before engaging in staff professional learning and student mental health programming.

As a starting point it is important to assess and reflect on where your staff, students and community are with regard to the organizational conditions that support effective school mental health and well-being. To ensure coordination and cohesion, this reflection should be part of the regular and on-going process related to school improvement planning. When beginning this process with your staff it is key

that you understand and acknowledge the various sensitivities that may exist. Administrators will need to think about who may need support or providing the opportunity for individuals to self-identify in a confidential manner to ensure that appropriate support systems are in place. Similar steps should be followed when this process is extended to students, school council and/or community group. This is a key precondition to successfully integrating mental health awareness in schools.

As you contemplate implementation of the tiered support model in your school, you may wish to take a moment to reflect on the implications in your local context.

[Click Here.](#)

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6

1

PLANNING CYCLE

- getting started

A core team can play a critical role in leading a process of research, review, re-energizing and planning for change. The support and involvement of the school leadership is critical in efforts to address school-wide mental health promotion, and a team is likely to be most effective when it builds a critical mass of staff support. Most schools already have leadership teams, so it is important to determine if this existing group could incorporate school mental health and well-being into their existing work. A systematic and coordinated approach to school mental health happens more consistently with the presence of a multidisciplinary mental health leadership team. The composition of this team will vary, but representation is important for shared and distributed leadership. In best cases, this team has responsibility for setting direction, coordinating professional development, implementing the tiered service delivery model, leading mental health programming, and securing accountability. The core team needs to work with or report directly to the principal.

Having a school mental health leadership team in place is a critical condition for effective school mental health. In the sections that follow, other key conditions, like conducting an initial assessment (resource mapping) and developing a mental health strategy / action plan are outlined. Depending on your school assessment, you may wish make other key conditions priorities within your initial planning (e.g., ensuring that essential standard processes are in place, like ensuring that all staff know what to do when a student indicates that they are experiencing suicidal intent). After organizational conditions have been established or deepened, your school may be ready to begin to build mental health awareness and literacy with school staff. The Mental Health Leader along with Mental Health leadership team in your board have information and resources to support your work in this area. It is recommended that only after organizational conditions are in place, and staff have acquired basic mental health awareness and literacy, would you begin to select mental health promotion and prevention programs and strategies in needed areas.

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PLANNING CYCLE PHASE 1 - ASSESS

- *Beliefs and Perceptions*

- *Review of School Improvement Plan and Current State*

- *Adjust plan*

What do we think?

Beliefs and perceptions play an important role in knowing where and how to start. At this phase, administrators and school staff look closely at their own core beliefs surrounding mental health and well-being. They also consider their thoughts about student mental health and well-being and its place in our schools.

Establish a vision for school mental health to determine what needs to be in place in order to achieve this vision. Significant time spent at this stage assists with establishing a clear vision for mental health and well-being for the school and establishes the links to other work across initiatives that are already in play at the school.

A School Team might focus on:

- Understanding their core beliefs and perceptions as well as those within the school
- Establishing the school vision for mental health and well-being or outline a “Big Idea” that strives to meet the mental health needs of children and youth. This vision will guide the interconnected work in your school
- Review of the current School Improvement Plan – Where are we starting from?
- Review how many of the Top 10 organizational conditions are in place by using the Assessment Tool for Administrators and School Staff provided (Appendix D & E) in the Tools section of this resource.

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PHASE 1 REFLECTION FOR SCHOOL ADMINISTRATOR

- What do your leadership actions and style model to other staff about mental health and well-being?
- What are the essential beliefs relating to mental health and well-being that your core team may need to discuss and how do they relate to other current initiative in the school?
- Where are we now in adopting a Tiered Support Model for student mental health?
- What are the benefits of moving further towards a Tiered Support Model?
- What are the challenges that would emerge for our school in moving more fully to this model?
- How might these challenges be approached?
- Is there an existing leadership/core group within the school that could include mental health and well-being into their responsibilities? Do they have the capacity to address the tiered continuum?
- Who are the most appropriate people to be on a multidisciplinary, multi-layered core team?
- How will the interest of different sections of the school be represented? Are all of the right people at the table in terms of expertise, influence, relationships, representation?
- What roles and responsibilities will team members take on?
- How will the team focus on vision-setting, leadership, collaboration, strategy/program selection, problem-solving?
- How will it report to and be supported by the school administration?
- How does our plan align with our board wide plan?

PLANNING CYCLE PHASE 1 - ASSESS

- *Beliefs and Perceptions*

- *Review of School Improvement Plan and Current State*

- *Adjust plan*

Appendix C – A School Planning Cycle

The cycle can be used to reflect on current practices and belief systems in the development, refinement and focus of a school plan that includes student mental health and well-being.

Appendix D - Assessment Tool for Administrators: Organizational Conditions for School Mental Health

A checklist that can be used by the administrative team of the school as a self assessment of a clear understanding of the current status related to the ten organizational conditions.

Appendix E - Assessment Tool for Schools: Organizational Conditions for School Mental Health

A checklist that can be used by the leadership team of the school and staff as a assessment of a clear understanding of the status related to the ten organizational conditions.

Appendix F - Knowing Your School Culture – Reflections for School Leadership Team

A school climate survey can help to determine community perceptions and assist in developing, monitoring and sustaining a positive and healthy school climate. While many districts have created and adapted School Climate Surveys to meet individual community needs, this link provides sample of School Climate surveys for students, staff and parents.
<http://www.edu.gov.on.ca/eng/teachers/climate.html>.

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TOOLS & RESOURCES

Where are we now?

Checking current capacity is an important part of the planning process. It is hard to construct directions to a destination unless you know where you are starting from. A review of the data you have that has a logical connection to mental health and well-being (i.e., school climate, character, bullying, healthy school data) is a good place to start. Discussions with the staff and team you select that will either tackle mental health and well-being on its own, or embed it in its current activities (i.e. school improvement/effectiveness planning team, PLCs etc.) will deepen your understanding of capacity and need.

Too often, school mental health is managed in a fragmented manner. This occurs, in part, when new initiatives are introduced without appreciation for existing resources. Schools will benefit from a period of “taking stock” - of the people, process, and program resources currently available - before embarking on new approaches in this area. School Resource Mapping Templates are available within the toolkit below. At its’ heart, resource mapping is a documentation of the current supports in place to promote mental health, prevent problems for at-risk students, and provide identification and referral for those in particular need. Knowing who does what, and the processes for referral, is an important aspect of resource mapping. This helps in identifying areas of gap and potential duplication and can inform the action plan / school mental health strategy. A place to start assessing your current capacity may be by reviewing the contents of *Supporting Minds, Ministry of Education, 2013* along with your current school improvement plan.

Core Teams may want to ask themselves the following questions:

- What relevant data do we have in terms of understanding our students’ needs, school needs and programming needs?
- How is the data reflected across the Tiered Continuum? Is there anyone else’s voice that we need to hear in the data?
- How can we find out what we don’t know?
- What other initiatives are related and have we examined that data?

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PLANNING CYCLE PHASE 2 - REFLECT

- Check Current Capacity
- Data Collection
- Analyze Current Data
- Reflect on Where You Are

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PHASE 2 REFLECTION FOR SCHOOL ADMINISTRATOR

- What is the school already doing to address the mental health needs of our students?
- What are our organizational strengths, needs and available resources?
- What part of these efforts may need strengthening?
- What needs or problems in the school are not being successfully addressed?
- What are the most pressing mental health needs of our students?
- What are the underlying causes of these problems or needs?
- How healthy is the school environment for students and adults?

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PLANNING CYCLE PHASE 2 - REFLECT

- Check Current Capacity
- Data Collection
- Analyze Current Data
- Reflect on Where You Are



TOOLS & RESOURCES

Appendix G1, G2, G3 – Mapping Templates

Mapping is a first step toward assessing needs and strengths, and identifying possible redundancies and/or gaps in service. The analysis of data provides a sound basis for formulating strategies for mental health and well-being as part of the school improvement plan.

Appendix H – Core Team Reflection

Questions are provided to assist the leadership team as they reflect on starting points for planning as part of phase 2.

Link I - Foundations for a Healthy School

Foundations for a Healthy School is a two page summary provided by the Ministry of Education regarding current health promotion initiatives. It provides a chart that can be helpful in reflecting on school practice.

<http://www.edu.gov.on.ca/eng/healthyschools/foundations.pdf>

Appendix I – Data Planning Template – Sample

This sample planning tool is meant to assist schools in documenting their starting point, selecting strategies and achievable outcomes, providing evidence of indicators and links to other school initiatives. It is adapted from MindMatters; Whole School Matters 2010, Australia

Link II – Using Data – Ideas Into Action for Schools & System Leaders, Ontario Leadership Strategy; Bulletin #5, Fall 2011 – Link

This bulletin focusses on Using Data: Transforming Potential into Practice. Ideas into Action is published by the Ministry of Education to support Ontario's school and district leaders. It is designed to provide research insights and practical strategies for school and system leaders that are aligned with both the Ontario Leadership Framework (OLF) and the broader Ontario Leadership Strategy (OLS).

<http://iel.immix.ca/storage/6/1323205531/IdeasIntoActionFall11.pdf>

Appendix J – Data Collection Template – Sample

The tool provided is an example of a template that can be used for data collection and decision making.

Link III – Positive Mental Health Toolkit –

<http://jcshpositivementalhealthtoolkit.com>.

The Pan-Canadian Joint consortium for School Health has developed a useful tool for school administrators and leadership teams. The toolkit is designed to promote positive school health practices and perspectives within the school environment.

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Where do we want to be?

In setting your priorities, as noted above, it is helpful to work in a sequence that ensures that foundational conditions are established first, followed by capacity-building for staff, followed by the uptake of needed mental health promotion and prevention programming. As in the School Effectiveness Framework approach, it is anticipated that schools will select a few areas of focus first, will work on these, will monitor progress, and then will refine/deepen the action plan in the next cycle. Mental health can be an overwhelming area of work and it is important to take on small and manageable tasks during each cycle.

A plan that clearly articulates mental health and well-being is a very important condition for effective service delivery within a tiered support model. Aligned with system priorities, and manageable in scope, this plan can capitalize on school strengths while addressing (a small number of) gap areas over a short period of time. A clear detailed implementation plan supported by key measurable SMART goals provides direction to guide decisions and keeps the focus on the goals and vision. See: [Principals Want to Know; Issue #8 April 2011](#).

Using the data collected including the resource mapping exercise, the next step is to set priorities and develop a plan to address the school mental health priorities that were identified through the assessment. To ensure the most effective use of resources, you will need a plan that:

- Makes use of identified strengths
- Responds to identified specific school mental health issues that might be targeted
- Has a defined focus on desired outcomes and how to achieve them
- Successfully matches evidence based practices and resources to the priority needs
- Makes use of available resources within the school, across the board or in the community to support the school's efforts
- Sets out appropriate professional development and other supports needed to successful reach the outcomes

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PLANNING CYCLE PHASE 3 - PRIORITIZE

*- Develop a Plan**- Using School Data, Prioritize Actions (SMART Goals)*

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Understanding how mental health and well-being supports the school's academic goals, safe school, healthy school etc. initiatives, will help staff understand the value of devoting time to mental health promotion and prevention and will increase their engagement and commitment. Key processes to attend to include: articulating who does what within the school (e.g., What do guidance counselors do? What is the role of Student Success? What do social workers do? What do psychological consultants do? What do mental health workers in schools do?), identifying how mental health programs are selected, and defining the pathway to service (the route from when a teacher identifies a problem, to the student accessing school / board / community resources). The clarity that such protocols afford can assist with the smooth delivery of services in a tiered support model. Many boards have these protocols in place from a system level and school staff should be aware of these before defining school pathways to service.

Being systematic about professional development and the alignment with goals articulated in the school plan is important. School leaders need to consider which audiences, need which types of knowledge, delivered in which formats....

- Who needs mental health awareness? Who is ready and needing mental health literacy? Do we know which key mental health professionals can support our work?
- Most critically, how can the professional development deepen iteratively over time so that educator knowledge is enhanced at a manageable and useful pace?

PHASE 3 REFLECTION FOR SCHOOL ADMINISTRATORS

- How am I ensuring that our planning for mental health and well-being aligns with system goals?
- Is our plan based on school and local data?
- Has our core team read, thought about and discussed the implications of the *Supporting Minds* document?
- Have I ensured that our plan has measurable outcomes? Do we have SMART goals?
- Do we have a clear implementation support plan?

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PLANNING CYCLE PHASE 3 - PRIORITIZE

- *Develop a Plan*

- *Using School Data, Prioritize Actions (SMART Goals)*

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SAMPLE ACTION PLAN - PRIORITIES

Your first actions could include, for example, ensuring that your school has clear protocols in place in critical areas:

- A clear pathway to follow when a teacher notices that a student is struggling
- A protocol for intervention when a student expresses suicidal intent
- An understanding of the board postvention protocol (what to do in the event of a student death by suicide)

Perhaps you decide that this work would be taken on by the school mental health team, and that in two months you would expect to have two products ready to share with staff: (1) a decision tree outlining what school staff should do when there is a student mental health concern and (2) a one page suicide intervention protocol that is built upon your board-recommended protocol, but customized for your school. You would also commit to getting a copy of the board postvention protocol and ensuring that all members of the school mental health team familiarize themselves with this document.

In two months, when this work is done, your next actions might focus on sharing the two products with school staff, as part of some initial mental health awareness building.

- What standard processes do we have for school mental health? What is our pathway to services?
- Is all staff familiar with the referral process and is it easily accessible?
- Does our plan include and can our core team articulate a systematic approach to capacity building in mental health and well-being that supports and is in line with board directions, and includes Mental

PLANNING CYCLE PHASE 3 - PRIORITIZE

- Develop a Plan

- Using School Data, Prioritize Actions (SMART Goals)

Health Awareness for all, Mental Health Literacy for those most closely involved with students, Mental Health Expertise for those delivering specialized assessment & intervention services?

- Do we know how to select school and classroom evidence-based practices and programs?
- Does the core team need to have a dialogue about addressing the stigma of mental illness among staff and students?
- How will we deliver training and/or coaching on evidence based programs and strategies?
- Who might we need to support us?

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PLANNING CYCLE PHASE 3 - PRIORITIZE

- Develop a Plan

- Using School Data, Prioritize Actions (SMART Goals)

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Appendix K – School Improvement Planning Sample Template

The process for developing a goal that supports positive School Mental Health and the School Improvement Planning process should be aligned and integrated with the school wide plan. According to the Ministry of Education, “a school improvement plan is a road map that sets out the changes a school needs to make to improve the level of student achievement, and shows how and when these changes will be made” (School Improvement Planning: A Handbook for Principals, Teachers and School Councils, p. 6). This template is found in the School Effectiveness Framework: A support for school improvement and student success, 2010

Link IV - Setting Goals: The Power of Purpose

This bulletin focusses on Setting Goals. Ideas Into Action for School and System Leaders: Setting Goals: The Power of Purpose (Winter 2010/11). Ideas into Action is published by the Ministry of Education to support Ontario's school and district leaders.

It is designed to provide research insights and practical strategies for school and system leaders that are aligned with both the Ontario Leadership Framework (OLF) and the broader Ontario Leadership Strategy (OLS).

<http://www.edu.gov.on.ca/eng/policyfunding/leadership/IdeasIntoAction11.pdf>

Link V – Setting Goals

The focus of this Tip Sheet is on setting goals. Principals Want to Know is a series of tip sheets for principals to support their instructional leadership practice. It responds to a request by principals to assist with focusing resources on practical issues they are facing in schools. Each tip sheet features a question from a principal and then provides tips for success. Principals Want to Know #8: Setting Goals (May 2011).

<http://www.edu.gov.on.ca/eng/policyfunding/leadership/pdfs/issue8.pdf>

Link VI - Developing SMART Goals

Is a Tip Sheet found in the Principal/Vice-Principal Performance Appraisal on developing SMART Goals.

http://www.edu.gov.on.ca/eng/policyfunding/leadership/TipSheet_Setting_Goals.pdf.

Appendix L – Contact List for School Mental Health Support – Template

This template provides an 'At a Glance' tool for school teams and administrators to make a record of those supports available to the school along the tiered continuum.



TOOLS & RESOURCES

At first, you may begin by creating structures or processes (see above example), which may involve engaging a relatively few number of staff and system consultants.

As your work expands, you will include more staff members, gradually building capacity for staff support of student mental health and well-being. School Mental Health ASSIST can be a resource for you when you begin to introduce mental health awareness and literacy for educators. There are a number of workshop materials available to you through your Mental Health Leader. In many boards, Mental Health Leaders and board social workers / psychological consultants will bring together school mental health leadership teams to provide information and facilitation tips to ensure smooth presentation of this material.

At some point, you may decide to act upon data from your resource mapping work that shows a gap area for your students. Perhaps, for example, you will want to introduce a program or systematic strategy that works to build coping strategies for students in transition years. Your Mental Health Leader has information about evidence-based programs that can be helpful for a range of target areas and will be an excellent resource for you in selecting and delivering this type of program. Your Mental Health Leader can help you to shape your action plan in this regard.

PLANNING CYCLE PHASE 4 - ACT

- Improvement
- Planning and Actions
- Implementation

How do we get there?

This work is complex and is best done together! When schools co-learn and collaborate, innovation emerges and commitment grows. School work should be focused on

the SMART goals in the School Improvement Plan, which should be aligned with Board Improvement Plans. You may need to include others on your core team and work on two to four action areas only. Plan the nature of your work and how it will be measured. Consider any barriers to these actions that might need to be addressed and adjust as necessary.

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New school improvement goals often require staff to develop new skills and knowledge. Effective implementation may require coaching from board support staff or from staff with whom the board has entered into an agreement, ongoing collaborative learning and problem solving with colleagues, and continued collegial learning sessions to renew skills and address new concerns.

Many school boards employ or contract services with professional services such as psychology or social work. These staff can offer support, training and services to schools. There are many potential and willing external partners. Before enlisting these supports, check first to ensure alignment and system support. The board may have a protocol for accessing system internal and external parties.

PHASE 4 REFLECTION FOR SCHOOL ADMINISTRATOR

- What structures and strategies have we put in place to prepare and support staff for the effective implementation of the evidence based practices?
- Do our implementation teams meet, problem-solve, use data to make mid-course corrections?
- What strategies will help to ensure sustainability?
- Are we “thinking ahead” to prepare staff with effective process related to prevention/promotion strategies?

Phase 4

Appendix L – Contact List for School Mental Health Support – Template

This template provides an ‘At a Glance’ tool for school teams and administrators to make a record of those supports available to the school along the tiered continuum.

Appendix M – An Action Plan Template

This tool provides a template for school team use.

Link VII – Resilience – Learning Partnership Resources

The Learning Partnership, following a National Dialogue on Resilience in Youth, developed modules to support building capacity to foster resilience and a set of criteria to assess programs that foster resilience. These can be found on the Learning Partnership web-site: <http://www.thelearningpartnership.ca/page.aspx?pid=820>

PLANNING CYCLE PHASE 4 - ACT

- Improvement
- Planning and Actions
- Implementation



**TOOLS &
RESOURCES**

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How do we keep going?

Continuous monitoring of improvement and refinement of adjustment is a key feature to a successful school mental health system. Measurement of process variables, like program implementation fidelity, of perceptions, and of outcomes, can assist with decisions about future actions. Hence, there needs to be a check on progress at various stages of implementation.

Using SMART goals from the school plan and established outcomes, it is important to determine how your implementation efforts are working and what outcomes are being reached. A monitoring system is a systematic process for tracking and measuring the progress of your implementation efforts. Efforts in monitoring will keep the action moving forward. Keeping the end goals in mind and asking the questions of 'how will we know if we're there?' and 'what do we do if we're off course?' are important factors to consider in meeting the set goals.

Appendix N - Questions for the Core Team

Questions are provided for the leadership team for phase 5: Monitoring, of the planning process.

Link VIII - Promoting Collaboration

This bulletin focusses on Promoting Collaboration. Ideas Into Action for School and System Leaders: Promoting Collaborative Learning Cultures: Putting the Promise into Practice (Spring 2010). Ideas into Action is published by the Ministry of Education to support Ontario's school and district leaders. It is designed to provide research insights and practical strategies for school and system leaders that are aligned with both the Ontario Leadership Framework (OLF) and the broader Ontario Leadership Strategy (OLS).

<http://www.edu.gov.on.ca/eng/policyfunding/leadership/IdeasIntoActionSpring.pdf>

PHASE 5 REFLECTION FOR SCHOOL ADMINISTRATOR

- What information does our progress so far provide across the three tiers?
- Are there system and sector requirements that need to be addressed?
- Are we building the right skills?
- Are the necessary technical assistance, coaching, and other supports being provided to the people carrying out the activities and to other participants who are critical to the success of the mental health program?
- Does staff have a regular channel of communication to alert others when they need additional support?
- Is our focus and implementation engaging for staff, students and community?
- How do we sustain interest and involvement?
- How will we communicate progress?
- How effective is our core group? Should we review membership?

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PLANNING CYCLE PHASE 5 - MONITORING

- Midpoint check on SMART Goals

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TOOLS & RESOURCES



Are we there? What difference did we make?

When looking at the analyzed data, the results should link directly with the school's desired vision and SMART goals. There may be other outcomes that are achieved beyond the predicted. The consideration of reviewing the processes used and the information discovered can help lead the plan into the future and the school and community to more efficient services across the tiered continuum. This is also the time to determine which of the evidence based practices and services are the most important to continue. At this point it is helpful to identify the elements that have proven to be most effective and that target the most visible and widely recognized issues, and/or the elements that lend themselves most easily to being sustained.

Communicating clearly and frequently with school leaders and staff, parents, and the community can often result in developing support and setting the stage for sustaining a change in beliefs, perceptions and successful strategies in the future.

PHASE 6 REFLECTION FOR SCHOOL ADMINISTRATOR

- What was achieved? Is this change sustainable?
- What supported your work?
- What are the most effective changes you've made and how they can be sustained?
- Did the core team link with appropriate support personnel inside the school (for example, the school counselor, the school social worker, the psychologist) and in the community (for example, local mental health services)?

Appendix O – Core Team Reflection

Questions are provided for use by the leadership team for Phase 6: review and communicate, of the planning process .



TOOLS & RESOURCES

PLANNING CYCLE PHASE 6 - REVIEW & COMMUNICATE

- Collect Data on SMART Goals
- Analyze Final Data - What Next?

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ENABLE IMPLEMENTATION

Providing needed time and coaching to bring school mental health plans to life

In Ontario, there is much to be done to support child and youth mental health. The Mental Health and Addictions Strategy guides us forward as we work at the provincial, district, school and student level. Ultimately, we believe that these efforts will together help us to achieve better mental health and achievement outcomes for our students.

Research suggests that there are predictable stages in effective implementation and that even when plans are followed explicitly in a committed manner and projects are small and well-defined, it typically takes 2-4 years to fully implement an innovation.

Stages of Implementation

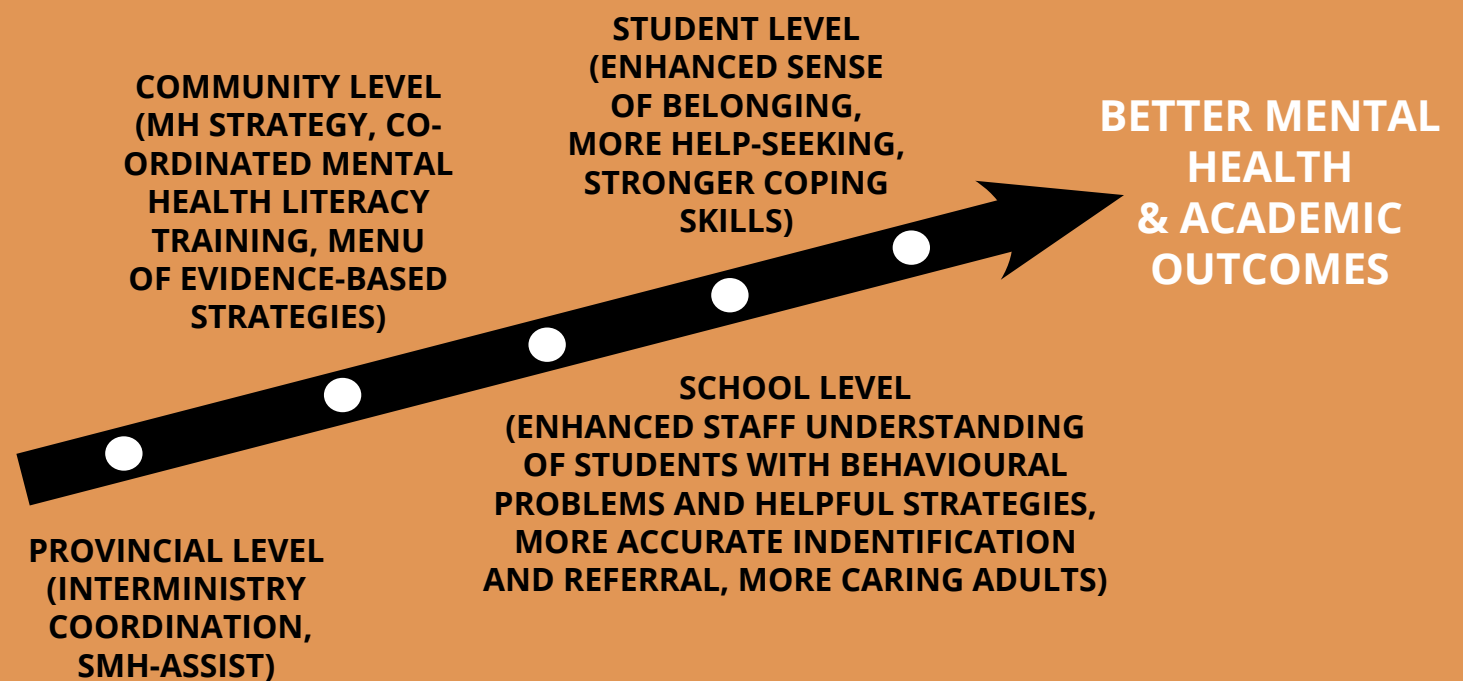
- Exploration
- Installation
- Initial Implementation
- Full Implementation
- Innovation
- Sustainability



2 - 4 YEARS

Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005

MULTI-LAYERED EFFORTS



THE SUCCESS OF OUR PROVINCIAL EFFORTS IS DEPENDENT ON COMMUNITY, SCHOOL, AND STUDENT-LEVEL IMPACTS AND ACTIVITIES

Implementation scientists caution that when innovations fail it is because plans and strategies were not executed in the way they were intended, have not been sustained long enough to see effect, and/or have not scaled these up in a large enough scope to make a real difference.

At the board and school level, leaders are encouraged to take a systematic and manageable approach to implementation of their mental health strategy. Selecting a small number of goals, identifying steps to achieve these goals, and monitoring short and long term progress are important elements of implementation. Also critical is role clarity and ongoing professional learning that includes coaching support.

School Mental Health ASSIST is committed to a focus on the intricacies of implementation and has created a number of structures and resources to support boards in this regard. Most notably, the provincial team of implementation coaches provides hands-on and tailored support to boards, through leadership modules and ongoing coaching meetings with the Mental Health Leader and Superintendent responsible for mental health. A cross-board professional learning network has also been formed to help Mental Health Leaders to anticipate challenges and share solutions (similar to supports for Student Success Leads).

At the board and school level, leaders are encouraged to take a systematic and manageable approach to implementation of their mental health strategy. Selecting a small number of goals, identifying steps to achieve



these goals, and monitoring short and long term progress are important elements of implementation. Also critical is role clarity and ongoing professional learning that includes coaching support.

School administrators can look to the board Mental Health Leader and Mental Health leadership team for help with school-level implementation of professional learning opportunities, protocol refinement, or mental health program selection/delivery. School Mental Health ASSIST provides a number of tools to support boards in these areas, via the Mental Health Leaders:

1. A standard toolkit of resources to support mental health awareness and literacy has been created to ensure consistent language and information across schools and boards
2. Protocols related to suicide intervention and postvention have been collated and made available for use by Mental Health Leaders to inform their own board processes
3. Decision support tools have been developed to help boards to select from a myriad of well-packaged (but variably effective) mental health program options.

This latter area, the selection and delivery of mental health programming, requires some elaboration. Over the past several decades, countless numbers of programs and services designed to support student well-being have flooded the marketplace. While some of these programs have been studied and demonstrate positive outcomes for students, many have had little or no evaluation, and some practices have been shown to be benign or even harmful. Increasingly, there is momentum in the field towards the adoption of evidence-based practices in school mental health. An evidence-based approach integrates practice wisdom, student needs, and the best available evidence from systematic research. It should be noted that there are levels of evidence, ranging from expert opinion and program satisfaction (weak) to multiple randomized controlled trials conducted by independent scientists (strong). Evidence-based practices are drawn from strong levels of evidence (see the US Department of Education, Identifying and Implementing Educational Practices Supported by Rigorous Evidence: A User-



Friendly Guide, 2003 for more information about levels of evidence). <http://www2.ed.gov/rschstat/research/pubs/rigoroussevid/rigoroussevid.pdf> The Mental Health Leader in your board has access to listings of evidence-based programs and strategies, addressing a number of mental health promotion and prevention themes. "

While good implementation thrives on standard processes and evidence-based interventions, it is recognized that each school and school board is unique. For example schools have a range of needs and circumstances such as remote and rural contexts, diverse populations and/or economic hardship. A part of implementation success involves knowing where you are in terms of readiness for change. Each school's level of readiness can be influenced by:

- Awareness and understanding,
- Dedicated infrastructure,
- Expertise and resources,
- Relationships with community partners, and
- Availability of services in the community.

The work to prepare the school community to engage in initiatives designed to promote student mental health and well-being may take significant time. This is part of the implementation cycle and should be factored into timelines and expectations. Patience, with persistent forward movement is, however, rewarded with gains in school culture, sense of belonging, and, ultimately, student well-being.



FOSTER COLLABORATION

Working with board, community, and family partners to ensure seamless mental health service delivery

School administrators recognize that the students under their charge are a part of communities and families led by parent(s) or caregivers. Collaboration between the schools and community and families reflect an understanding that the development of protective factors and resilience in children and youth is a shared responsibility. Such partnerships will become self-sustaining when they are respectful, inclusive and methodical. School administrators understand that authentic consultation with the community and families is necessary to ensure reciprocal benefits which collectively enhance protective factors, build resiliency and foster mental health and well-being in their students. They recognize that the impact of collaboration across these spheres of influence is greater than the contribution of its individual parts.

HOW SCHOOL ADMINISTRATORS CAN PROVIDE SUPPORT ACROSS THE TIERS OF INTERVENTION, IN COLLABORATION WITH KEY PARTNERS

When school administrators make full use of internal and external resources they fortify protective factors, build resilience and foster mental health and well-being in their students.

At the level of mental health promotion, school administrators can support and provide guidance in how to design classroom settings and construct routines that support students. They can help to select appropriate programs and strategies to build social emotional learning skills and to foster school-wide approaches to inclusion and stigma reduction, perhaps in consultation with partners in public health and/or school board mental health services.

For students with mild mental health needs, school administrators provide leadership and support to the classroom teacher, the special education resource teacher, guidance personnel, and other school staff when crafting psychosocial intervention in the form of accommodations and, where appropriate modifications, to enhance mental health and well-being in vulnerable students.

For students with moderate-to-severe mental health needs whose complexity and intensity challenge school capacity, the school administrator makes full use of board resources. Special education consultants as well as special education itinerant resource teacher, often provide input that schools can use to better meet the needs of these students. Professional Student Support Personnel such as psychologists, psychological associates and social workers can partner with schools, families and external supports to enhance protective factors, build resilience and support mental health and well-being as well.

When administrators make use of board approved external service providers, to support students who need professional treatment they can ensure that collaborations are compatible with their school and board's mental health strategy. They understand their board's protocols and procedures for procuring health and social service provision offered by local child and youth agencies. In many cases, external agencies can provide individual and group counseling in schools but this must be coordinated through local professional support staff and/or board protocols.

Benefits related to family and community partnership for students include:

- enhanced connection to caring and competent adults and role models
- positive parental engagement (e.g., serving on student councils, parent involvement committees, volunteering for field trips and school activities)
- information about local mental health organizations in the community
- access to mental health care services
- reinforcing positive attitudes to help-seeking
- access to opportunities to participate and contribute to the community
- collective cultural identity
- celebrations of diversity
- enhanced supervision and support (including recreational time)

At each tier, and in each school, the make-up of the family-community-internal partners-external agency collaboration will be customized to the make-up of the external and internal partnerships and collaborations. In some communities, boards have school mental health professionals who deliver services across the tiers of intervention; mental health promotion, prevention, and intervention. In other cases, these professionals deliver services for identified students in need of clinical support, and leave promotion activities to community-based groups like public health services. Still other scenarios include boards that do not have internal mental health professional support, and rely entirely on community agencies for prevention and intervention support. Understanding local services provides administrators with a framework to guide the implementation of mental health services in schools. The sidebar on the previous page ***How School Administrators Can Provide Support Across the Tiers of Intervention, in Collaboration with Key Partners*** outlines an example of how school administrators can support each tier of intervention, drawing on partners as needed.



The benefits of family engagement in the area of student mental health and well-being are particularly pertinent. School administrators know that students are more likely to be motivated, earn higher grades, develop better self-regulation and social skills and pursue higher education when parents partner in their children and youth's education. When parents engage, either via formal involvement with school councils or committees, or through day to day support (making sure that there is a quiet place set aside to do homework, talking to their child about their day at school), students learn that their parents/caregivers place value on their school experience and feel supported in their efforts. Encouraging family engagement can be one way to promote mental health and well-being at school. When students struggle with mental health problems, working together with families as partners is extremely important (see **Tackling the Tough Issues: Working with Parents when Mental Health Issues Arise** in the next section for more detailed suggestions).

Enhancing protective factors, building resilience and supporting students with mental health needs is a responsibility shared between communities, families, parent(s) and caregivers, schools (and school boards), and external professional health and social service providers. The multiplicity of partnerships that define a coordinated approach constitutes a team whose goal is to address the mental health and wellness needs of children and youth. Effective partnerships and teams facilitate consistency and ensure supports are complementary and supplemented where needed. The stability that arises from internal and external partnerships supports a sense of connectedness in the struggling student which, in turn, provides for a foundation to build protective factors, resilience, coping and social skills that support mental health and well-being.



A person is silhouetted while sitting on a bench in a long, brightly lit hallway. The person is leaning against the wall, looking down thoughtfully. The hallway is lined with lockers, and the lighting is a cool blue, creating a contemplative and somewhat somber atmosphere.

TACKLING THE TOUGH ISSUES IN SCHOOLS

Recognizing and responding to mental health problems in the classroom is the primary focus of *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being*, which contains information about creating mentally healthy classroom environments, followed by eight sections, each dedicated to a particular mental health problem. Each section is written as a stand-alone chapter, to first provide educators the information they need to recognize mental health problems and then offer supportive strategies. The following chapters are included:

- Anxiety Problems
- Mood Problems
- Attention and Hyperactivity / Impulsivity Problems
- Behaviour Problems
- Eating and Weight-Related Problems
- Substance Use Problems
- Gambling
- Self-Harm and Suicide

As a school administrator, being familiar with the content of *Supporting Minds* is important so that you can help to reinforce mental health promoting strategies at the school and classroom level, and so that you are able to draw on the problem-specific information in the guide to support your care of struggling students. In most cases, some students who exhibit troublesome social emotional behavior will come to your attention either through the in-school team process or directly in the school office. Sometimes, for a few students an individual response will be required and you will need to contain students showing violent or disruptive behavior, while at other times you may need to intervene when a student expresses the intention to harm themselves or others. These are difficult situations, and it is important to be prepared to manage such crises before or as they arise.



SCHOOL SUPPORT FOR SOME

When a whole school is involved in planning for recognizing and supporting students who are demonstrating needs along the mental health and well-being continuum, a systematic response can be applied. Some students are at risk for developing mental health problems and we can help with referrals to mental health support teams who may be internal or external to the school board. This support specifically focusses on early identification and puts into place a response plan.

Most boards and schools already have a process they use to refer student concerns for discussion, assessment, planning and/or support. Staff at the school should be familiar with these school/board protocols.

Often schools use case conferences or multi-disciplinary team meetings to discuss the general issues the student is experiencing. Membership at the meetings should include:

- those who know the student best
- classroom teacher
- professional support staff/team available at the school and/or from the board, and
- if possible an administrator.

The purpose of the meeting is to review the information that is gathered to identify and/or review the concerns, plan for the support/response that should be put in place, to review progress being made and to link to professional agency staff as indicated. Note that confidentiality protocols have usually been developed by the board and must be respected.

Caring and Safe Schools in Ontario, Ministry of Education, 2010 http://www.edu.gov.on.ca/eng/general/elemsec/speced/Caring_Safe_School.pdf provides information for school administrators on Mental Health factors that affect student behaviour. Figures 5 through 8 outline specific “look-fors” and strategies for working with students whose behaviour is affected by mental health challenges. Page 28 identifies strategies that administrators can make use of:

- Take steps to be informed about mental illness.
- Be supportive and understanding.
- Take the time to listen to the students, build trust, and understand their needs.
- Initiate discussions with parents to learn more about students’ circumstances and needs.
- Work with students and parents to determine appropriate accommodations.
- Encourage peer support and friendships.
- Encourage practices that support wellness and a balanced life.

SCHOOL SUPPORT FOR A FEW

School boards, according to Ministry of Education policy and direction, are to have clear protocols in place for crisis and tragic event management. Administrators should familiarize themselves and staff of these protocols and should think about how they translate to practice in their school, for high-risk situations with respect to students with mental health needs. Staff need to know:

- what to look for before a student's emotions and behaviors escalate
- how to lessen the impact of known triggers, and
- who to contact when things begin to become problematic.

This knowledge should to be applied generally, but when students are known to have mental health difficulties individualized planning should be undertaken. Often educators can work with the student, and his/her family and mental health professional in a preventative way to create a tailored support plan at school (e.g., when the student is beginning to feel anxious or angry, she will give an agreed-upon cue to the teacher who can intervene before situations escalate). Careful consideration should be given to planning for the few students with known mental health issues that require on-going support.

There is a need to:

- understand and acknowledge the student's needs while at school
- plan with the student and parent/guardian issues related to the student's needs with consideration to privacy and confidentiality
- identify a school designate who is approachable, sensitive and supportive with whom the student can consult. While it is common that this person is personnel in guidance, student success or special education, it is also important to consider other teachers who may have already developed a relationship through common interests with the student e.g. gym teacher, team coach, music club teacher
- plan for board or agency support to assist the school designate, should the need arise
- provide an individualized support plan for the student that addresses triggers, signs of escalation, supportive strategies and accommodations
- identify a communication plan that involves the student, parents/guardians and appropriate staff
- regularly monitor and review the effectiveness of the strategies and communication.

When students come to your attention in an escalated manner or state of crisis, it is critical that you and staff know how to assess for the potential of risk for threat to others or self, and who to call if you believe there is imminent risk. A trained mental health professional is responsible for conducting a comprehensive risk assessment, but a school administrator can provide the “first aid” needed to ensure the student and others are safe. Working with a mental health professional, you can create a plan for ensuring the student’s short and long term safety once the crisis situation is diffused.

To support administrators and school teams, a slide presentation with information related to suicide prevention, intervention, and postvention has been prepared by School Mental Health ASSIST and is available at this link: http://smh-assist.ca/wp-content/uploads/School-Leaders-Suicide-Prevention-Intervention-Postvention-in-Schools_.pptx. This information is meant to provide an overview of this challenging topic from a school leadership perspective. There is also a chapter on non-suicidal self-injury, and suicidal behavior, in Supporting Minds. The Mental Health Leader in your board, along with school, board and community mental health professionals, can also be a resource in supporting your professional learning in this area.

eMentalHealth.ca

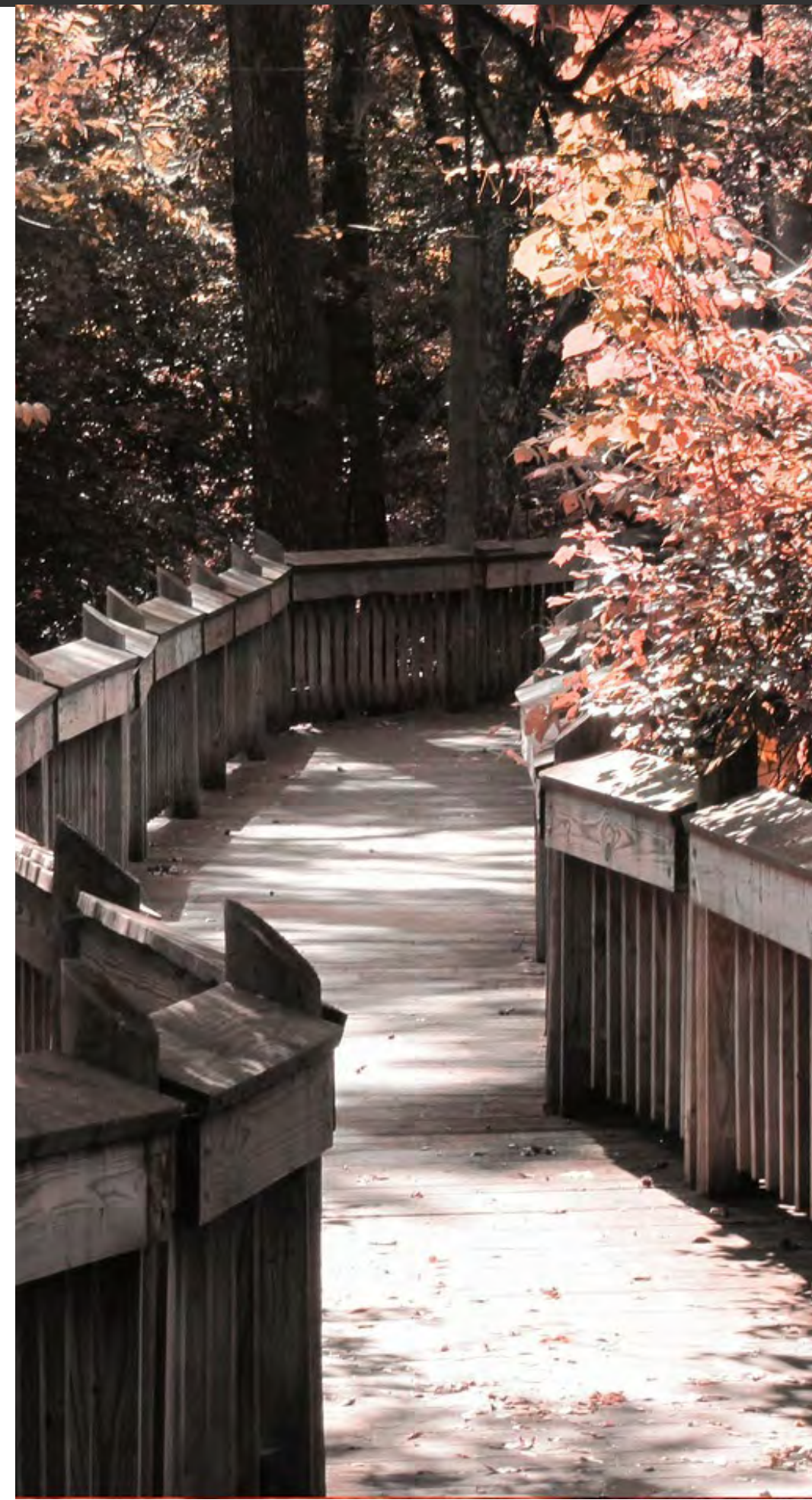
<http://www.ementalhealth.ca/>

Additional support and information is provided by a non-profit initiative, of the Ontario Centre of Excellence for Child and Youth Mental Health at CHEO, dedicated to improving the mental health of children, youth and families . The Ontario Centre of Excellence for Child and Youth Mental Health at CHEO offers an online directory that lists mental health services available in Ontario Communities.

MANAGING TRANSITIONS FOR STUDENTS WITH MENTAL HEALTH ISSUES

We often think of transition planning as an important part of programming for the identified student. However, transition planning for students experiencing mental health problems needs special consideration. Transitions can cause stress for students vulnerable to a mental health problem. This can start with the very young who are entering kindergarten and who have to learn new routines and social interaction. Those predisposed to anxiety can show signs of distress related to separation from caregivers and/or social situations or performance. Moving to a new grade, changing schools, moving from elementary to high school, and/or leaving high school to post-secondary education or the work force can also be stressful for vulnerable students. Transition planning can be very helpful for students with identified mental health needs. These suggestions may be supportive in this regard:

- Development of a Student Profile (similar to the one you would use for an identified student). A profile can assist in the creation of a transition plan that is specific to that student. Learning for All K-12, Ontario Ministry of Education, 2011, contains sample Student Profile Templates.
- Partnering. The people who are important to the individual student's transition plan and their roles in the transition process could be part of the planning process and could also be involved directly with the student as they work through the transition. A transition team could be composed of the following: the student, parents, receiving teacher, Support Staff (in school, board, receiving school), community supports who work directly with the student.



- Support Strategies. There are a number of strategies that could ease transitions for students with mental health problems. These include:
 - allowing the student to have a pre-visit of the school and/or next year's classroom at the end of the current school year and just before the start of the next school year
 - meeting next year's teacher(s) ahead of time
 - the use of social stories when a child is moving to a new grade or a new situation (primary)
 - gradual entry into the school day/ flexibility in his/her timetable
 - other locations in the school where the student could work
 - helping the student set personal goals (academic, work force, further education)
- Reviewing the Transition Plan. It is important to review the transition plan, at least annually or as transitions occur. This may need to occur more frequently for older students.
- Resources. There are several resources that can be used to help with transition planning for students with identified mental health concerns, including:
 - **Learning for All – A Guide to Effective Assessment and Instruction for All Students, Kindergarten to Grade 12, 2011** Developing a Student Profile, Student Transitions, Student Profile Template
 - **Transition Planning A Resource Guide, 2002** – has a sample checklist for the components of a transition plan, samples of Transition Plans and Possible Templates

Another type of transition requiring special attention is the transition to and from mental health care. This can occur in times of crisis, when student's mental health concerns become so acute and severe that emergency hospitalization is required. Sometimes, events that precipitate this crisis happen at school and school administrators are required to work with the student, family, and mental health professionals to swiftly access specialized care. In extreme cases, this involves a call to emergency services. At other times, it involves talking with the student and their caregivers and helping them to make the calls that will lead to appropriate intervention. Transitions back from such services also require careful attention. When students return from hospitalization, it is important to enact a plan that will allow them to be successful at school. This plan should be created collaboratively with the external care staff, school mental health professionals, appropriate school staff, the family and the student. Often, it will include a graduated return to school and reduced academic demands. It is important that community-based service providers work closely with school-based mental health professionals and school staff to ensure that the intervention strategies designed to support the student are understood and can be implemented feasibly within the school day.

WORKING WITH PARENTS WHEN MENTAL HEALTH ISSUES ARISE

When students demonstrate signs that they may be experiencing a mental health problem, it can be difficult to find the right words to communicate what you are observing at school and to work collaboratively on a support plan. School administrators must often broach these difficult conversations with parents following a particular incident or crisis involving their child or adolescent at the school. These periods can be highly tense for the student, for the parents and for the administrators who may be unclear as to the nature or signs being observed.

Though as educators, we are not in a position to diagnose mental illness, we are in a position to share our observations as well as the frequency and the intensity of the incidents being observations. We are in a position to develop trusting relationships with parents that encourages supportive and non-judgmental conversations. We are in a position to work with parents as partners and seek better understanding, better resources and better communication. Engaging parents is essential and should be viewed as a process that takes time. For some, this process may take more time and may include consulting with a school social worker or psychological services staff for support on

Andrea Boulden, a member of **Parents for Children's Mental Health** speaks to educators about raising children with mental illness. She tells the story of her family's journey through the school system and highlights five key points for educators to consider when working with parents to support children with mental illness.

1. Don't judge
2. Do your homework
3. Be the student's advocate
4. We are the experts on our children...work with us
5. Like them

Pushing Through Stigma to Acceptance: A Parent Talks to Educators
produced by Toronto District School Board



<http://www.youtube.com/watch?v=hoCnBzOnSjw>



establishing non-judgmental relationships with parents. While some parents may voice that they have similar experiences with their children at home and seek to work with school teams, others may not and may continue to be reluctant. There are many personal factors that could be attributed to this including but not limited to economic, cultural and historic reasons, but stigma remains one of the greatest obstacles we face. Parents for Children's Mental Health is a provincial non-profit parent-led organization that helps us better understand the realities and the challenges faced by parents and families with children who have mental illness.

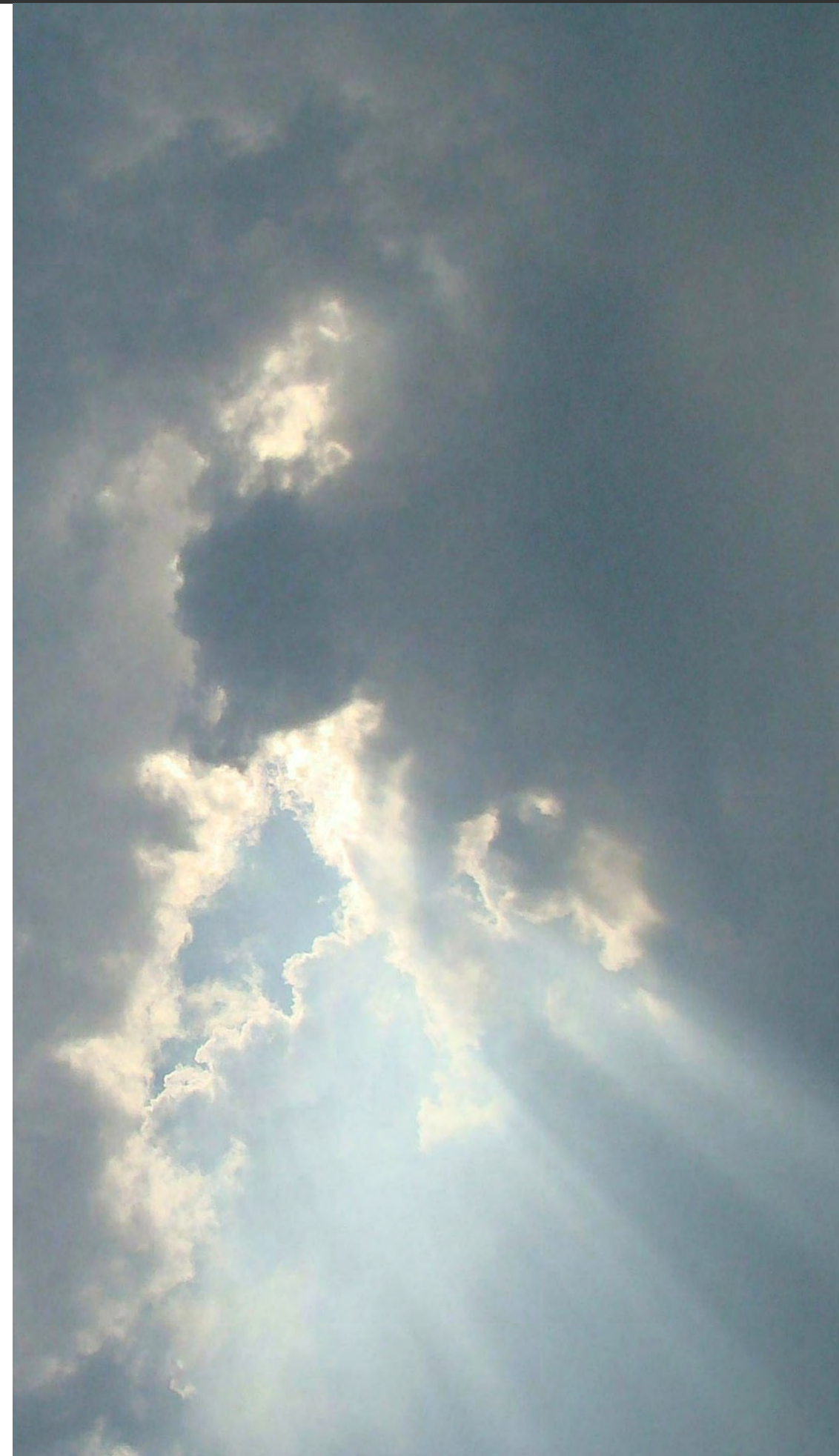
Parents are often worried for their children about possible triggers that may occur throughout the day, about being isolated by peers or by needing to be comforted by a caring adult with whom they feel safe. Presenting parents with ideas to support the student can be reassuring and begin the process of building a positive relationship. When engaging in conversations with parents about their child or youth with a mental illness, the following are key ideas that should be considered.

Compassionate communication with parents. In times of emotional crisis for their child, parents are worried and distressed and they need schools to make requirements and resources easy to understand. They need a chance to voice their concerns and sometimes just need someone to listen without trying to solve the complex issues they are facing. Genuine care and compassion can make all of the difference for a parent who is struggling and may not feel at their best. Use clear and simple language, and avoid jargon and technical terms. It is the role of the school administrator to ensure that everyone who should be informed about the situation is given appropriate information, with parent consent, so that this responsibility for further communication doesn't rest with the parent.

Being flexible. While it is important to reinforce the importance that students with mental health problems return to school, this may need to happen in a well-supported gradual fashion – particularly where anxiety is present. In order to ensure uninterrupted education during the crisis and transition period, it is important to create a plan. In some cases, academic progress becomes a far less important issue in the near-term. Forgetting this can lead to more stress on the family and student. Administrators need to reassure parents and the student that academic help will be available when the student is ready: this may include home assignments or home schooling. Sometimes interim measures also need to occur during the transition back to school. For example, to attend class for a short time each day, or to even to attend virtually for a period of time if the technology allows. Much like we would make some accommodations for a student with a physical illness we should be just as accommodating for a student with a mental health problem. It is important to explore alternative ways to engage students while they are recovering and to create a plan with the student and their family.

Being proactive. When students are trying to recover from a psychological crisis, other things need to fall into place without effort. Planning for these transition phases is important not only for the youth and family, but for school staff as well. For example, getting a home school teacher in place quickly can help to alleviate additional concerns about falling behind in school.

Being caring. When a child returns to school, check in with the parent about how things are going. Check in with the student to let them know you care about them in their recovery.



TALKING WITH STUDENTS ABOUT MENTAL HEALTH

There is increasing attention in our schools and in the media related to mental health and well-being. Students are, in many ways, well positioned to lead the change and many have embraced the stigma reduction movement. We are increasingly seeing student-led video, poster, or T-shirt campaigns and websites (e.g., mindyourmind.ca) designed to raise awareness about mental health. These efforts are important, but ideally should be staged in concert with a planned approach to mental health in your board and school.

Unfortunately, the risk of awareness alone is that it doesn't contain a "safety net" for those requiring support, once awareness has been raised. Large student assemblies on issues of mental health by outside guest speakers are to be discouraged in particular. In the absence of appropriate lead in activities, opportunities for dialogue with known caring adults, and an ongoing circle of care, these well-intentioned opportunities can actually cause harm for vulnerable students. Such events need to be grounded in the setting of essential conditions, capacity building, and planning outlined within this guide.

The clips below highlight student views and voices on stigma about mental illness and on ideas about showing empathy and compassion in schools.

Look at Me

2012 Change the View Contest *Winner* Children's Mental Health Ontario

Change the View is an annual contest led by youth that looks to raise awareness about youth mental illness with a 2 minute video clip. Each year submissions come from across the province in both French and English and may be viewed on-line at www.kidsmentalhealth.org

**1 in 5 kids
has mental health issues**

<http://www.youtube.com/watch?v=oRlcDe1FznU>

Talking with students about mental health within the course of the regular school day, rather than as a special event, is an important part of creating an inclusive school culture. Classroom staff can do this, for example, through explicitly modeling good coping skills, weaving conversations about strategies for achieving positive mental health into instruction, and selecting curriculum materials that highlight the lived experience of those struggling with mental health problems. Within these caring classroom environments, students with mental health problems can observe that mental health does occur along a continuum, that difficulties are more common than they may think, and that they can learn to cope with their struggles. In such settings, they are also more likely to reach out and ask for help from the caring adults that set this positive tone.

Ideas from Youth on Empathy and Compassion for Mental Illness in Schools

Youth Action Committee, Children's Mental Health Ontario



<http://www.kidsmentalhealth.ca/documents/res-cmho-yac-agm-presentation-1.mp4>

Stigma – What Does it Mean to You?

Members of the Mental Health Commission of Canada Youth Council discuss the role that stigma plays in the lives of youth and young people.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

<http://www.youtube.com/watch?v=j5rA940AZbg>

MEANINGFUL STUDENT ENGAGEMENT

Student engagement is an integral part of school life as it encourages a sense of belonging to the school culture giving students the opportunity to participate in the development of activities at all levels from the decision-making process to the implementation process. These are opportunities for students to develop and practice essential life skills which have positive impact on self-esteem, building relationships with peers and teachers and overall well-being. The Speak Up projects of the Student Voice initiative are examples of actual meaningful student engagement activities in Ontario. <http://www.edu.gov.on.ca/eng/students/speakup/index.html>

As administrators embark on planning for school mental health, consideration of the need to incorporate student voice in the planning and implementation process will take place. It is however, prudent to ensure that schools already have well established processes and protocols, a well-engaged team of school staff and clear supports for students across the tiers as we engage students in these discussions. Administrators, will need to ensure that organizational structures are in place in order to ensure that student voice is heard and is meaningful.

Research tells us that communities are healthier when youth and adults work together. According to the Centre of Excellence for Child and Youth Mental Health, the benefits of meaningfully involving youth include reduced negative risk behaviours such as lower substance use, decreased rates of school dropout, and lower rates of depression.

The following resource is a booklet that highlights youth engagement practice and a video highlighting youth testimonials.

What Is Youth Engagement : a booklet
The Centre of Excellence on Youth Engagement
http://www.tgmag.ca/aorg/pdf/Whatis_WEB_e.pdf



The Art of Youth Engagement Training orientation video.



<http://www.youtube.com/watch?v=taQBhIdlOcw>

WHEN A STAFF MEMBER STRUGGLES

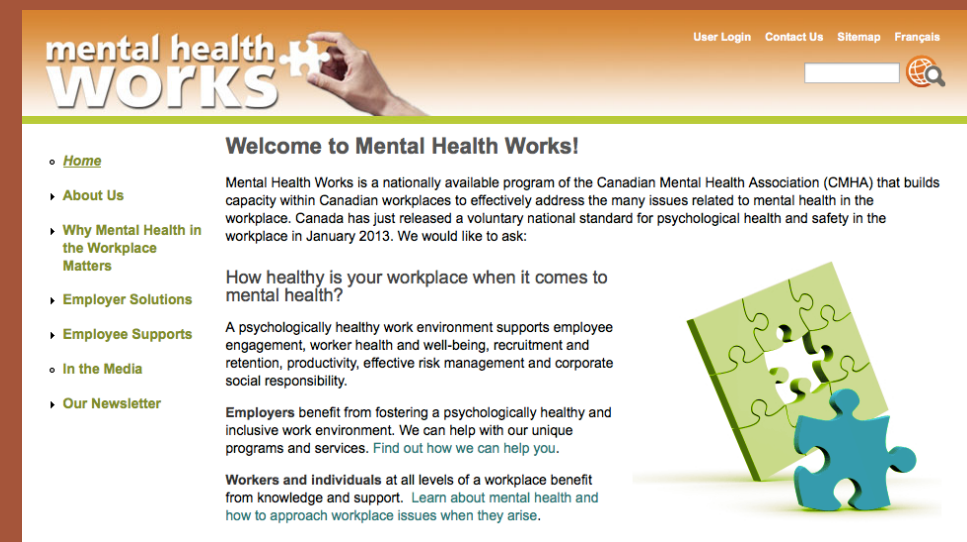
When educators struggle with a mental health problem, it can interfere with their ability to be effective and compassionate with students in the classroom. They may have particular difficulty in broaching sensitive topics related to mental health, and may not be able to be supportive to students with special needs in this area. Sometimes the problems are transient and improve with treatment. At other times, the staff member's mental health problems are chronic and require a long-term management plan to ensure that students receive optimal instruction and care.

It is the role of the school administrator to support a staff member having emotional difficulties and to engage in supportive conversations designed to help the individual. School administrators need to balance compassion and caring for the staff member with the needs and demands of the classroom. Sometimes, this involves helping the individual to access the Employee Assistance Program or other avenues of professional support. At times it will be necessary to connect with the Human Resources department or School Superintendent for support.

Mental Health Works

<http://www.mentalhealthworks.ca/>

"Mental Health Works is a nationally available program of the Canadian Mental Health Association (CMHA) that builds capacity within Canadian workplaces to effectively address the many issues related to mental health in the workplace."



SELF-CARE IDEAS FOR SCHOOL ADMINISTRATORS

School administrators play a critical role in facilitating school mental health and well-being. Caring and compassionate administrators work hard to engage and influence the interpersonal connections within their school, and value the health and wellness of staff and students. We are called upon to create a safe and healthy school environment where children can thrive and achieve optimal academic success and must ensure the development of a healthy work climate for the staff that supports them.

When students or staff are in crisis or present with serious mental health problems at school, we must also be mindful of the secondary impact this may have not only on staff but also on our own mental-health. We may even experience compassionate fatigue that can lead to poor job performance, irritability, lack of focus, difficulty with planning exercises and feeling physically and emotionally worn-out. These are not reflective of a particular weakness but rather the cost of caring for others.

It is therefore of utmost importance for school administrators to maintain a well-balanced approach to work and family life and to model the ideals we set out for

our staff and students. Some well documented ideas for self-care for caring professionals are listed below:

- Create a strong support network made up of other administrators with regular check-in
- Establish clear boundaries with respect to time, personal engagement and professional duty
- Connect and reflect with colleagues throughout the day
- Model a commitment to maintain balance by taking breaks and allow for healthy nutrition
- Exercise daily by incorporating it into your schedule or by joining an afterschool sport club.
- Be aware of the impact long work hours have on mood, interpersonal relations and general health
- Be aware of your coping mechanisms and their effects
- Establish time for self-reflection and personal and professional priorities
- Know your internal and external support systems
- Seek professional confidential support to explore personal or professional challenges that may be negatively affecting areas in your life
- Build strong teams and delegate with confidence

TOOLS & RESOURCES

10 cm 1 2

ALIGNMENT WITH RELATED PROVINCIAL INITIATIVES IN SCHOOL MENTAL HEALTH

MINISTRY OF CHILDREN AND YOUTH SERVICES (MCYS)

Through the Ontario Mental Health and Addictions Strategy, MCYS has provided funding for hiring of mental health workers who work with school boards in areas of locally-defined need. These new workers are meant to complement existing community and school board services.

In addition, MCYS has expanded its commitment to Working Together for Kids' Mental Health, an initiative designed to enhance early identification and intervention through the use of standard tools and protocols across communities. Working Together was piloted in four communities in 2010-2011, and expanded to another eleven in 2011-2012. The Ontario Centre of Excellence for Child and Youth Mental Health provides support for Working Together.

MINISTRY OF HEALTH AND LONG-TERM CARE (MOHLTC)

MOHLTC has provided funding for 144 new nurses that will work in district school boards beginning in fall 2012. These nurses will provide health-related services and will be supervised by Nurse Leaders who have responsibility across several school boards. Nurse Leaders will work closely with school board Mental Health Leaders, and specific roles and service priorities for all new nurse positions will be determined locally. CCACs are administering this initiative.

Service Collaboratives represent another large commitment from MOHLTC. With leadership from the Centre for Addiction and Mental Health (CAMH), Service Collaboratives in select communities (four in 2011-2012) will roll out through the province (18 in total). Service Collaboratives identify a local problem of practice, and seek to work together across sectors to select and enact a community solution.

MINISTRY OF EDUCATION INITIATIVES

There is natural alignment with the Ontario Mental Health and Addictions Strategy and many existing Ministry initiatives. In many ways, the new focus on student mental health and well-being is a natural extension of key initiatives like Student Success and Learning For All. Like these foundational directions, the Mental Health and Addictions Strategy also supports the whole school approach where all students, those at risk, and those in need of enhanced support have access in a tiered manner. Links to Accepting, Caring and Safe Schools and Equity and Inclusivity are also easily made, as much of the Strategy is founded on creating inclusive and welcoming school and classroom environments. Finally, the Strategy deepens the collaborative work across sectors that was stimulated through the Student Support Leadership Initiative (See Appendix A).

FACILITATING POSITIVE SCHOOL ENVIRONMENTS

Before school administrators can foster organizational conditions or design learning environments that promote mental health and well-being, it is important to consider, internalize and demonstrate an **Acceptance and Understanding of Student Mental Health Needs**. School leaders who effectively convey this acceptance understand that stigma and false attributions regarding the origin of troublesome behaviours represent an enormous obstacle to supporting students with mental health needs. Efforts to address stigma and undo prevailing myths regarding mental health problems are an important foundational element in this area.

Resiliency refers to positive adaptation despite challenges, obstacles and adversity. To achieve optimal mental health and well-being, students need to learn ways to rise above negative life circumstances. To help students build resiliency, school administrators can lead efforts to ensure that each student:

- feels appreciated and valued;
- understands how to set realistic expectations for themselves and others;
- acquires positive problem-solving skills;
- applies productive coping strategies during times of adversity;
- seeks assistance when support is needed; and
- experiences positive support and interactions with peers and adults.

It is helpful to recognize that resiliency depends on the strengthening of **Protective Factors** in childhood and adolescence. During the preschool years, protective factors are enhanced by supporting caregivers as they try to develop nurturing family routines. During middle childhood, a student gains protection from psychological distress by engaging meaningfully in the learning process, experiencing caring relationships with adults in the school setting and receiving support in developing positive interactions with peers. By continuing to provide for, and build upon, social and academic engagement, schools can support the deepening of protective factors in their students. Being aware of the protective role that schools and educators can play can help the school administrator to optimize positive impacts in their setting. Additional information can be found at <http://www.thelearningpartnership.ca/page.aspx?pid=820>



School administrators can support opportunities for **Positive Youth Development**. Schools can adopt approaches that equip students with skills or assets. Drawing on these strengths can enhance engagement in learning and can contribute to meaningful social interactions with peers and adults alike.

School administrators can contribute to the overall mental health and well-being of students by recognizing and celebrating **Diversity**. They can reinforce that the social-identities of students and the broad range of assets they bring to school can enhance programming. Further, it is important to support educators to adjust their approaches to the unique and diverse profiles of their students. Through doing so, such students feel respected, included, and that their voices are heard.

Student mental health and well-being are enhanced when school administrators promote **Strength-Based Perspectives**. This involves a decrease in focus on what students are not doing and an increase in focus upon the identification, exploration and use of strengths to move learning forward and enhance fortifying relationships in the schools setting. Building a sense of belongingness, mastery, independence and generosity or altruism can help to foster this strength-based approach.

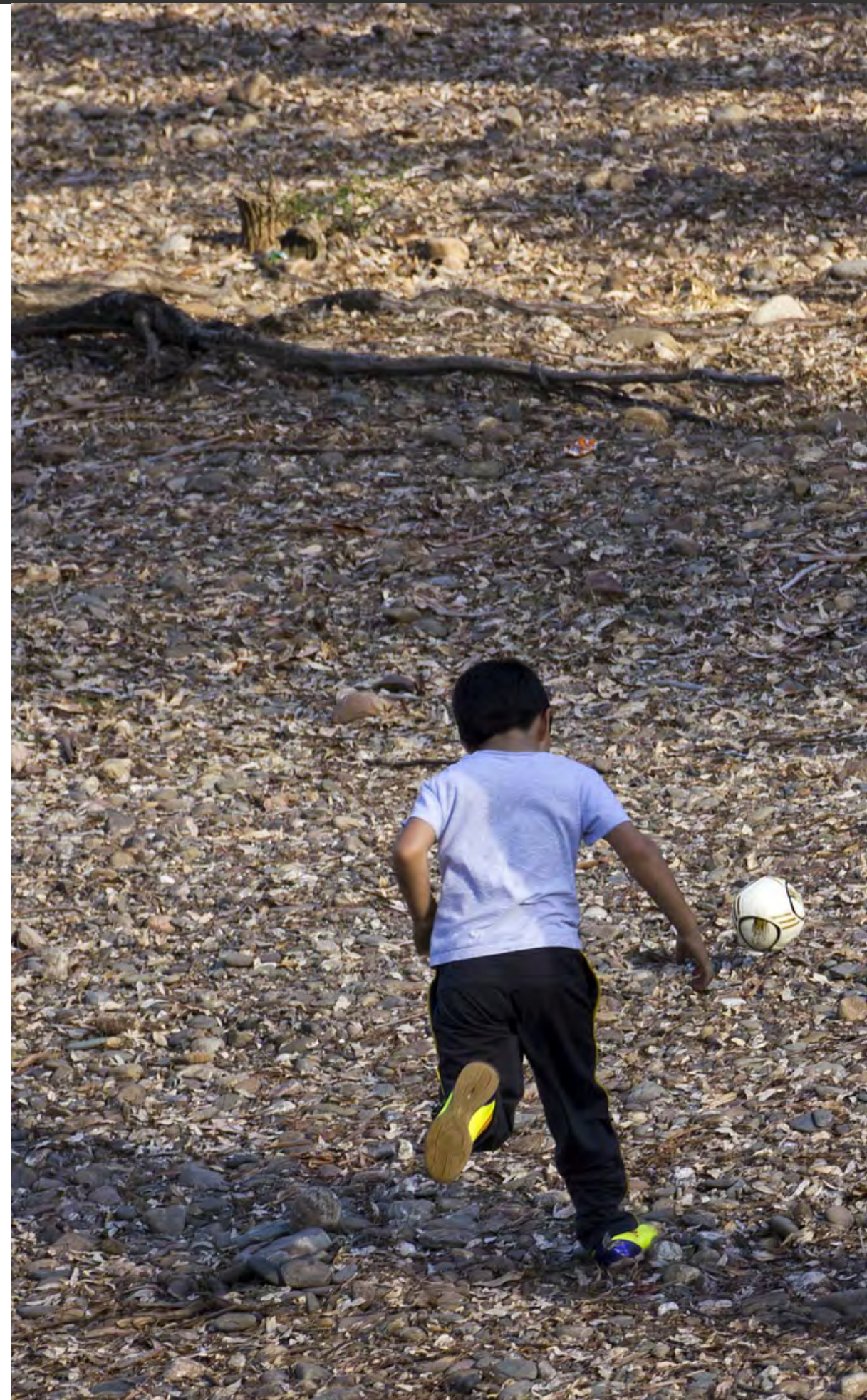
Mental health and well-being in students requires the development of **Mental Fitness**. School administrators can help students to sculpt positive self-perceptions characterized by a sense of connectedness, competency and autonomy. School administrators can help educators to seek opportunities to enable students to develop mental fitness during learning tasks and social interactions.

Research has demonstrated that a sense of connectedness or attachment to school is a protective factor for young people. Schools can engage in deliberate strategies to build a secure and supportive school environment, and to promote health enhancing attitudes and behaviours. **Connectedness** between the teacher and student, combined with efforts to ensure the student is connected to their peers and the school, represents a powerful way for supporting mental health and well-being.

School administrators can help educators to understand that their role goes beyond teaching reading, writing and arithmetic. And, that an equal focus on **Social-Emotional Learning** is required to help the student meet her or his potential. Educators can teach students how to:

- identify their emotions;
- set and pursue positive goals;
- communicate caring and concern for others;
- initiate and sustain positive relationships;
- make decisions that demonstrate respect for self and others, and
- deal with interpersonal concerns and challenges effectively

Skilled administrators compel their teachers to look for opportunities to teach these skills to students and, for those requiring alternative programming, develop specific, measurable, attainable, relevant, and time bound (SMART) goals.



EXCERPTS FROM MINDMATTERS ON INCREASING STAFF UNDERSTANDING OF MENTAL HEALTH AND WELLBEING

These excerpts are reprinted from the document Whole School Matters; MindMatters Australia, 2010, with permission. It highlights the importance of Bringing People Along, and offers some helpful suggestions in this regard.

More information is available at the following website [MindMatters;](http://www.mindmatters.edu.au/default.asp)
<http://www.mindmatters.edu.au/default.asp>

Staff members' knowledge of mental health and wellbeing appears to be a critical factor influencing the efficacy of their work with young people (Bandura 1977; and Hall 1992, Barros 1989, Ashton & Webb 1986, cited in Enderlin-Lampe 1997). Their views on mental health and wellbeing form the basis for how they operate as confidantes and role models. The language they use is one of the first indicators to students who are beginning to think about seeking help. If teachers are open enough to show the human side of their natures, including the use of humour and the recognition of vulnerability, this provides powerful messages for young people. Teachers and staff with personal insight into their own behaviours and emotions are the most likely to have insight into the behaviours and emotions of others.

THE INTERPERSONAL – COLLEGIATE SUPPORT

Staff social support is a critical protective factor. Schools need to discuss how to provide this. In the introduction to his book on collegial support in schools, Rogers (2002) gives an example of an experienced teacher who goes into a classroom where a new teacher is having difficulties. The experienced teacher quietly offers a little assistance by taking away a couple of the more troublesome students, but does not interfere with the class or give the students a lecture, thereby undermining the classroom teacher. The quality of relationships between staff members is integral to a protective workplace environment. Some of the indicators of the level of protection built into relationships between staff are:

- having access to sensitive and reliable assistance
- exchanging concrete social and emotional information
- experiencing a sense of warmth and security
- feeling a sense of belonging to the group with shared interests and concerns
- having confidence that others can be relied on
- experiencing reassurance about their contribution and worth
- having access to guidance and advice
- experiencing reciprocity in relationships through mutual support (Rogers 2002).

The extent to which collegiality occurs will also be influenced by organisational factors. These include: appropriate Professional Development and career development; supporting staff in the uptake of new procedures and technology; involvement of staff in decision-making; promoting equal opportunities; a culture that encourages help-seeking and disclosure; and more generally, opportunities to demonstrate worth and recognition for talents.

Mentoring of teachers has been proposed as an effective method for reducing feelings of isolation amongst inexperienced teachers (Schlichte et al. 2005). Mentors provide practical support and guidance, but also act as powerful role models for younger teachers. In their qualitative study of teachers of students with special needs, Schlichte et al. found that mentoring and fostering a collegial environment were integral ingredients in the positive experiences of recently graduated teachers. They also highlighted the need for networking and collaboration and encouraged schools to encourage such social supports.

THE ORGANISATIONAL AND STAFF HEALTH AND WELLBEING

Current occupational health legislation and Professional Development shows an increasing understanding of the interrelationship of physical health and wellbeing and mental health and wellbeing within educational organisations.

Schools frequently have active committees with significant staff representation and these can be an already established way of raising the topic of mental health and wellbeing for staff.

Schools as organisations can help to build staff mental health and wellbeing in general by providing information on mental health; providing opportunities for reflective practice; clarifying roles; encouraging teacher leadership; enabling authentic and appropriate participation; and providing timely information on organisational development and change. These strategies can create the sense of involvement and connection which is vital for a modern healthy workplace.

STAFF PROTECTIVE FACTORS

Presenting staff protective factors is a way for staff to begin to discuss their own mental health and wellbeing. A number of theories attempt to explain the significance of these protective and corresponding risk factors. They describe a range of factors from individual through to organizational factors that are the determinants of teacher health. The range of factors from the research are grouped under: Personal factors, Organisational factors, and Work factors. These apply to teaching staff and staff in other roles.

PROTECTIVE AND RISK FACTORS FOR STAFF

	PROTECTIVE FACTORS	RISK FACTORS
PERSONAL FACTORS	• Job satisfaction (including a sense of professional mission) • Personal fulfillment from work • Ongoing education and skill development • Problem-focused coping style	• Social exclusion or isolation • Lacking of training / experience • Inadequate coping strategies • Feelings of helplessness • Temperament
ORGANIZATIONAL FACTORS	• Empathy and warmth • Primary prevention in the workplace • Support from other staff members • Appropriate training and career development • Support for new techniques • Equal opportunities • Culture of help-seeking / disclosure • Opportunities to demonstrate worth and talent	• High workload, little support and low control • Excessive administration duties • Staff shortages • Inadequate support and supervision • Role conflict • Lack of control over one's work • Hierarchical communication • Lack of recognition
WORK FACTORS	• Additional supports • Mentoring	• Demanding work • Continuous and fragmental change • High needs students and clients

[Hunter Institute for Mental Health Staff Matters Scoping Study, HIMH 2007]

MindMatters proposes that the most effective workplaces share responsibility for the mental health of staff between the individual and the organisation. The relevance and efficacy of any particular approach will depend on the context and the types of risk and protective factors that are evident in a workplace. The overall aim will be to build protection and reduce the risk by way of a conscious strategy to protect the mental health and wellbeing of staff. This strategy will be double-pronged, supporting staff to build personal resilience, while simultaneously creating a protective organisation that provides every opportunity for its members to operate at the peak of their capacity. Many young people identify with non-teaching staff in the school. Therefore, all school staff should be involved.

STAFF KNOWLEDGE OF MENTAL HEALTH AND WELLBEING

When school staff begins to understand mental health and wellbeing, they begin to understand some of the stressors that are endemic within their professions and roles. Knowledge of the 'emotional labour' involved in working in a teaching role or as an education worker may be a starting point for taking control and beginning to take action (Leithwood & Beatty 2008). It is also important to understand that some of the stressors are also some of the areas that attract people to the teaching or education role – for example, the stressor of working with many things at once or with high levels of interaction with others.

One of the biggest risks to health for teachers is stress. Teachers experience more of it than many other professions (Abel & Sewell 1999). This is especially true of teachers with a

large proportion of students with high mental health needs.

Mental health and wellbeing for school staff as a whole is not only important in terms of the impact on young people. It is also an aim in itself for promoting a healthy worksite which considers the wellbeing of all educational workers. This in turn leads to less absenteeism and improved continuity and performance.

Education staff need to have suitably organised ways of accessing mental health information. They need opportunities to talk about their emotions, or anxiety or depression or other aspects of their own mental health, as a prelude to how they operate in the classroom or the workplace. Time for reflection allows staff to explore their attitudes and any stigma that may be attached to mental health issues for young people, themselves and others.

WORKPLACE STRESS

Chronic stress may develop into burnout, which is characterised by emotional exhaustion, depersonalization and reduced personal accomplishment. Teachers who are suffering from burnout may experience reduced performance, less job satisfaction, absenteeism and high turnover. Other more personal outcomes of burnout may include physical exhaustion, illness, psychosomatic symptoms and substance misuse (Maslach et al. 1996). Schools need to have clear referral pathways either through their system or a workplace counselling service for professional counselling.

By developing knowledge about their personal stress, and the provision of safe opportunities to share their stories, teachers gain insight into themselves and their colleagues. This helps to encourage collegiality, an awareness of difference, empathy, shared coping and problem-solving and deeper understanding. This will not only have personal benefits for the mental health and wellbeing of staff. By acknowledging and better understanding the stressors and traumas in their own lives, staff are also more likely to recognise, acknowledge and have empathy with the stressors and traumas in the lives of their students and families.

STAFF INDUCTION, EXIT AND TRANSITION

MindMatters acknowledges that beginning at a new school is a significant transition point.

The induction process needs to begin from the time staff join the school. Staff induction is an entry point for a Whole School Approach to mental health and wellbeing.

A school may develop a clear process of working with new staff on values and ethos as well as the practical work of teaching and working. It might provide a reduced load for beginning teachers, and ensure moral and collegiate support at a time when they are most vulnerable. These are crucial for ensuring new teachers remain in the profession.

Staff members, as part of the community, share the same incidence of mental health issues as others. Schools need to have systems to address some of the issues that impact on staff mental health through specific counselling and referrals that mirror those provided for young people.

And staff induction is not the only critical point. A staff member leaving a school or completing their working life must be appropriately acknowledged as this is also a significant transition. The Hunter Institute of Mental Health's Response Ability resource provides some useful material for staff induction. See <http://www.responseability.org>.



POSITIVE MENTAL HEALTH: LOCAL CONTEXT CONSIDERATIONS

It has been widely noted that schools are, indeed, an optimal setting to reduce stigma, promote positive mental health, build student social-emotional learning skills, prevent the development of mental health problems in high risk groups, identify students in need, and support them along the pathway to service. Educators can support student mental health in the way that they go about their day to day work by: adopting research-based strategies that have been shown to promote positive mental health across schools and classrooms, integrating social emotional learning into classroom activities, identifying and supporting students in need of more intensive services and knowing what resources are available to enhance their ability to provide support to the 1 in 5 students in Ontario classrooms that need a differentiated approach to learning.

How do school administrators then create and support a school which promotes positive mental health for all students? Consider the following:

SCHOOL AND CLASSROOM CLIMATE

- Do you have a Whole School Approach where you consider the Whole student ?
- How do different types of students experience success at your school?
- Do you have ways of assessing your school environment?
- What are the major sources of data on mental health and wellbeing for you school?
- What do your students say about your school and the environment? Parents? Community?
- Do your classrooms attempt to engage all students? (teachers ask and respond to student feedback, develop supportive relationships, vary teaching styles, have range of learning opportunities)
- Does your school connect Social and Emotional Learning to the curriculum?

STAFF AWARENESS OF MENTAL HEALTH ISSUES

- Does your staff have a basic understanding of mental health problems?
- Can they recognize the signs that a student may be struggling with mental health problems?
- Do they understand their role in dealing with mental health problems?
- Is your staff aware of the processes in place in your school for dealing with mental health problems? (Who else should be involved? What information can be shared? How do I deal with the high risk student?)
- Is your staff aware of the high risk students in your school? (How to approach these students?, What programming is in place for these students? Is there an IEP?, What are the next steps with these students if an incident occurs? Does staff know what supports are in place for them if a major incident occurs (Is there a debriefing session?)?
- Is your staff aware of what recommended board resources are available to support them in identifying various mental health problems and how to program for these students?

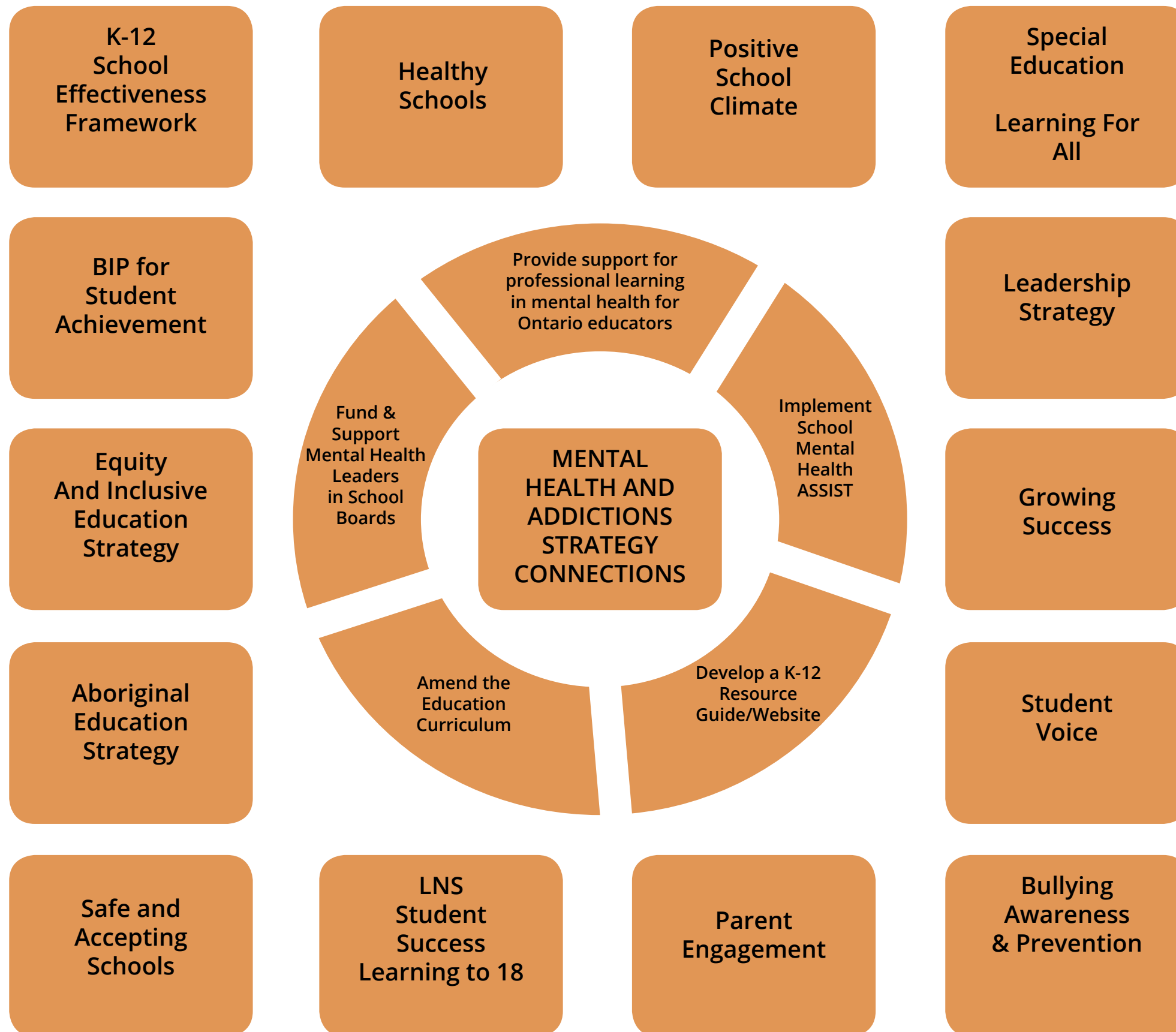
DELIVERY OF STAFF DEVELOPMENT

- Who might you involve in the delivery of staff development on mental health? (In-school Support Staff, Board Support Staff, Community supports that your school/ board have linked with)
- Which of your staff should receive in-service on what topic?
- How will you continue to develop staff in their understanding of mental health? (Part of every staff meeting?)
- What further staff development has arisen from staff discussions/ input?
- What does your data indicate a further need for staff development?
- What resources are available to you for staff development/ reference?

APPENDIX A

MENTAL HEALTH & ADDICTIONS STRATEGY CONNECTIONS

[Click here for the Policy Program Memorandum](#)



CLICK ON EACH PROGRAM FOR MORE DETAILS

Appendix B

Tools and Templates

Top Ten List of Organizational Conditions For School Mental Health

Drawing on research, School Mental Health ASSIST has identified ten organizational conditions that support effective school mental health implementation.

1. **Commitment**

School Leaders:

- ✓ view child and youth mental health as a priority, and communicate this through action
- ✓ commit to the Tiered Support Model and help staff to understand the rationale for the model and practical ways to bring it to life
- ✓ consistently attend internal mental health team meetings and community liaison meetings
- ✓ provide visible, strategic and tangible support for needed infrastructure, resources, and staffing

2. **Mental Health Leadership**

- ✓ There is a multidisciplinary, multi-layered mental health leadership team
- ✓ All of the right people are at the table (in terms of expertise, influence, representation)
- ✓ Parent and youth voice are considered
- ✓ Team has meaningful liaison with board and community partners
- ✓ Team is focused on vision-setting, leadership, collaboration, strategy selection, problem-solving



3. **Clear and Focused Vision**

- ✓ Vision for student mental health is aligned with School and Board Plan/ Strategic Directions
- ✓ Vision is aligned with key principles in school mental health (e.g., preventive, linked with instruction, evidence-based, connected with partners at home and school, strong use of data)
- ✓ Vision and goals are created collaboratively
- ✓ Vision is the basis for decision-making

4. **Shared Language**

- ✓ The vision for school mental health is communicated clearly across the school
- ✓ Foundational knowledge about student mental health is conveyed
- ✓ Terms are defined consistently
- ✓ Where differences in terms occur, there is translation (e.g., with community partners)

5. **Assessment of Initial Capacity**

- ✓ Assessment data informs the development of the school mental health strategy
- ✓ Before setting priorities, an assessment of organizational strengths, needs, and resources (resource mapping) can be very helpful
- ✓ This assessment includes a scan of resources, in the form of people, processes, and programs
- ✓ Staff and student voice data can deepen understanding of needs

Appendix B

Tools and Templates

Top 10 List of Organizational Conditions for School Mental Health

6. **Standard Processes**

The school has standard processes for school mental health:

- ✓ Decisions about who does what (role clarification)
- ✓ Suicide intervention and postvention
- ✓ Selection of school and classroom evidence-based programs
- ✓ Delivery of training and coaching on programs and strategies
- ✓ Standards and tools for monitoring progress
- ✓ Partnerships with community
- ✓ Access to board and community services

Commitment
Mental Health Leadership
Clear and Focused Vision
Shared Language
Assessment of Initial Capacity
Standard Processes
Protocols for Professional Development
Mental Health Strategy and Action
Collaboration
On-going Quality Improvement

9. **Collaboration**

Be aware of what the Board has established for platforms of dialogue and collaboration:

- ✓ Across departments and schools
- ✓ With community and health agencies
- ✓ With universities and other research organizations
- ✓ With parents
- ✓ With students
- ✓ With government
- ✓ With other boards

7. **Protocols for Professional Development**

- ✓ The school has a systematic approach to capacity building in mental health and well-being that supports and is in line with board directions
- ✓ High quality training protocols, delivered by an engaging expert (usually board system level professional services staff can support in this regard)
- ✓ All school staff are included in *mental health awareness*, and classroom staff participate in a deeper level of *mental health literacy* so they understand common problems and how best to provide support at school
- ✓ Job-embedded, with ongoing coaching

8. **Mental Health Strategy and Action**

- ✓ Mental Health Strategy is aligned with system goals
- ✓ Strategy is founded on evidence-based practices
- ✓ Strategy is tailored to local context and data with respect to school needs and strengths
- ✓ Strategy is focused on measureable outcomes
- ✓ An implementation support plan is clearly articulated

10. **Ongoing Quality Improvement**

There is a system of ongoing quality improvement that includes measurement of:

- ✓ program / strategy implementation
- ✓ teacher perceptions and knowledge
- ✓ student perceptions and knowledge
- ✓ student outcomes

A Vision for Student Mental Health and Well-Being in Ontario Schools
Ontario students are flourishing, with a strong sense of belonging at school, ready skills for managing academic and social/emotional challenges, and surrounded by caring adults and communities equipped to identify and intervene early with students struggling with mental health problems.

Appendix C

Tools and Templates

Planning Cycle - Guiding Questions – Adapted from MindMatters, Australia, 2010

1 – Beliefs & perceptions

- How do we operate as a planning team?
- What are our beliefs about our chosen action area?
- What might be the perceptions of the wider community? How could we check these out?
- What outcomes could we be looking for?
- How do we believe data relates to students experiencing high support needs in mental health and well-being?
- Do we need to review our team membership?
- What might be some of the issues for schools?
- Who is not at the table but should be?

2 – Check current capacity

- What relevant audit and survey data do we have from across the tiers?
- Does the data include students experiencing high support needs in mental health and well-being?
- What have been the school's experiences?
- Who else's voice do we need to hear in our data?
- How can we find out what we don't know?
- How can we involve others in our data collection process?
- What other initiatives are related to this action area?
- Do we need to review our team membership?
- What relevant strengths, processes and structures do we have within the system?
- What is already working well? How could we celebrate this?

7 – Review, communicate & celebrate

- What did we learn?
- With whom can we share our learning?
- How can we share our successes?
- What are our next actions?
- What is the best group to undertake this?
- What will we do to celebrate?

3 – Analyze Data – Select action area(s)

- Who will we involve in the data analysis?
- How do we find out what we don't know?
- What does the data show as our strengths?
- What data surprised us?
- What top 3 action areas emerge from the data?
- Are there connections between those action areas?
- What are the specific issues for students experiencing high support needs in mental health and well-being?
- What data confirms what we know?
- In the light of our data, what outcome do we now want?

6 – Collect & Analyze Final Data

- Are our planned collection and analysis processes still relevant and useful?
- Have we reached our outcomes within the timeframe?
- What else did we find out?
- What difference have we made for students across the tiers?
- What difference have made for students experiencing high support needs in mental health and well-being?
- How will we use the data to inform future directions?

4 – Plan intervention

- What is our current situation based on our data across the tiers? (Starting Point)
- What is/are our final agreed outcome(s)- SMART goals?
- How does our outcome include students experiencing high support needs in mental health and well-being?
- What is/are our final action area(s)?
- What could be our intermediate outcomes?
- What are our actions for intervention? Who will be responsible?
- How will our strategies lead to our outcome?
- What skills will we need as a school and as a core team?
- What resources will we need to support this strategy?
- What is our timeline?
- When and how will we collect our final data?
- How will we include and inform the school community in and of our plan?
- How can we link our initiatives?
- What might be our barrier?

5 – Implement – Mid-process check

- What information does our progress so far provide?
- How are staff, students, parents and the community included and consulted?
- How will we communicate progress?
- How will we handle change of personnel and leadership?
- What system and sector requirements have changed?
- How do we build the skills we require?
- How do we sustain interest and involvement?
- How effective is our core group? Should we review membership?

Appendix D

Tools and Templates

Assessment Tool for Administrators: Organizational Conditions for School Mental Health

As a School Administrator I...		1 Awareness and Contemplation	2 Exploration and Planning	3 Initial Implementation	4 Partial Implementation	5 Full Implementation
Commitment	view child and youth mental health as a priority					
	communicate the importance of student well-being through my actions					
	understand the Tiered Support Model					
	use the Tiered Support Model to support student well being in our school					
	understand how to access the pathway to care in our board and community					
	understand the unique needs of my community, vis a vis student mental health					
	help staff to understand the rationale for the Model, emphasizing the focus on mental health promotion and prevention and the need to work with community partners for help with students with significant concerns					
	consistently attend core team meetings and community liaison meetings as appropriate					
	provide visible, strategic and tangible support for needed infrastructure, resources, staffing					
Mental Health Leadership	ensure there is a multidisciplinary, multi-layered school leadership team that includes mental health and well- being					
	have all of the right people at the table (in terms of expertise, influence, relationships, representation)					
	involve parent and youth voice					
	ensure our team has meaningful liaison with board approved community partners					
	ensure our leadership team is focused on vision-setting, infrastructure , protocol development and implementation, staff capacity building, collaboration, strategy/program selection, and problem-solving					
	support additional response teams that focus on identification and support for individual students					
Clear and Focused Vision	ensure there are shared, realistic goals for school mental health					
	ensure that the vision for student well-being is aligned with Board Plan					
	ensure that the vision is aligned with key principles in school mental health (e.g., preventive, linked with instruction, evidence-based, connected with partners at home and school, strong use of data)					
	ensure that the vision and goals are created collaboratively					
	ensure the vision is the basis for decision-making related to student well-being					
Shared Language	communicate the School's and the Board's Vision for school mental health, respecting the diversity of the local community					
	share information about student mental health and well-being as it relates to student success for all					
	use common language and accessible related to mental health and wellness					
Assessment of Initial Capacity	facilitate the collection of assessment data that informs the development of the school mental health strategy					
	help the Leadership Team to identify school strengths, needs, and existing resources (people, processes, and programs)					
	consider staff and student data to deepen understanding of school needs					

Appendix D

Tools and Templates

As a School Administrator I...		1 Awareness and Contemplation	2 Exploration and Planning	3 Initial Implementation	4 Partial Implementation	5 Full Implementation
Standard Processes	clarify who does what (role clarification)					
	oversee the development/refinement and implementation of school suicide intervention and postvention protocols (using board templates)					
	ensure that school and classroom mental health strategies are evidence-based					
	ensure that protocols appreciate the unique context and diversity of our local school community					
	model partnership with our community					
	ensure that pathways to service are clear and understood					
Protocols for Professional Learning	work with the Leadership Team to coordinate systematic delivery of training and coaching on programs and strategies related to Mental Health Awareness for all and Mental Health Literacy for those most closely involved with students					
	use high quality training protocols					
	ensure job-embedded professional learning, with ongoing support					
Mental Health Strategy & Action	align the school goals and priorities with board MH strategy					
	set school priorities based on initial assessment data (school strengths, needs, and existing resources)					
	encourage a limited number of specific and achievable priority areas per planning cycle					
	focus first on organizational conditions, then staff capacity building, then selection of mental health promotion and prevention programs					
	specify outcomes that are observable and measureable					
	make use of evidence-based strategies					
	support staff to understand their roles and responsibilities in implementation of the plan					
Collaboration	model commitment to ongoing collaborative work with for mental health and wellbeing					
	build respectful and trusting relationships within the school for collaborative discussions among staff and students					
	build respectful and trusting relationships for mental health specific conversations with professional support staff					
	build respectful and trusting relationships for mental health specific conversations with families					
	build respectful and trusting relationships with community partners					
Ongoing Quality Improvement	consult with the board Mental Health Leader, and/or research team, about measurement of progress					
	set expectations for monitoring school progress					
	ensure the use of sound measurement tools to monitor implementation of strategies					
	ensure the use of sound, culturally sensitive, measurement tools to monitor staff/student outcomes					
	understand and use ethical guidelines for data collection at school					
	use process and outcome data to inform future planning and practices					
	help the Leadership Team to revise the school mental health plan based on most recent data					

Appendix E

Tools and Templates

Assessment Tool for Schools: Organizational Conditions for School Mental Health

As a School we...		1 Awareness and Contemplation	2 Exploration and Planning	3 Initial Implementation	4 Partial Implementation	5 Full Implementation
Commitment	have a school administrator, or administration team, that views child and youth mental health as a priority					
	have a school administrator, or administration team, that communicates the importance of student well-being through their actions					
	have a school administrator, or administration team, that understands the Tiered Support Model					
	have a school administrator, or administration team, that uses the Tiered Support Model to support student well being in our school					
	have a school administrator, or administration team, that understands how to access the pathway to care in our board and community					
	have a school administrator, or administration team, that understands the unique needs of my community, vis a vis student mental health					
	have a school administrator, or administration team, that helps staff to understand the rationale for the Model, emphasizing the focus on mental health promotion and prevention and the need to work with community partners for help with students with significant concerns					
	have a school administrator, or administration team, that consistently attends core team meetings and community liaison meetings as appropriate					
	have a school administrator, or administration team, that provides visible, strategic and tangible support for needed infrastructure, resources, staffing					
Mental Health Leadership	have a multidisciplinary, multi-layered school leadership team that includes mental health and well-being					
	have all of the right people at the table (in terms of expertise, influence, relationships, representation)					
	involve parent and youth voice					
	have meaningful liaison with board approved community partners					
	have a leadership team that is focused on vision-setting, infrastructure , protocol development, staff capacity building, collaboration, strategy/program selection, problem-solving, etc.					
	have additional response teams that focus on identification and support for individual students					
Clear and Focused Vision	have shared, realistic goals for school mental health					
	have a vision for student well-being that is aligned with Board Plan					
	have a vision that is aligned with key principles in school mental health (e.g., preventive, linked with instruction, evidence-based, connected with partners at home and school, strong use of data)					
	have a vision and goals for student well-being that were created collaboratively					
	have a vision is the basis for decision-making related to student well-being					
Shared Language	communicate the School's and the Board's Vision for school mental health, respecting the diversity of the local community					
	share information about student mental health and well-being as it relates to student success for all					
	use common and accessible language related to mental health and wellness					

Appendix E Tools and Templates
Assessment Tool for Schools: Organizational Conditions for School Mental Health

As a School we...		1 Awareness and Contemplation	2 Exploration and Planning	3 Initial Implementation	4 Partial Implementation	5 Full Implementation
Assessment of Initial Capacity	collect assessment data that informs the development of the school mental health strategy					
	provide input to the Leadership Team to identify school strengths, needs, and existing resources (people, processes, and programs)					
	consider staff and student data to deepen understanding of school needs					
Standard Processes	know who does what (role clarification)					
	understand and implement the school suicide intervention and postvention protocols, as required					
	use protocols that appreciate the unique context and diversity of our local school community					
	ensure that school and classroom mental health strategies are evidence-based					
	engage in partnership with our community					
	Have clear pathways to service that are understood by staff, students, families and the community					
Protocols for Professional Learning	participate in Mental Health Awareness and Literacy sessions to build our understanding					
	use high quality training protocols					
	engage in job-embedded professional learning, with ongoing support					
	practice the skills, and receive coaching support to deepen our practice knowledge					
Mental Health Strategy & Action	have school goals and priorities that are aligned with board MH strategy					
	set school priorities based on initial assessment data (school strengths, needs, and existing resources)					
	have a limited number of specific and achievable priority areas per planning cycle					
	focus first on organizational conditions, then staff capacity building, then selection of mental health promotion and prevention programs					
	focus on outcomes that are observable and measureable					
	make use of evidence-based strategies					
	have staff that understand their roles and responsibilities in implementation of the plan					
Collaboration	are committed to ongoing collaborative work with for mental health and wellbeing					
	build respectful and trusting relationships within the school for collaborative discussions among staff and students					
	build respectful and trusting relationships for mental health specific conversations with professional support staff					
	build respectful and trusting relationships for mental health specific conversations with families					
	build respectful and trusting relationships with community partners					
Ongoing Quality Improvement	consult with the board Mental Health Leader, and/or research team, about measurement of progress					
	set expectations for monitoring school progress					
	use sound measurement tools to monitor implementation of strategies					
	use sound measurement tools to monitor staff/student outcomes					
	understand and use ethical guidelines for data collection at school					
	use process and outcome data to inform future planning and practices					
	help the Leadership Team to revise the school mental health plan based on most recent data					

Appendix F

Tools and Templates

Knowing Your School Culture – Reflection for School Leadership Team

School and Classroom Climate	Yes	No
- Do you have a Whole School Approach to mental health promotion? - Do you consider the needs of the Whole student, not just the academic learner? - Do you know how different types of students experience success at your school? - Do you consider the unique needs and potential vulnerabilities of special populations in your school? - Do you have ways of assessing your school environment? - Do you know what the major sources of data on mental health and wellbeing are for your school? - Do you know what your students say about your school and the environment? - Do you know what parents say about your school and the environment? - Do your classrooms attempt to engage all students? (i.e., teachers ask and respond to student feedback, develop supportive relationships, vary teaching styles, have range of learning opportunities) - Does your school connect Social and Emotional Learning to the curriculum?		
Staff Awareness of Mental Health Issues	Yes	No
- Does your staff have a basic understanding of common mental health problems? - Do staff members understand their role in supporting student mental health and well-being? - Do educators know general principles for creating a mentally healthy classroom environment? - Can staff recognize the signs that a student may be struggling with mental health problems? - Are all staff aware of the in-school protocol to follow when they are concerned about a student? - Are staff aware of ethical guidelines for information sharing within the school, documentation requirements, consent processes, etc.? - Are staff aware of how to approach and support the high risk student? - Are staff comfortable in talking with students about mental health? - Are staff comfortable in talking with parents about mental health? - Are staff aware of their role in the school suicide intervention protocol? - Does staff know what supports are in place for them if a major incident occurs?		
Delivery of Staff Development	Yes	No
- Do you know who to involve in the delivery of staff development on mental health? (e.g., support staff from school, board, community) - Do you know which of your staff should participate in professional learning, for what purpose? - Do you know how you will continue to develop staff in their understanding of mental health? - Do you know what further staff development needs have been identified through staff discussions/input, data? - Do you know what resources are available to you for staff development/reference? (board, community, provincial)		

Appendix G1

Tools and templates

School Mental Health Scan

Date: _____

School Board: _____

School: _____

- ☐ Elementary
- ☐ Middle school
- ☐ High school

Administrator Role:

- ☐ Principal
- ☐ Vice-principal
- ☐ Other _____

Did you complete this survey:

- ☐ Alone
- ☐ With one other person
- ☐ As part of a school team

Mental health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

World Health Organization

A. Understanding Student Mental Health and Well-Being

1. How concerning are student mental health needs in your school at this time?

1	2	3	4	5
not at all concerning	a little concerning	somewhat concerning	very concerning	extremely concerning

2. How concerning are student addictions (e.g., substance use, gambling) needs in your school at this time?

1	2	3	4	5
not at all concerning	a little concerning	somewhat concerning	very concerning	extremely concerning

Appendix G1

Tools and templates

3. How important is student emotional well-being to academic achievement in your school?

1	2	3	4	5
not important	a little important	somewhat important	very important	extremely important

4. How equipped, confident or prepared are educators and support staff in response to mental health needs of students in your school.

1	2	3	4	5
not confident	a little confident	somewhat confident	very confident	extremely confident

5. How developed are your school's internal processes and supports in regards to identifying and addressing a student's mental health issue.

1	2	3	4	5
not developed	a little developed	somewhat developed	very developed	extremely developed

6. What are the top three social-emotional / mental health concerns in your school at this time? Identify 3 problems, and rank as 1, 2, and 3.
Problems associated with:

- ☐ Anxiety (phobias, social anxiety, separation anxiety, obsessive-compulsive disorder, post-traumatic stress disorder)
- ☐ Depressed mood
(sadness, feelings of worthlessness)
- ☐ Self-harm and suicidal behaviour
- ☐ Bipolar / manic behaviour
- ☐ Aggression
(anger, physical fighting, violent behaviour)
- ☐ Oppositional behaviour
(defiance, poor relationships with authority figures, argumentative)
- ☐ Conduct/delinquency (gang involvement, use of weapons, criminal behaviour, vandalism)
- ☐ Attention
- ☐ Substance use (alcohol, drug use)
- ☐ Other Addictions (gambling, kleptomania)
- ☐ Bullying/harassment (verbal bullying, physical bullying, social bullying, cyber bullying)
- ☐ Stress and adjustment (due to grief/loss, marginalization, conflict, gender identity, poverty)
- ☐ Social Relationships (poor social skills, social avoidance)
- ☐ Eating (anorexia, bulimia, obesity, body image)
- ☐ Psychosis
- ☐ Other problems not listed above _____

Appendix G1

Tools and templates

7. Which circumstances in your local community contribute to mental health problems in your school? For each of these, indicate the percentage of students affected.

Circumstances	Percentage
☐ High rates of poverty	
☐ High rates of unemployment	
☐ Needs of immigrant populations	
☐ Needs of refugee populations	
☐ Needs of First Nation, Métis and Inuit peoples	
☐ Needs of rural communities	
☐ Lack of prevention services	
☐ Lack of intervention services	
☐ Lack of crisis response services	
☐ Lack of Francophone resources and services	
☐ Other __lack of knowledge?_____	

8. How do you currently measure the mental health and well-being of students in your board? Check all that apply. Please note the name of the surveys/tools you use.

- ☐ Board-developed survey of mental health:_____
- ☐ Board-developed survey of school climate / safe schools:_____
- ☐ Standardized survey of mental health:_____
- ☐ Standardized survey of school climate:_____
- ☐ Ministry School Climate Survey:_____
- ☐ Early Identification / Screening Tools:_____
- ☐ Mental Health Assessment Scales:_____
- ☐ Other:_____

Appendix G2

Tools and templates

School Mental Health**Students, Staff and Board Supports**

Ontario schools are made up of various resource teams meant to support students through all ministry initiatives. For example, the student success team, the safe schools team, the student engagement team, the professional support team. An important step in any school based mapping exercise is to identify not only who these teams are made up of but what their purpose is. There is strong likelihood that these teams are comprised of the same people and their objectives may even overlap. Ideally a school mental health resource team will be comprised of representation from most of these teams and board support staff such as a psychologist or a social worker.

As part of a school community everyone plays a significant role when it comes to supporting our students' mental health. Through daily activities students learn that they are part of a wider community where notions such as a sense of belonging, self-esteem, acceptance, respect, safety and well-being are core elements of a healthy community.

Currently, how do the people in your school contribute to school mental health? And how often do these take place. Taking stock of our current situation is meant to identify an understanding of how the various people in our system actually support school mental health. It is a tool that can further help us to develop a vision, goals and priorities for future work. Please take a moment to reflect on the roles of various personnel in your school to identify how each of them plays an important role in school mental health.

To better understand the roles, please refer to the glossary of terms below.

- ❑ **Leadership and Coordination**, includes planning, aligning with current initiatives, managing a crisis response, mobilizing services
- ❑ **Mental Health Capacity Building for educators (PD)**: includes on-going learning opportunities for teachers, supports and consultation
- ❑ **Mental Health Awareness for parents / youth**: includes workshops and dialogue on mental health, evidence-informed knowledge sharing, access to direct services/care, engagement initiatives
- ❑ **Stigma Reduction**: includes on-going school campaigns throughout the system, participation in provincial anti-stigma projects, understanding impacts of stigma on access to care and treatment.
- ❑ **Mental Health Promotion**: includes overall health education, whole school approach to positive behaviour, use of evidence-informed mentally healthy school and classroom strategies, parent and student engagement, embedded social-emotional learning, approaches to stress management
- ❑ **Mental Health Prevention**: includes engagement, resilience, in-class support, active peer support teams and groups, relationship-building skills development, on-going sharing knowledge around available services and access to care at school, implementation of evidence-informed programmes, ie: bully-prevention, anxiety reduction strategies, healthy relationships, consultation with school support teams, safety plans.
- ❑ **Mental health Intervention Services**: includes adopting recommended evidence-informed targeted strategies within school or classroom, counseling services, peer support, on-going engagement strategies,
- ❑ **Crisis intervention**: includes immediate response to a crisis directly with student as well as with other students and staff.
- ❑ **Supporting students through pathway to care**: includes identifying system of care and support through it i.e.: teachers and peers often play this role when they have knowledge of what this system is.

Appendix G2

Tools and templates

	Roles in school mental health Select all that apply	Internal/External Support	Frequency of support	Details and contact information Ex: names, teams, roles
Students	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
Parents	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
School Administration	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	

Appendix G2

Tools and templates

	Roles in school mental health Select all that apply	Internal/External Support	Frequency of support	Details and contact information Ex: names, teams, roles
Classroom Teacher	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
Educational Assistant	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
Special Education Team	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	

Appendix G2

Tools and templates

	Roles in school mental health Select all that apply	Internal/External Support	Frequency of support	Details and contact information Ex: names, teams, roles
School Caring and Safe School Team	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
School Student Success Team	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
School Guidance Team	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
	☐	☐	☐	

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Tools and templates

	Roles in school mental health Select all that apply	Internal/External Support	Frequency of support	Details and contact information Ex: names, teams, roles
School Learning for All Team	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
School Social Work	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
Psychology	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	

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Tools and templates

	Roles in school mental health Select all that apply	Internal/External Support	Frequency of support	Details and contact information Ex: names, teams, roles
Attendance	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
Child and Youth Work	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention ☐ Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
Mental Health Nurse	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	

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Tools and templates

	Roles in school mental health Select all that apply	Internal/External Support	Frequency of support	Details and contact information Ex: names, teams, roles
Public Health Nurse	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
Mental Health Workers in schools	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	
Other Professionals	☐ Leadership and Coordination ☐ Mental Health Capacity Building for educators (PD) ☐ Mental Health Awareness for parents / youth ☐ Stigma reduction ☐ Mental Health Promotion ☐ Prevention ☐ Intervention Services ☐ Crisis intervention Supporting students through pathway to care	☐ School ☐ Board ☐ Community ☐ Other	☐ Daily ☐ Weekly ☐ Monthly ☐ Other Details:	

Appendix G2

Tools and templates

Who Does What to Support Child and Youth Mental Health in our Community?

Organization	Type of Services Delivered Most	Key Programs and Services	Frequency/Duration	Details and contact information
	☐ Leadership and Coordination ☐ Professional Development ☐ MH Awareness/Literacy for youth ☐ MH Awareness/Literacy for parents ☐ MH Promotion ☐ MH Prevention ☐ MH Intervention – mild ☐ MH Intervention – moderate ☐ MH Intervention – severe ☐ Crisis Response ☐ Transitions to and from services ☐ Other _____			
	☐ Leadership and Coordination ☐ Professional Development ☐ MH Awareness/Literacy for youth ☐ MH Awareness/Literacy for parents ☐ MH Promotion ☐ MH Prevention ☐ MH Intervention – mild ☐ MH Intervention – moderate ☐ MH Intervention – severe ☐ Crisis Response ☐ Transitions to and from services ☐ Other _____			
	☐ Leadership and Coordination ☐ Professional Development ☐ MH Awareness/Literacy for youth ☐ MH Awareness/Literacy for parents ☐ MH Promotion			

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Tools and templates

	☐ MH Prevention ☐ MH Intervention – mild ☐ MH Intervention – moderate ☐ MH Intervention – severe ☐ Crisis Response ☐ Transitions to and from services ☐ Other _____			
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Appendix G3

Tools and templates

Which Programs and Services to Support School Mental Health do we have in our School?

Program/Service	Grade(s):	Tier of Support	Local Evaluation?
The Jack Project	☒ 11-12	☒ Educator MH Literacy ☒ Student MH Literacy ☒ Parent MH Literacy ☐ Stigma Reduction ☐ MH Promotion ☐ MH Prevention ☐ MH Intervention ☐ Crisis ☐ Pathways to care	In progress, external evaluation
		☐ Educator MH Literacy ☐ Student MH Literacy ☐ Parent MH Literacy ☐ Stigma Reduction ☐ MH Promotion ☐ MH Prevention ☐ MH Intervention ☐ Crisis ☐ Pathways to care	
		☐ Educator MH Literacy ☐ Student MH Literacy ☐ Parent MH Literacy ☐ Stigma Reduction ☐ MH Promotion ☐ MH Prevention ☐ MH Intervention ☐ Crisis ☐ Pathways to care	

Appendix G3

Tools and templates

Summary of Programs and Services to Support School Mental Health in our school

School: _____

Activity Area	Programs/Services	Grade Level	Who Delivers?
Mental Health Professional Development for Educators	☒ ABCs for Mental Health	☒ K-12	☐ School Staff ☐ Board Staff ☒ Community
			☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
Mental Health Awareness / Literacy for Students and Parents	☒ The Jack Project	☒ 11-12	☐ School Staff ☐ Board Staff ☒ Community
			☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
Stigma Reduction	☒ Talking about Mental Illness	☒ 12	☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community

Appendix G3

Tools and templates

Activity Area	Programs/Services	Grade Level	Who Delivers?
Mental Health Promotion	☒ FRIENDS	☒ 4, 6-8	☒ School Staff ☒ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
Prevention programming for students at risk	☒ Temper Tamers	☒ Pilot in grade 3	☒ School Staff ☒ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
Intervention for students struggling with a mental health problem	☒ Coping Power	☒ Within all elementary behaviour classes, selected students	☒ School Staff ☒ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community

Appendix G3

Tools and templates

Activity Area	Programs/Services	Grade Level	Who Delivers?
Crisis Intervention	☒ Board Crisis and Transitions Team	☒ Available to all weekly and upon request	☐ School Staff ☒ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
Supporting Student Pathways to Care	☒ Use of teacher early ID tool	☒ Resource teacher, guidance teacher, CYW, social work	☒ School Staff ☒ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
Foundational Initiatives	☒ Caring Adult Connection program	☒ 9-12	☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community
			☐ School Staff ☐ Board Staff ☐ Community

Appendix H

Tools and Templates

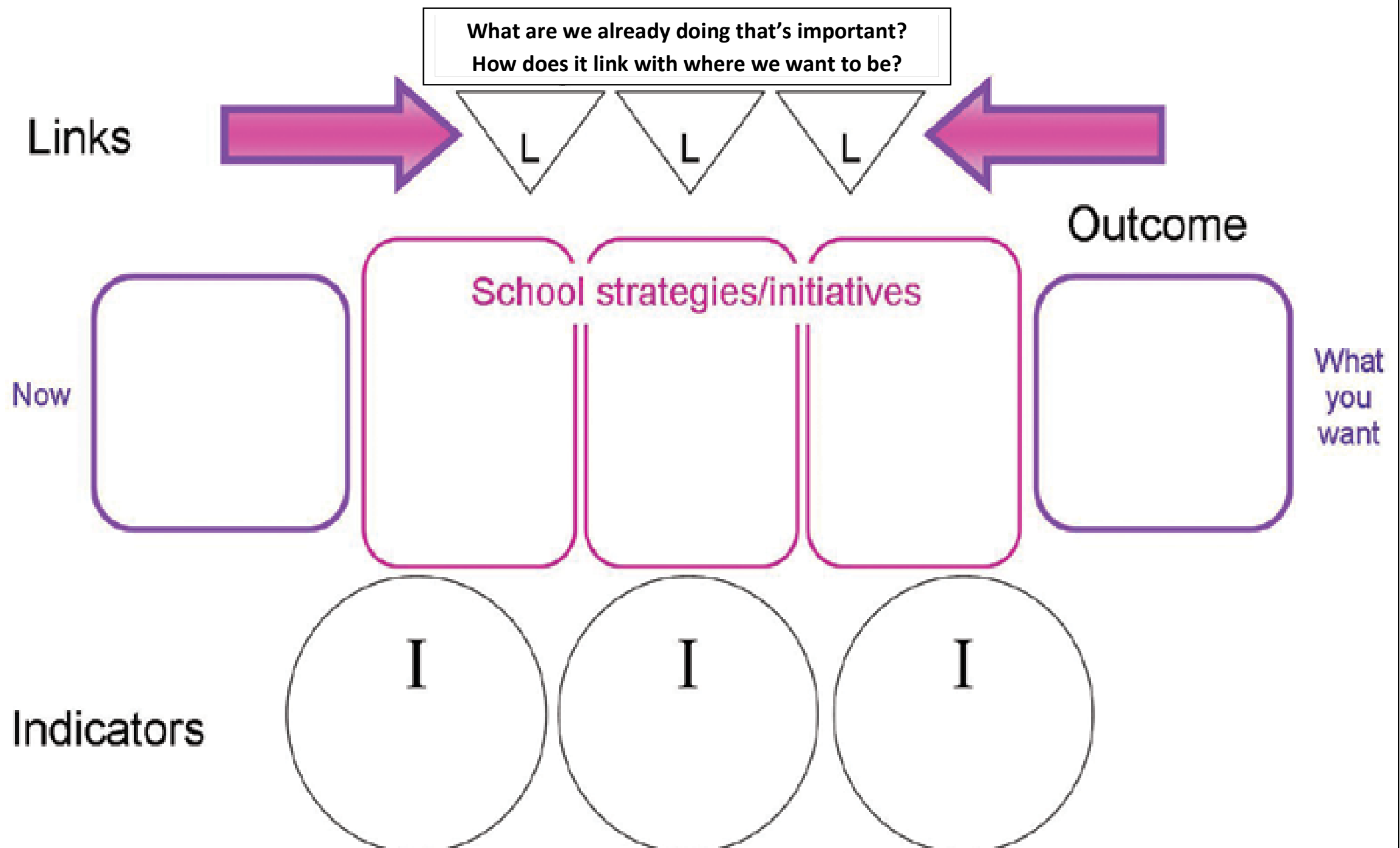
Core Team Reflection for Phase 2 & 3: Reflect, Prioritize and Plan

- Who will we involve in the data analysis?
- How do we find out what we don't know?
- What does the data show as our strengths?
- What data surprised us?
- What top 3 action areas emerge from the data?
- Are there connections between those action areas?
- What are the specific issues for students experiencing high support needs in mental health and well-being?
- What data confirms what we know?
- In the light of our data, what outcome do we now want?
- What is our current situation based on our data across the tiers? (Starting Point)
- What is/are our final agreed outcome(s) - SMART goals?
- How does our outcome include students experiencing high support needs in mental health and well-being?
- What is/are our final action area(s)?
- What could be our intermediate outcomes?
- What are our actions for intervention? Who will be responsible?
- How will our strategies lead to our outcome?
- What skills will we need as a school and as a core team?
- What resources will we need to support this strategy?
- What is our timeline?
- When and how will we collect our final data?
- How will we include and inform the school community in and of our plan?
- How can we link our initiatives?
- What might be our barrier?

Source: Adapted from MindMatters, Australia, 2010

Appendix I

Tools and Templates



Appendix J

Tools and Templates

Sample Template: Data Collection

Data Indicators and Related Risk Factors	Data Sources	Data Collector and who will Analyze	Implications of Analysis	Time Frame
<i>Example:</i> <i>Data Indicator:</i> Suspensions for fighting; student perceptions of safety at school <i>Related Risk Factor:</i> School violence	<i>Example:</i> School Suspension/expulsion data. Discipline data; Safe Schools Survey			

Appendix K

Tools and Templates

School Mental Health: School Improvement Planning

Goals Identified in the SIP relating to Mental Health	Indicators from the SEF related to the goals	Where are we now? (What are we currently doing?)	Where do we want to be?	What student work/evidence will tell us we’re there?	What do we have to do differently or learn to get there?	Who can help us?	Who is monitoring? When? How? What is being monitored?

(Source: School Effectiveness Framework: A support for school improvement and student success, 2010)

Mental Health Supports’ Contact List For: (Name of School)

When a mental health problem arises in my school we have an established school process in place and the following staff is informed: (Learning Resource Teacher, Guidance Counsellor, Student Services Team, School Nurse etc.)		
Position	Name(s)	
If I need to consult on a specific mental health problem at my school I could contact the following support people within my board: (Superintendent, Social Worker, Psychologist, Behaviour Consultant, Special Education Consultant, Autism Spectrum Consultant, CYW etc.)		
Position	Name	Contact Information
When a student mental health emergency arises in my school I will contact the following board support people: (Starting with my first point of contact)		
Position	Name	Contact Information
When I need to connect with a community agency about a specific mental health problem I can contact the following which are suggested and supported by my board: (I am aware of my board’s protocol in contacting community agencies)		
Agency	Contact Person	Contact Information

Appendix M

Tools and Templates

Phase 4: ACT Action Plan Worksheet

Activities/Steps	Person Responsible	Target Date for Completion	How You Know You Have Achieved This (Indicators—Process)	Progress and Comments

Core Team Reflection Questions for Phase 5- Monitoring: *Are we there?*

- What information on progress do we have so far?
- Does our monitoring system provide timely, useful, and complete information?
- How are staff, students, parents and the community included and consulted?
- How will we communicate progress?
- How will we handle change of personnel and leadership?
- What system and sector requirements have changed?
- How do we build the skills we require?
- Does the monitoring system assist implementers and others critical to the success of the program in identifying and solving problems?
- How do we sustain interest and involvement?
- How effective is our core group? Should we review membership?
- Are our planned collection and analysis processes still relevant and useful?
- Have we reached our outcomes within the timeframe?
- What else did we find out?
- What difference have we made for students across the tiers?
- What difference have made for students experiencing high support needs in mental health and well-being?
- How will we use the data to inform future directions?

Source: MindMatters, Australia, 2010

Core Team Reflection for Phase 6 - Review and Communication: *What Next?*

- Have we reached our outcomes within the timeframe?
- What else did we find out?
- What difference have we made for students across the tiers?
- What difference has been made for students experiencing high support needs in mental health and well-being?
- How will we use the data to inform future directions?
- Are our planned collection and analysis processes still relevant and useful?
- What supported our work?
- What barriers did you meet and how did you deal with them?
- What valuable things did you learn from your work?
- Did the core team link with appropriate support people inside the school, from the board and with external partners?
- What areas relevant to mental health still need improvement? Do you need to engage in further research, learning or specialized support?
- How are you communicating your work to staff, students, parents, and the wider community?

Appendix P

Tools and templates

Top 10 List of Organizational Conditions for School Mental Health

Research indicates there are 10 top organizational conditions that are required for effective school mental health implementation.

1. Commitment

School Leaders:

- ✓ view child and youth mental health as a priority, and communicate this through action
- ✓ commit to the Tiered Support Model and help staff to understand the rationale for the model and practical ways to bring it to life
- ✓ consistently attend internal mental health team meetings and community liaison meetings
- ✓ provide visible, strategic and tangible support for needed infrastructure, resources, and staffing

2. Mental Health Leadership

- ✓ There is a multidisciplinary, multi-layered mental health leadership team
- ✓ All of the right people are at the table (in terms of expertise, influence, representation)
- ✓ Parent and youth voice are considered
- ✓ Team has meaningful liaison with board and community partners
- ✓ Team is focused on vision-setting, leadership, collaboration, strategy selection, problem-solving

3. Clear and Focused Vision

- ✓ Vision for student mental health is aligned with School and Board Plan/ Strategic Directions
- ✓ Vision is aligned with key principles in school mental health (e.g., preventive, linked with instruction,

evidence-based, connected with partners at home and school, strong use of data)

- ✓ Vision and goals are created collaboratively
- ✓ Vision is the basis for decision-making

4. Shared Language

- ✓ The vision for school mental health is communicated clearly across the school
- ✓ Foundational knowledge about student mental health is conveyed
- ✓ Terms are defined consistently
- ✓ Where differences in terms occur, there is translation (e.g., with community partners)

5. Assessment of Initial Capacity

- ✓ Assessment data informs the development of the school mental health strategy
- ✓ Before setting priorities, an assessment of organizational strengths, needs, and resources (resource mapping) can be very helpful
- ✓ This assessment includes a scan of resources, in the form of people, processes, and programs
- ✓ Staff and student voice data can deepen understanding of needs

6. Standard Processes

The school has standard processes for school mental health:

- ✓ Decisions about who does what (role clarification)
- ✓ Selection of school and classroom evidence-based programs
- ✓ Delivery of training and coaching on programs and strategies
- ✓ Standards and tools for monitoring progress
- ✓ Partnerships with community
- ✓ Access to board and community services

7. Protocols for Professional Development

- ✓ The school has a systematic approach to capacity building in mental health and well-being that supports and is in line with board directions
- ✓ High quality training protocols
- ✓ Delivered by an engaging expert (usually board system level professional services staff can support in this regard)
- ✓ Job-embedded, with ongoing coaching

8. Mental Health Strategy and Action

- ✓ Mental Health Strategy is aligned with system goals
- ✓ Strategy is founded on evidence-based practices
- ✓ Strategy is tailored to local context and data with respect to school needs and strengths
- ✓ Strategy is focused on measureable outcomes
- ✓ An implementation support plan is clearly articulated

9. Collaboration

Be aware of what the Board has established for platforms of dialogue and collaboration:

- ✓ Across departments and schools
- ✓ With community and health agencies, with universities and other research organizations
- ✓ With parents, with students
- ✓ With governments, with other school boards

10. Ongoing Quality Improvement

There is a system of ongoing quality improvement that includes measurement of:

- ✓ program / strategy implementation
- ✓ teacher and student perceptions and knowledge
- ✓ student outcomes