



Scanning the practice landscape in school-based mental health

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ABSTRACT

The field of school-based mental health is moving quickly in areas of research, policy, and practice (see companion paper, Santor, Short, & Ferguson, 2009). Drawing on findings from a series of interviews with key informants from school boards across Ontario, this scan provides a snapshot of the current school-based mental health practice landscape within the province. Overwhelmingly, participants reported grave concerns about student mental health, and suggested that there is a strong link between social-emotional well-being and academic performance. School boards have introduced a number of programs and strategies designed to promote positive mental health and prevent the onset or worsening of student emotional-behavioural difficulties. Several school boards have developed partnerships with community service providers in an attempt to better meet the needs of troubled students. Respondents indicated that, despite their promise, these efforts and innovations are insufficient to meet the growing need for intervention and service. They suggested that educators are ill-prepared to manage the severity of mental health difficulty that they are observing in classrooms and schoolyards, and recommend a series of policy and practice changes to better attend to the emotional wellness of Ontario's children and youth at school.





INTRODUCTION

In *Taking mental health to school: A policy-oriented paper on school-based mental health for Ontario*, Santor, Short and Ferguson (2009) review the available literature on major models in school-based mental health, related evidence-based programs and challenges to implementation and uptake. These authors conclude that the growing literature in school-based mental health reveals many examples of effective programs for mental health promotion, prevention, early intervention and treatment, but that uptake and implementation has been complex and uneven. In order to ground this research synthesis within an Ontario context, a scan of the practice landscape in school boards across the province was conducted. Mental health problems are not new, and it was surmised that schools and boards would have adopted models and strategies for responding to these issues. This School-Based Mental Health (SBMH) Practice Scan attempts to capture examples of these approaches, in addition to gathering information about perceived enablers and barriers to strategy implementation.

METHODS

In Ontario, the Ministry of Children and Youth Services and the Ministry of Education have recently conducted a number of systematic mapping exercises related to student mental health. The SBMH Practice Scan sought to extend these efforts through a series of key informant interviews that focused primarily on school-based mental health practice issues.

RECRUITMENT

With assistance from the Council of Directors of Education (CODE), and the Special Education Branch of the Ministry of Education, the Directors of Education in every board in the province were informed about the SBMH Practice Scan. See Appendix A for a copy of the flyer that was distributed. Directors were asked to inform the individual(s) responsible for student mental health in their board of the opportunity to participate in a brief interview on this topic. Interested individuals were invited to contact the project team to schedule the interview. French language boards were issued a special message to inform them that the interview could be conducted in either English or French.





SAMPLE

There are 72 school boards in the province of Ontario: 31 English-language public boards, 29 English-language Catholic boards, four French-language public boards, and eight French-language Catholic boards. These boards are organized into six geographic Ministry of Education regions: Barrie, London, North Bay/Sudbury, Ottawa, Thunder Bay and Toronto.

The sampling strategy for the SBMH Practice Scan was to attempt to recruit one Catholic and one public board within each of the six regions and four French boards, for a total of 16 boards sampled. Rather than targeting specific boards however, the project team decided to offer the opportunity to all boards, so that all of those who wanted to share their perspectives and practice examples would have the opportunity to do so. If certain regions were not represented, then individual boards were identified to receive a second, more specific, invitation to participate. Note that these target boards were selected in consultation with those who are involved in similar mapping efforts (e.g., Ministry of Education consultants, Student Support Leadership Initiative (SSLI) consultants).

There was an excellent response to the invitation to be included in this SBMH Practice Scan. A total of 25 boards volunteered to participate in the interview. Five additional boards were approached to assist in bolstering representation (two from Thunder Bay and three from Toronto) and two of these (Toronto region) agreed to participate (n=27). The complete sample consisted of: 16 public boards, seven Catholic boards and four French-language boards (two public, two Catholic). Boards from each of the six regions of the province were included, distributed as in Table 1.



**Table 1. Regional Distribution of Participating Boards**

Region	Number of Boards	Type	Total Number of Boards	% of region Participating
Barrie	2	2 public	11	18%
London	11	4 Catholic 7 public	16	69%
North Bay/ Sudbury	4	1 Catholic-French 2 public 1 public-French	14	28%
Ottawa	6	2 Catholic 1 Catholic-French 3 public	12	50%
Thunder Bay	1	1 public	8	12%
Toronto	3	1 Catholic 1 Catholic-French 1 public	11	27%
Total	27	7 Catholic 2 Catholic-French 16 public 2 public-French	72	38%

PARTICIPANTS

Most of the interview respondents were Superintendents of Education, though two Directors of Education and two mental health professionals also represented their board. For Superintendents, main areas of responsibility included: Special Education, Student Services, Safe Schools, Program, Operations and Student Success. Note that 50 percent of participants had Special Education as their primary portfolio. On five occasions, additional system leaders joined the interview (e.g., Principal of Special Education, SSLI Lead).





PROCEDURES

Boards interested in participating in the key informant interviews contacted the SBMH Practice Scan project coordinator. Depending on scheduling, one of two mental health professionals (child psychiatry, child clinical psychology) conducted the interview. Most telephone interviews were completed within 20-30 minutes, although some took almost 60 minutes because respondents wanted to share detailed information. In some cases, participants also send additional materials to supplement interview comments (e.g., presentations, web links). Interviews were conducted in English or French, as per participant preference.

MEASURES

The key informant interview schedule can be found in Appendix B. This set of questions was developed in consultation with policy officials from several Ministries and consultants involved in the Student Support Leadership Initiative and provincial mental health-related data-gathering efforts. Several questions that appear on the ***International Survey of Principals Concerning Emotional and Mental Health and Well-Being*** (Intercamhs, 2008) were also adapted and included to provide a reference point for the findings from the SBMH Practice Scan.

Both interviewers followed an introductory script to ensure that participants understood the focus of the interview, and were able to give their informed consent to proceed. An independent research ethics review process was used to ensure that the protocols met standards in this area.



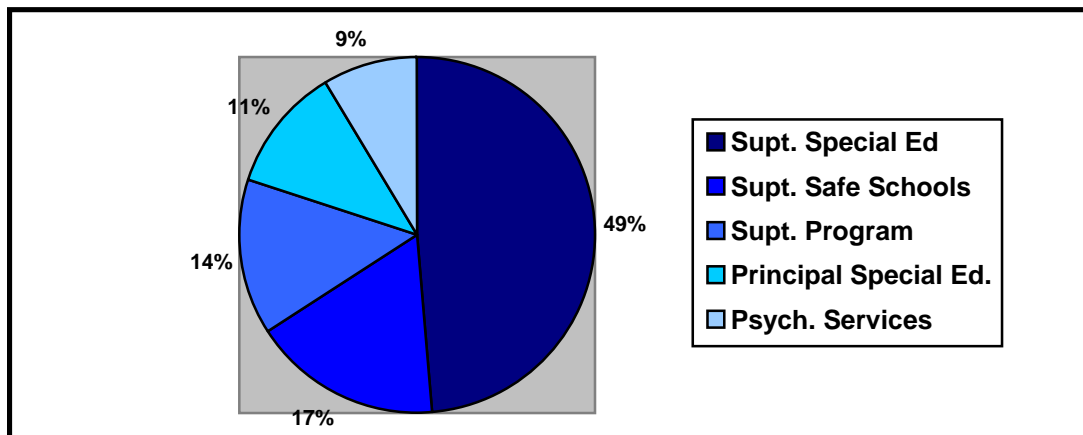


FINDINGS

RESPONSIBILITY FOR STUDENT MENTAL HEALTH IN ONTARIO SCHOOL BOARDS

Participants were asked to describe the organization of responsibility for student mental health in their board. Collectively, responses suggest that there is no one consistent structure for the leadership of school-based mental health in Ontario. In some boards, there is one individual, typically a senior administrator, who champions this issue and works to garner support and services for students in need. In other situations, the leadership is distributed across Superintendent portfolios (typically Special Education/Student Services, Safe Schools, Program and Student Success), and may be supported by other system leaders and departments (e.g., social work, psychological services) where they exist. Note that the presence and number of mental health professionals within boards is variable. Several boards reported that they have developed mental health teams to bring a coordinated approach to this area. Many participants endorsed the notion of a shared responsibility with community partners.

Figure 1. Lead responsibility for student mental health in school boards



The role of trustees in supporting student mental health was explored in the interview. Sixty-two percent of participants indicated that trustees were actively involved in promoting student mental health via activities such as: participation in the Special Education Advisory Committee, allocating funds towards staffing and resources and advocating for more mental health services in the community. Some boards reported that they have made it a priority to bring awareness





and information to trustees about student mental health, sometimes by bringing in guest speakers to share their knowledge. Even respondents who suggested that trustees did not have a formal role in mental health promotion in their board indicated that they had an interest in this issue and try to help where they can.

EXTENT OF STUDENT MENTAL HEALTH ISSUES IN THE SCHOOL BOARD

Degree of concern about student mental health

Interview respondents were asked to indicate their degree of concern about student mental health in their board at the present time. The mean rating on a five-point scale, where high scores reflect more concern, was 4.6. Responses were distributed as reported in Figure 2, with 96 percent of participants indicating that they are *very* or *extremely* concerned at this time. The following quotations are representative of those who engaged in the key informant interviews.

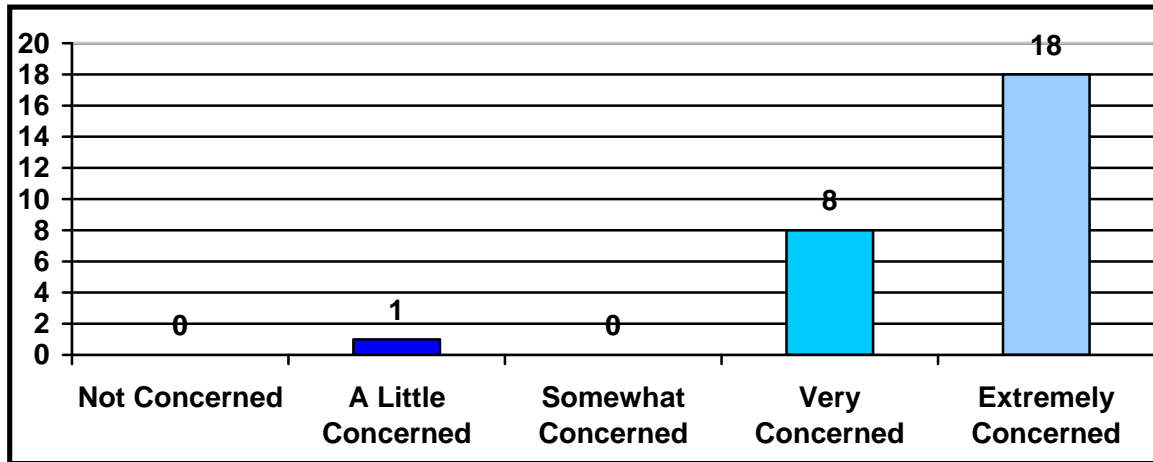
Voices...

- “Mental health issues consume our daily work, from policy to staffing to coordination to liaison – it is our number one concern.”
- “We are gravely concerned about student mental health.”
- “*Extremely concerned* doesn’t begin to describe it . . . there is no scale that is even high enough.”
- “This is a huge issue for us. We are seeing increases in violence, vandalism, cyberbullying and more fragility amongst the students in light of changing economic conditions. Families are surviving but they can’t afford to relocate. Sometimes one spouse is living in another province to earn money for the family, creating single-parented families and a community where women are trying to work part time, coach the teams, etc. Everyone is so stretched. In schools, strategies that used to help don’t work anymore – the stress has increased and so many children are in crisis. Teachers are feeling overwhelmed and are losing confidence.”
- “Elementary and secondary principals have told us that this is their number one issue right now.”





Figure 2. Degree of concern about student mental health



Link with academic achievement

Participants in the key informant interview were asked to reflect on the importance of student emotional well-being to academic achievement. The mean score on this five-point scale, where higher scores are suggestive of a greater link, was 4.8, with 100 percent of respondents indicating that student mental health was *very* or *extremely* important to academic achievement.

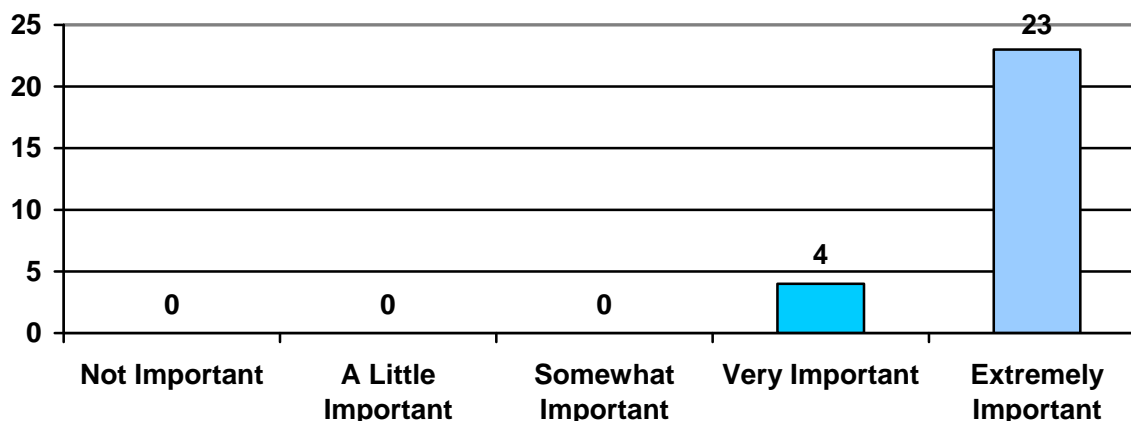
Voices...

- “Student mental health and academic achievement go hand in hand.”
- “When a child has a broken arm, no one questions providing accommodations. When you have a child suffering from mental illness, they look “normal”, appear to be functioning okay, and people don’t acknowledge their pain. We don’t respond and accommodate, and their grades suffer.”
- “When kids aren’t “in the room” because they are troubled, they are not ready for the curriculum – we are talking about one in five kids – so many are impacted.”
- “Children who are not happy and stable can’t concentrate on academics and be successful.”





Figure 3. Importance of Student Emotional Well-Being to Academic Achievement



Note that this finding is consistent with ratings on the *International Survey of Principals Concerning Emotional and Mental Health and Well-Being* (Intercamhs, 2008) where approximately 98 percent of principals suggested that this link was very or extremely important.

High-priority student mental health concerns

In an open-ended question, participants were asked to indicate the top three highest priority student mental health concerns in their board. First-, second- and third-mentioned concerns were recorded. On some occasions, respondents named a particular mental health problem, and at other times key issues were raised. The following concerns were reported most frequently, in this order:

	Number of times listed first	Number of times in top 3
1. Anxiety and mood problems (and features like sense of helplessness, low self-esteem, suicide)	10	32
2. Conduct problems/oppositional behaviour/violent outbursts	8	19
3. Substance use	7	13
4. Sense that needs are escalating and services are insufficient	1	4
5. Students with complex psychiatric needs	0	3





Board response to student mental health concerns

Key informants were asked to report upon the degree to which they thought that educators were prepared to identify and manage student mental health issues. On a five-point scale, where high scores would suggest a higher degree of preparedness, the mean score was 2.1. Sixty-seven percent of respondents reported that educators were *not at all* or *a little* prepared only.

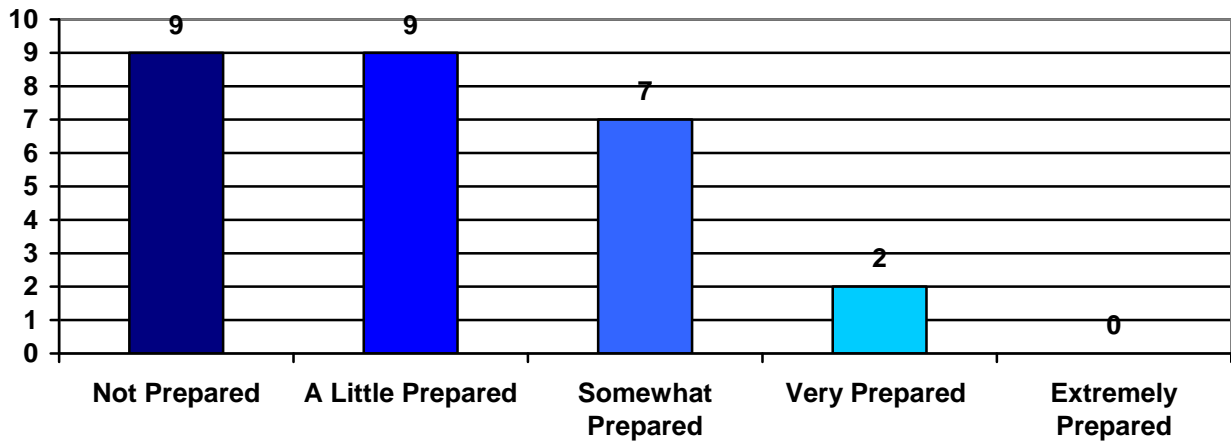
Voices....

- “Educators can point out mental health problems, but they are crying out for some kind of support in dealing with it in their classrooms.”
- “Educators are aware of the issue, they can identify it when it is complex and overt. They have more trouble recognizing it when it is more subtle – a lot of capacity building is required in this area.”
- “It scares them – they don’t know what to do. We don’t teach mental health 101 – we don’t give educators the tools they need.”
- “Mental health problems are easily disguised. A child with mental health problems arrives late for school and because he looks “normal” he is treated as if he is oppositional. If he came in a wheelchair on a handicapped bus, teachers would allow him 15 extra minutes every day. There is a lack of understanding of what a diagnosis of a mental health problem means.”
- “Teachers need to be able to see the warning signs, and what to do, and who to turn to – they don’t know these things now.”
- “This is beyond our skill set as educators. Teachers are amazing – but they are getting so overwhelmed and there are fewer and fewer resources to support them as the enrollment declines.”
- “Educators are minimally prepared. They are well-intentioned but not well-informed. Because of some of our board efforts, they may be better than average, but they received virtually nothing in pre-service education.”
- “They are not prepared and many are not willing because they think it is not their area to deal with and don’t want to get involved. We need to help educators to understand their role. They are not mental health professionals, but they can help.”





Figure 4. Extent to which educators are prepared to identify and manage student mental health needs



SAMPLE PRACTICES AND PROGRAMS AROUND ONTARIO

Key informants were asked to describe their board's efforts to improve student mental health in any of the following areas:

1. Building awareness/mental health literacy
2. Promoting positive student mental health universally
3. Identifying and intervening with students at risk
4. Serving students with identified mental health problems
5. Innovations in mental health service delivery
6. Evaluation and research

Respondents typically provided information in several of these areas, but it is recognized that only a sampling of strategies was conveyed during each interview. As such, the descriptions below should be seen as a scan of practices only, understanding that boards may be involved in additional initiatives that weren't reported at this time. Highlights are provided below.





Building awareness/mental health literacy

Many boards indicated that a cornerstone to enhanced student mental health was to build understanding and capacity amongst educators, parents and students. There is a sense that increasing mental health literacy can assist in earlier identification of student emotional difficulties and opportunities to intervene preventatively within the school context before problems escalate. Stigma reduction was identified as another benefit of mental health literacy activities.

School boards in Ontario have used a variety of techniques for raising awareness about mental health issues, several examples of which are listed below:

- Case-based consultation
- Educator mental health information resources
- Expert speakers
- Mental health awareness materials (e.g., bookmarks, posters, videos)
- Mental Health Literacy Series for Educators
- Mental health student curriculum
- Parent/staff awareness workshops
- Stigma-reduction efforts
- Suicide risk training
- Teacher-researcher knowledge exchange in mental health

Feature strategy – Educator mental health information resources

In Hamilton, school boards and community mental health agencies are working together under SSLI and in collaboration with the Child and Youth Mental Health Information Network (CYMHIN), to adapt existing mental health information resources for an Ontario education context and pilot their use within school boards. CYMHIN intends to make these resources available to boards throughout the province following pilot stages.

Respondents suggested that this is a relatively new area for many school boards and that some of approaches have been received better than others. For example, it was reported that some parent/staff awareness workshops were well attended while others were not. It will be important, over time, to determine educator and parent preferences for receiving mental health information so that optimal approaches for sharing this information can be employed. Several key informants noted that building capacity for mental health literacy cannot be managed using *one-off* professional development efforts and that a sustained, systematic effort will be required.





Feature strategy: Mental Health Literacy Series for Educators

The Mental Health Literacy Series for Educators used by the Durham Catholic District School Board holds much promise for enhancing educator capacity with respect to identification and classroom management of mental health problems. This 14- to 16-hour training program is delivered over two full-day sessions with the option of a booster session. Elementary and secondary school teams (four to seven staff per team) attend together to facilitate cross-panel planning. The sessions include didactic and small-group formats, with the latter focusing on case examples and implementation issues. Essential to the success of this series has been a homework component in which school teams are asked to prepare and present a mental health action plan between session one and two. Participants also receive a binder of research-based information about the mental health problems covered and a listing of local resources. This series is being evaluated.

Promoting positive student mental health universally

Nineteen of the 27 boards interviewed (70 percent) highlighted efforts to promote positive student mental health in a universal manner. Programs and services most often cited, in order of the frequency with which they were reported as examples, include:

- Universal violence/bullying prevention (7)
 - Restorative justice, peer mediation, respect ed
- Class-wide social-emotional learning (7)
- Roots of Empathy (5)
- Health promotion efforts (e.g., healthy active living) (4)
- Caring Adult programs (4)
- Girls/boys esteem-building programs (4)
- Character education initiatives (3)
- Peer mentorship (3)
- FRIENDS (delivered universally) (2)
- Triple P Parenting (in collaboration with community agencies) (2)
- CHAT (delivered universally) (1)

Feature strategy – Character Chronicles

Grade 7 and 8 students within the Rainbow District School Board are leading the way when it comes to building character. They have written and performed a drama production called “Character Chronicles” that highlights key attributes of caring that help to support the well-being of all students.





Note that while seven respondents described universal violence/bullying prevention programming during the interview, this should not be understood to mean that only 26 percent of participating boards are doing this type of work. Rather, this is the number of respondents that chose to highlight this as an example when prompted to describe universal mental health promotion programming in the board (and similarly for the other approaches mentioned).

Feature strategy: Communities that Care

With support from researchers at the University of Ottawa, the Conseil Scolaire Public du Nord-Est de l'Ontario has been involved in a *Communities that Care* initiative (<http://ncadi.samhsa.gov/features/ctc/resources.aspx>). The research team has assisted the board with the selection, implementation and evaluation of evidence-based interventions designed to promote protective factors and reduce risk factors for mental health problems. A range of such programs are now available in the board and include: a wellness program for elementary school students, small-group and class-wide social skills programming (e.g., Lions Quest Skills for Adolescence) and Roots of Empathy. Each of these programs includes an evaluation component where outcomes such as office visits, prosocial behaviour and teacher satisfaction are tracked.

Identifying and intervening with students at risk

Sixty-three percent of boards provided an example of how they identify and intervene with students at risk for mental health difficulties. There was a focus on students at risk due to behavioural needs, anxiety, poverty and situational concerns (e.g., students with parents in the military, grief).

The following types of initiatives were mentioned:

- Student coping skills instruction by a mental health professional – in small groups (10)
 - SNAP, FRIENDS, substance use prevention, Primary Project
- Community consultation and support (4)
 - WRAP, teleconferencing with community mental health support team, Doctor in the School program
- Professional development for educators who work with at-risk students (2)
 - Positive Behaviour Support, ABA, risk/threat assessment
- Board mental health team provides consultation, helps with stigma reduction (2)
- Summer programs (some for at-risk children and some for at-risk youth leaders) (2)
- Parent support programs for families at risk (e.g. CAMH Strength in Families) (1)





Feature strategy – Young Minds at Play (Primary Mental Health Project)

In the Dufferin-Peel Catholic District School Board, funds from the OPA assessment project were used to support the implementation and evaluation of the Primary Project, an evidence-based intervention for at-risk students in kindergarten to Grade 3 that is designed to build school-related competencies and reduce the risk for social-emotional problems.

http://www.childrensinstitute.net/download/?file=PrimaryProjectOverview_08.pdf

Feature strategy - Distance Behaviour Intervention Program

In the north, mental health services are located at a distance from many communities and partners seek innovative ways to meet the needs of students at risk. Among other efforts, the Superior-Greenstone District School Board encourages families who have concerns about their children to access the Distance Behaviour Intervention Program offered through Integrated Services for Northern Children (ISNC). Children and families can use materials, like CDs and journals, to work through issues of concern in this 10-week program. Regular telephone counselling with a mental health professional is part of this program.

Feature strategy – Michelangelo Students

At the Upper Canada District School Board (UCDSB), staff members are aware that students from every walk of life need help from time to time. School and system staff and agency professionals work discreetly to support students and their families. The UCDSB strives for proactive, rigorous care and has a deep commitment to do whatever it takes to help each student reach his or her potential.





Serving students with identified mental health problems

Though participants in the interview were clear that there are insufficient resources in schools to be able to meet the needs of students with identified mental health problems, many have found creative ways to respond, often in partnership with community mental health agencies. Fifteen participants (56 percent) provided an example of a strategy that they employed to help to serve this population of children and youth (in addition to the support provided routinely by social work and other counselling staff). Three respondents (20 percent) indicated that they had navigated an agreement with a local mental health organization that assists them in accessing professional service on an urgent or streamlined basis. This includes emergency access to local mental health professionals, regular clinical case conferencing and telepsychiatry. Seven participants (47 percent) indicated that they have in-house mental health expertise that has allowed them to develop board-based programming to serve some of the needs of these students. Participants offered the following examples of this type of intervention for their students most in need:

- Special classes for students who require alternative programming (5)
- Programs for students with conduct problems (anger management, social skills) (3)
- Programs for students with diagnosed anxiety and mood problems (1)
- Programs for students with problems with substance use (1)
- Transition programs for students interacting with community agencies (2)
- Skill building for students with special education needs (1)
- Board-based mental health intervention team (1)

Feature strategy – Substance Abuse and Youth in School coalition

The Substance Abuse and Youth in School (SAYS) coalition was formed in 2006 to build the capacity of the Ottawa community to work together to develop, resource and implement comprehensive drug and alcohol abuse prevention and treatment programs for students at the Grade 7 – 12 levels in area schools. Through the efforts of many community partners, new resources were committed in 2008 for the expansion of substance abuse education, prevention and treatment for youth, including funding from the Province of Ontario, the City of Ottawa, the four local school boards and the United Way/Centraide Ottawa's *Project STEP*. Currently there are substance use counsellors in every secondary school (14 hours per week).

<http://www.ocri.ca/education/saysc.asp>





Five boards (33 percent) reported that, through SSLI and other efforts, they have started to develop a system of care for children with complex mental health needs in their community. Examples of these innovations are detailed below.

Innovations in mental health service delivery

School boards have responded to the challenge of escalating student mental health needs, within the context of insufficient school-based resources and training, with passion and innovation. There are abundant examples of outstanding, resourceful and integrated initiatives throughout the province.

Changing structures and changing culture. Several boards described innovations in infrastructure that were slowly being instituted in support of student mental health. Some examples of the kinds of structural changes that have been initiated in individual boards include:

- dedicated funding for mental health capacity-building (in spite of significant cuts in other areas of the budget)
- re-definition of the role of school-based mental health professionals so that they are better positioned to support mental health issues
- development and implementation of a board mental health strategy to facilitate alignment of initiatives within the board
- mandatory mental health literacy training

Feature strategy – Board mental health committee

Within the Thames Valley District School Board, a mental health committee has been established to advocate, initiate and coordinate student mental health services within the board, and to liaise with SSLI community tables. This committee includes membership from senior leaders in special education, program, psychological services and social work services. Their focus for 2009-2010, following approval of an enhanced budget for student mental health, is to build capacity in this area among teaching staff. They will also support the piloting of a board mental health team (psychologist, social worker and speech/language pathologist) that will identify and respond to mental health needs in the system.





Interconnected systems. Some boards have created innovative community and school board arrangements for coordinating care so that they can attend to the full continuum of student mental health needs. Key informants who spoke about these interconnected systems praised the benefits of this collaborative approach, in terms of access to service, shared responsibility and seamless care. Despite their enthusiasm about the strides made and the potential for the models, respondents were clear in stating that these integrated models were insufficient in meeting the needs of all students who require mental health intervention. In one community, they estimate that they are serving approximately 8 percent of children and youth through this approach (of the perhaps 20 percent who require services). Respondents suggest that the needs are great and that it will take enhanced investment to ensure that these promising models reach their potential. The following four approaches illustrate the range of integrated protocols and structures built to enhance the social-emotional well-being of Ontario students.

The Algoma Model

The Algoma District School Board, Huron-Superior Catholic District School Board, and Algoma Family Services have created a model for service delivery that allows this community to attend to the full continuum of student mental health needs. The service framework is organized into levels:

Mental health promotion

- Character education, anti-bullying, public health

Programs for students at risk

- Al's Pals prevention program for school phobia

Services for complex mental health problems (with community agencies)

- START program for 30 students with complex mental health problems
- Integrated behaviour program
- Anger management
- Substance abuse counselling in schools

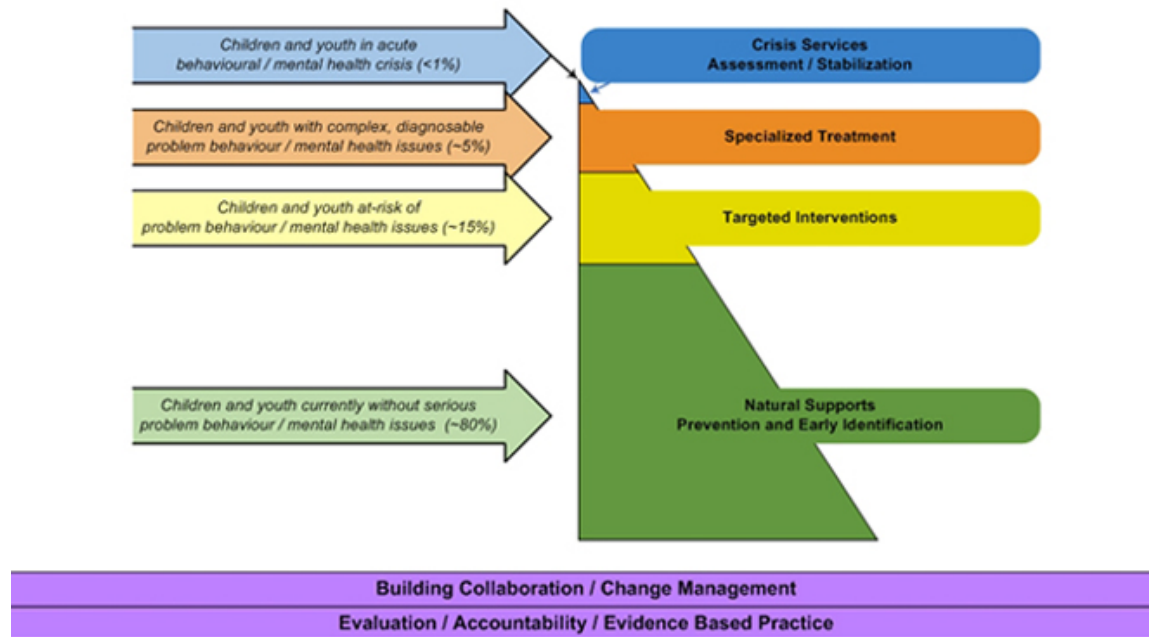
Crisis intervention

- Telepsychiatry





The Algoma Model



The WRAP Program (Working to Reinforce All Partners)

The WRAP program for children and youth is a contributing partnership involving the Bluewater District School Board, the Bruce Grey Catholic District School Board and Keystone Child and Youth Family Services. The WRAP approach to mental health service delivery began in September 1999 and now includes a total of six geographical teams (social worker/counsellor, teacher and community worker) to serve 52 schools region wide. Children can be referred to the program through any one of the partner organizations. The WRAP team develops an individualized service plan that includes school, home and community supports. The holistic approach eliminates service duplication and provides a single point of access for parents and schools. WRAP has also led to some new programs within this community. For example, *Thinking Together for Children and Youth*, a forum in which Keystone provides regular case consultation to behaviour teachers, has evolved from this program. It is a true partnership between the school boards and the local community mental health agencies. All parties contribute funding to the project, teams meet monthly and communication is paramount.





The COMPASS Program (Community Partners with Schools)

Simcoe and York Region have committed to the development of the Children's Treatment Network (CTN), a system that provides single point of access designed *to better streamline and ensure appropriate services for children and youth with mental health needs*. Progress is tracked using a *virtual file cabinet*, with several layers of permissions, to enable seamless care. For more information, <http://www.ctn-simcoeyork.ca/index.php>. The COMPASS program has two levels: a community planning table that aligns with CTN and an integrated multidisciplinary support team for schools. There are four COMPASS teams – comprised of both board special education support and clinical mental health staff – one in each of the four quadrants of the York Region District School Board. This multi disciplinary team provides consultation to school staff and works with families in an assessment and brief therapy context. Where long-term supports are needed the staff bridges the families to community services. In most cases the school is the *hub* for service.

London and Area Collaboration for Mental Health

SSLI has been a success in the London area. The initiative began with two boards – London District Catholic School Board and Thames Valley District School Board – and four agencies. Within two weeks it expanded to include 18 agencies, and now there are 50 agencies involved. This group has identified five community priorities: (1) enhance information and awareness (e.g., through Possibilities Symposium), (2) develop protocols, (3) participate in joint professional development (e.g., resiliency model), (4) explore community as a hub model and (5) continued support for collaborative initiatives (listed below).

- *School and Community Intervention Partnership (SCIP)* – Collaborative evidence-based treatment programming for children with sub-clinical behaviour problems
- *Community Service Coordination Network* – System of care for children and youth with complex mental health needs; Wraparound framework





- *Oxford Youth Matter* – Attempt to map and bring together resources and agencies that support youth in this region (Little Black Book, by youth)
- *West Elgin Secondary School Wellness Centre* – Located in a school, staffed by public health, social work, etc.; provides access to health and mental health services
- *Educational Services Program at Children’s Aid Society of London and Middlesex* – Programming to support the educational achievement of children in care through tutoring, assessment, professional development, etc.

Note that a number of other boards highlighted partnerships that support student mental health in various ways. For example, in collaboration with community agencies the **Limestone District School Board** has established a protocol related to risk/threat assessment. In this board every school has a multidisciplinary risk/threat assessment team that is comprised of school administration, school-based counsellors, board resource staff (Behaviour Action Team) and community partners (police, Crown Attorney’s Office, Hotel Dieu Child and Adolescent Unit psychiatrists and mental health agencies). The team assesses the level of risk/threat in a situation and creates a collaborative intervention plan for the student, expediting supports from the hospital and community based mental health agencies.

Similarly, respondents from **Avon-Maitland District School Board** reported that they work in partnership with the Perth District Health Unit so that school-based public health nurses provide consultation and services to nearly all Perth County schools, up to one day per week. They indicated that 77 percent of referrals are related to student mental health issues. In addition, a partnership with the Huron-Perth Centre for Child and Youth allows for the presence of a child and youth worker in some secondary schools in Huron County.

The Segregated Assessment Partnership Program (SAPP) is a collaborative project between Grand River Hospital and the **Waterloo Region District School Board**. It is intended for students in Junior and Senior Kindergarten who experience significant behavioural difficulty within a structured school environment. The program provides assessment and support four afternoons per week for eight to 10 weeks at the Grand River Hospital. Students participating in this program are enrolled in a morning class at their home school so that they can transfer skills





into their regular classroom environment. Parental support and school in-service opportunities are included in this program. Interview participants across the province described many such collaborations.

Alignment / leveraging of current initiatives. Many key informants indicated that they perceived strong alignment for student mental health with Ministry of Education initiatives like Education for All, Differentiated Instruction, Student Success Initiative, Safe Schools and Character Education. Many boards have attempted to weave in support to students through these existing initiatives (e.g., via the OPA student assessment project funding).

Feature strategy – Mental health conference for educators

In Greater Essex County District School Board, a mental health conference was held for educators. This event included several high-profile guest speakers and was designed to raise awareness about student mental health needs in the community and to assist educators in understanding how they can help. It was noted that the Education for All philosophy was woven into the event so that participants would clearly hear the message that mental health is not just a special education issue, but that it must be considered as part of community, culture and caring throughout the school.

Bridging research and practice. Another innovation rests in the area of bridging research and practice. Several Ontario school boards are teaming up with research scientists to select/develop, implement and evaluate social-emotional learning programming. While relatively few boards have the capacity to conduct research and program evaluation independently, many are discovering the value in collaboration with university faculty members who have a keen interest in knowledge mobilization and implementation science. Some Ontario boards are conducting their own research and are contributing to the scientific literature related to the implementation of evidence-based mental health programming in school boards.





Feature strategy – E-BEST (Evidence-Based Education and Services Team)

Within the Hamilton-Wentworth District School Board, a high priority has been placed on research use and evidence-based education. E-BEST was initiated in 1999 to assist the board to use, do and share research. Since that time, as part of their service, this department has conducted 25-35 program evaluations, including many related to student mental health. For example, with support from the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO, and in partnership with Hamilton Health Sciences, Offord Centre for Child Studies and Harvard University/Judge Baker Children's Center, the team has completed a randomized controlled trial of a class-wide depression prevention program, CHAT (Choosing Healthy Actions and Thoughts). This 20-lesson program, which has been aligned with Grade 7 Ontario Curriculum expectations, was tested in 35 intervention classrooms and 35 comparison classes. The randomized trial followed four years of pilot testing, which showed positive results for enhanced student coping skills following CHAT. Results from the trial will be available in Fall 2009.

In order of priority, key **enablers** noted for promoting student mental health are:

- Collaboration with community partners
- Leadership and planning
- Funding
- Alignment with initiatives
- Professional development
- Program evaluation
- Board infrastructure and services

Almost all respondents cited the presence and deepening of partnerships with community mental health agencies as a critical factor in the success of their efforts to date. Many credited the Student Support Leadership Initiative with prompting collaboration at community tables, which, for some has led to the development of a joint vision for child and youth mental health, new protocols for integration/access of service and shared professional development/knowledge exchange. Participants also stressed the important of leadership at the community and board level, and noted that when individuals from all levels of the organization recognize the urgency of this issue then educators feel supported and change is possible.





Significant **barriers** interfering with mental health promotion efforts include:

- Lack / inequities of mental health services available to school boards
- Difficult work of collaboration
- Human resources issues
- Lack of coordination at the Ministry, community and/or board level
- Lack of educator training in mental health literacy
- Lack of dedicated funding to meet the needs
- Stigma
- Difficulty navigating the change process that this work represents
- Lack of parental engagement

It is interesting that the challenges to implementation and uptake noted in the literature are somewhat different than those mentioned *on the ground*. Rather than stressing concerns like *integrating numerous diverse programs*, respondents indicated that there is an overall lack of services available. Similarly, improving program implementation is less of a priority than overcoming basic logistical and procedural/structural issues that would allow for the introduction of any school-based mental health programming. Overall, the information gathered from the 27 boards represented in the interviews suggests that we are, as a province, in the very early stages of finding effective and cohesive ways to address mental health problems in schools. A detailed listing of enablers and barriers identified by participants is provided below.





Enablers identified by participants, by category:

Collaboration (highlighted 39 times in total)	
Community partnerships	23
Development of internal and joint protocols/partnership agreements	5
Allow time for relationship building (set times to meet regularly, honour this)	4
Shared development of vision, mindset towards collaboration	4
Community mental health professionals as consultants	2
Define roles and responsibilities clearly	1
Leadership and planning (34)	
Leadership at the senior levels within school boards	10
Ministries modelling, encouraging, supporting cross-sectoral collaboration	7
Board vision for/commitment to mental health; model for service delivery	7
Recognition of the urgency of this issue at all levels of the organization	2
Grass-roots leadership – finding the right people to champion this cause	2
Collaborative leadership teams – energizing, validating	2
Value placed on innovation	2
Think big, but issues are complex – create a staged plan (consider scale)	1
Political will – trustee support	1
Funding (13)	
External funding (e.g., Provincial Centre of Excellence)	6
SSLI funding	5
Student Success funding	1
OPA/CODE funding	1
Alignment with initiatives (7)	
Helping educators to realize that mental health belongs in school and they can help – caring adult, Education for All (not just a special education issue)	3
Student Success Initiative (platform for discussion about all pillars)	2
While there are safety components, move away from mental health as a safe schools issue (less reactionary, build understanding)	1
Show the relationship with academic achievement	1
Professional development (3)	
Enhanced staff awareness of mental health issues, professional development opportunities	2
Stigma-reduction activities (e.g., speakers who have difficulty with mental health, or have children who do)	1
Evaluation (2)	
Accountability – we need to evaluate services we provide (rigorous care)	2
Board infrastructure and services (2)	
Multidisciplinary teams	1
<i>What is good for the kids</i> is the foundation for our decisions	1





Barriers identified by participants, by category:

Lack/inequities of mental health services (<i>highlighted 25 times</i>)	
There is an inequity of resources. Boards in northern and rural communities receive fewer supports, and typically have to travel long distances to access them. Because families cannot easily get treatment for their children, they need services in the school. There are few trained mental health professionals in remote schools, and distances make consultation from specialists less frequent.	9
Insufficient mental health services in the community for diverse population (immigrant/refugee, French-language, aboriginal)	6
Few resources to meet the mental health needs of children and youth in the community. There are long wait lists and high caseloads, and sometimes no dedicated services at all.	5
Mental health needs are escalating and becoming more complex. Because of the demand, services are reactive instead of proactive. Assessments are taking longer than before.	3
The region is a magnet for mental health problems because of resources in community (specialists in local hospitals) – it is hard to maintain the skill set required for these complex cases in our schools.	2
Difficult work of collaboration (17)	
Painfully slow work to engage the community and build strong partnerships; SSLI was frustrating at first – very hard work, issues are complex and will require long-term effort and commitment	7
Need protocols (e.g., transition to and from care, communication)	3
Difficult to let go of existing structures and beliefs to co-create something new	2
Differing partner mandates	2
Need a full-time position to build infrastructure, establish partnerships, etc.	1
Advocacy groups often distract us from getting to the issues and inhibit the formation of collaborations	1
SSLI sometimes created clusters that didn't make sense (e.g., separating English and French boards and services when they are used to working together)	1
Human resources issues (15)	
Need to clarify and redefine some roles (e.g., child and youth workers, psychological services)	5
Collective agreements, concern from federations re: responsibility placed on teachers for student mental health	4
Federation is tracking pressure being placed on teachers, safety concerns, as this issue escalates	2
Shortage of highly trained professional personnel to do this work in schools – empty positions, stretched professionals	2





Lack of support for this issue at the grassroots level	1
Teachers and their children also suffer with mental health issues	1
Lack of coordination (7)	
Cross-ministerial collaboration has been lacking, though many praised recent shared initiatives (e.g., “ <i>there has been confusion with respect to a provincial direction/model for mental health service delivery</i> ”, “ <i>several Ministries involved, but not all</i> ”, “ <i>confusion caused by the many mapping and information exercises in the past year</i> ”, “ <i>so many areas of focus – we are running in so many directions – we need a clear direction</i> ”)	4
Need to know who does what in the community, so we can provide easy access and seamless care	2
Success is leadership-dependent – if a board does not have champion for this cause, who is a skilled facilitator, it won’t happen	1
Lack of educator training in mental health literacy (7)	
Educators/parents do not have a good understanding of mental health, they find this issue to be overwhelming and scary	4
Low capacity to deliver services, especially to students most in need; virtually no training for this in pre-service education	3
Lack of dedicated funding (7)	
Need funded mental health positions in schools	2
Community agencies don’t always have funding to support integrated services (but sometimes can bring students in training, etc.)	2
Need funding for release time to train educators in mental health literacy	1
Ministries and funders are not always working in a coordinated fashion	1
Funding for Section 23 classes	1
Stigma (6)	
Children with mental health problems look like typical students – teachers sometimes see the observed behaviour as a motivational problem and blame the child – we need to work to overcome the stigma of mental illness	4
Hard to engage students in school-based services because of stigma	2
Change process (5)	
Change process in boards is difficult – this represents a culture shift	3
Requires sustained investment in the process – results may not be immediately evident	1
Dealing with resisters can be difficult – need to find supportive staff to assist with change	1
Lack of parent engagement (2)	
Difficult to engage parents (if could, would be able to intervene earlier)	2





POLICY AND PRACTICE RECOMMENDATIONS FROM THE FIELD

Respondents were asked to identify their needs and recommendations for supporting school-based mental health in the future. Suggestions were made in the following areas:

Coordination and leadership. Respondents requested enhanced communication and coordination across Ministries that are involved in child and youth mental health. Models from other jurisdictions were often cited (UK, Manitoba) as examples of how this might be accomplished. Further, many boards were hoping for a provincial framework for school-based mental health to help to guide their efforts in this area. They recommended that this framework would include some flexibility so that it could be adapted at the local level, and could be aligned with initiatives that reach beyond special education (e.g., Safe Schools, Student Success). Most importantly, many respondents stated that they wanted to ensure that Ministries understand the extent of the problem in our schools. As participants noted,

“We need a call to action around child and youth mental health with the financial support to back what needs to be done.”

“Ministries need to have a *must mandate* around child and youth mental health, not a *may mandate*. This is critical if we want to close the achievement gap.”

Enhanced professional development/mental health literacy. Respondents were clear in stating that the needs of students are great and the ability for educators to respond is weak, given the relative lack of training available in mental health literacy. Board leaders are eager to receive materials and support in order to build capacity among staff. In addition, many participants suggested that it would be very worthwhile to have a cross-board platform for sharing strategies and activities in this area.

Funding. Interview participants were reluctant to suggest that time and money would solve the crisis in school-based mental health. At the same time, they indicated that funding is required to train staff (release time), develop and evaluate programs, allow for the dedicated time required to build infrastructure and protocols and establish relationships with community partners.





Evidence-based practice. Respondents suggested that it would be helpful to have a menu of empirically supported practices for various mental health issues available to school boards. They suggested that the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO could be the knowledge centre through which evidence-based practice information flows out to boards through a key contact. Further, it was recommended that there be investment in the development, testing and promotion of promising evidence-based practices within the province.

Issues related to implementation at the community level. Participants had several suggestions that would assist with implementation of recommended practices at the community and board level. For instance, it was suggested by many that parents be invited to be a part of planning tables. Several also wondered if the *hub model* might offer enhanced opportunity for integrated services. Many stated that boards need a champion who guides mental health initiatives, liases with community, and transfers knowledge.

A detailed listing of the policy and practice recommendations suggested by participants, by category, is provided below:

Coordination and leadership (<i>highlighted 46 times in total</i>)	
Enhanced communication and coordination across Ministries (“consider models in other countries where agendas are cross ministerial like ‘Every Child Matters’”, “Education must be at the table – the kids are here with us.”, “We would like to see sign off on these initiatives from all Ministries (Education, MCYS, Health, Health Promotion).”	17
Ministries need to understand the extent of the problem we are facing in schools. “We need a call to action around child and youth mental health with the financial support to back what needs to be done.”, “Ministries need to have a <i>must mandate</i> around child and youth mental health, not a <i>may mandate</i> – this is critical if we want to close the achievement gap.”	7
Need a provincial framework for child and youth mental health, but allow for flexibility in regional delivery of services (at community level, need a joint vision and a commitment to action) – context is important	4
Enhanced communication with boards; roll out mental health mandates with heightened clarity (people are exhausted and they need to be given some direction)	4
Enhanced communication between schools and community mental health supports	4
SSLI funding needs to continue – this is difficult work and takes time	3





Helpful to have a lead department in the Ministry of Education (Special Education) because we need a champion for this issue in government. But there is also concern that mental health be seen as exclusively a special education issue – it touches so many areas (program, safe schools, student success, etc.)	3
Need a plan for rural and remote communities that is rooted in their unique context	2
Consider creating a cross-ministerial position or team that works with all Ministries and with school boards, perhaps with intermediaries that work regionally (see Manitoba model)	1
Ministries need to find a solution to the mental health crisis in schools and the strategy must be equitable across regions. Declining student populations in some areas lead to diminished resources, but the needs are still great, and increasing	1
Funding (23)	
Funding to develop and test models and programs and to expand upon what has been proven to work well	6
Need more trained mental health professionals in schools, equitably distributed across the province	5
Joint commitment of funding across Ministries to support and maintain the necessary work	3
Need a long-term plan – everything cannot be done at once and money has to flow and support goals	3
Focused funding on interventions for seriously at-risk children whose needs cannot be met easily at school	4
Consider attaching psychiatrists to every school board	1
Dedicated time to do the work – permanent collaborative integration role	1
Implementation at the community level (14)	
Need to provide parents with accurate and understandable information about child and youth mental health – have parents work collaboratively as part of the team	4
Partners and programs need to be in schools and responsive	2
Exploration of the hub model (has potential, may not be the total solution though)	2
Flexibility to create community solutions	1
Focus on prevention; work with agencies who serve 0-5 years	1
Need third-party protocols to assist with integrated services	1
Move from having agencies hold on to what they are doing to new alternatives	1
Need clearer links between the services we provide so that we don't miss the students	1
Need a school board champion, or team, that liaises with Ministry champions and across boards	1





Enhanced professional development/mental health literacy (12)	
Many would welcome an opportunity to share what boards and communities are doing around mental health issues – sharing event	5
More training with educators to increase understanding of mental health	3
Public awareness campaigns to reduce stigma	2
Teacher education on early identification of symptoms	1
Consider web-based PD activities, module format like WHMIS, so teachers can build capacity at their pace and at a convenient time	1
Evidence-based practice (10)	
Development/testing and promotion of evidence-based programs across the province (e.g., Triple P)	4
Build inclusive classrooms where all children receive skills to help them with anxiety and stress (universally), with increased supports at transition times and for students in need	2
Need to develop accountability measures to ensure we are meeting the mental health needs of students (not just their academic progress)	2
Need a menu of evidence-based programs for specific mental health issues (e.g., anxiety, depression)	1
Provincial Centre of Excellence could flow evidence-based practice information to school boards through a key contact in each board	1
Broader related issues (4)	
Align mental health initiatives with poverty reduction strategies	3
Examine the usefulness of the behavioural exceptionality – it is not serving students well (creates negative attributions for student actions)	1





DISCUSSION

Key informant interviews were used to obtain a snapshot of the current practice landscape in school-based mental health in Ontario. All boards in the province were invited to participate, via Directors of Education, and a total of 27 interviews were conducted in May and June 2009. Of these, 25 volunteered in response to the broad mailing and two agreed to join the study following a specific invitation that was issued to increase participation in the Toronto region. Participants represented all areas of the province, public and Catholic, and English- and French-language boards. For the most part, respondents were senior leaders in each board and have primary responsibility for student mental health. They provided information about: administrative responsibility for mental health in their board, extent of concern about student mental health, board response to these issues (including programs and practices) and enablers and challenges to implementation. Following completion of all interviews, participants were sent excerpts of the draft report that pertained specifically to their board to ensure the accuracy and completeness of the information recorded during the interview. Thirteen boards responded with suggestions for enhancing or modifying the content, and these recommended changes are reflected in this final report.

The interview participants were unanimous in their concern regarding student mental health. There was a sense from many respondents that the degree of emotional strain that students are experiencing is severe and escalating. Worrisome student social-emotional issues occur daily in our schools, and educators feel insufficiently equipped to respond effectively. They also recognize an association between mental health and academic achievement, and see a role for schools in identifying and preventing these problems, and in supporting student wellness. Many described mental health as their top priority concern.

The heterogeneity of responses suggests that there is no single form of leadership structure within boards related to student mental health. Despite this, school boards are finding ways to respond to this urgent issue. Many are designing infrastructure, building protocols for communication and service delivery, implementing programs and engaging community partners. They are experiencing some successes, through enablers such as committed shared leadership and alignment with existing initiatives, and some indicated that they feel that they are saving lives through their efforts. At the same time, key informants indicated that they are disquieted by





the sense that they are making board policy and practice decisions in the absence of a core direction or provincial mandate. Participants also noted that the implementation of high-quality evidence-based programs within the complex structure of school boards is challenging, and that there are insufficient resources to ensure that initiatives are introduced and sustained with fidelity. Similarly, while there are great rewards in developing integrated care models, the relationship building needed requires considerable time and effort and, even in the best cases, the structures do not yet meet the demand for service in communities.

When asked to provide *on the ground* recommendations, participants suggested that they have felt encouraged by recent cross-Ministerial efforts (e.g., SSLI) and would very much like to see enhanced collaborative ownership for this issue at a policy level. They would like 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 by respondents. In addition, very few boards have the capacity to evaluate mental health programs and strategies, and respondents recognize this as a clear need.

All of the above findings need to be considered within the context of study limitations.

Sample size. While the project team was very pleased with the response, the perspectives and experiences of only 27 of 72 Ontario boards (38 percent) are included in this practice scan. It is helpful that all of the regions are represented, and boards in most major cities and many rural areas participated, but it is possible that those that did not volunteer differ in important ways from those who did.

Regional distribution. An open, rather than targeted, recruitment method was used for the present SBMH Practice Scan. As a result of the voluntary nature of the approach, there was disproportionate involvement from boards in certain regions relative to others. Given the consistency in responses across regions with respect to the concerns and needs related to student mental health, and concerted attempts to capture regional differences during the interview and validation process, this may be of less concern.





Finding key informants. Because there appears to be no consistent administrative structure for managing student mental health in schools, it was difficult to know how best to access key informants. Working through Directors of Education was the appropriate protocol for this scan, but it may have limited participation by some boards (e.g., the information about the study may not have found its way to the individual(s) in the board who take primary responsibility for this issue day to day).

Range of informants. The scope of the present SBMH Practice Scan was limited to the perspectives of school board staff. A more complete picture of mental health issues, and the range of response, could be obtained through information gathering that includes the voice of community professionals, families and youth themselves. Also, it is important to note that the information was gleaned from senior leaders in the board who were speaking on behalf of staff at all levels of the organization. The direct input of teachers, principals, educational assistants and school-based mental health professionals would further enhance the depth of information about mental health promotion in schools.

Special populations. This SBMH Practice Scan did not explicitly target information gathering about special populations, including immigrant and refugee mental health, aboriginal issues, the LGGTQ community, etc. Occasionally, interview participants mentioned the needs of these groups, but there was no specific questioning in this area. Different information-gathering methods would likely be warranted with these special populations.

Substance use. This study focused on school-based mental health, but the interview included no direct questions related to substance use. Many boards identified this as a critical related issue.

This SBMH Practice Scan provides an overview of the current landscape in Ontario. Future scans, such as the planned national effort of the School-Based Mental Health and Addictions Consortium for the Mental Health Commission of Canada, led by the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO, may benefit from the lessons and findings of this study. Scans of this magnitude might consider a more targeted recruitment strategy, the inclusion of voices of a range of school-based professionals and community members, methods for information-gathering related to special populations and an enhanced





focus on substance use programming in schools. On balance, the key informant interview methodology provided a richness of conversation that would be difficult to achieve in other formats. Interview after interview, layer upon layer, a clear picture emerged regarding the grave needs, lack of integrated resources, sparks of innovation and thorny implementation issues that characterize school-based mental health in the province.

CONCLUSION

In closing, the individuals who took part in this interview process are passionate leaders who are making a positive contribution to the lives of students with mental health needs in our school boards. They have developed creative strategies and are using whatever resources they can assemble to respond to the serious student needs in their communities. We can learn much from their experiences and should draw on their expertise in shaping a provincial school-based mental health strategy.

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APPENDIX A: PRACTICE SCAN FLYER



School-Based Mental Health in Ontario Scanning the Practice Landscape

While the link between student emotional well-being and academic achievement is clear, the solutions to student mental health issues within a school district setting are complex. At the request of the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO, Drs. Bruce Ferguson (Hospital for Sick Children), Darcy Santor (Children's Hospital of Eastern Ontario), and Kathy Short (Hamilton-Wentworth District School Board) are creating a policy-ready paper related to school-based mental health in Ontario.

This paper will serve to:

- summarize the literature in this area,
- describe the practice landscape in Ontario school districts, and
- provide policy recommendations for senior officials across Ministries that serve children and youth.

As part of this effort, we would like to invite Supervisory Officers responsible for student behavioral/emotional development to participate in a brief telephone interview about efforts to enhance student mental health. We hope to showcase innovations in mental health from around the province, and to highlight the enablers and challenges to promoting positive student mental health in schools.

We are aware that school districts have recently engaged in a mapping exercise related to student mental health. This interview extends this work by focusing on the practical implementation issues involved in supporting student social-emotional well-being. We are eager to hear your thoughts on this issue. Your participation is voluntary and your school district affiliation will remain confidential unless you have an innovation that you would like us to showcase.

Telephone interviews will be conducted between now and May 30th, 2009. The interview will take about 20 minutes. If you would like to participate, please contact Dr. Caroline Parkin, Project Coordinator (parkinc@univmail.cis.mcmaster.ca). Feel free to contact Dr. Kathy Short should you require more information about this project (Kathy.Short@hwdsb.on.ca; 905-304-8722, x201).

Many thanks for considering this request. We value your perspectives and experiences related to the challenge of supporting student mental health within school districts.



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et ados



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APPENDIX B: KEY INFORMANT INTERVIEW SCHEDULE

School-Based Mental Health District Scan Recording Sheet

Name:

District:

Date:

Interviewer:

Responsibility for MH in the District:

1. Are you the senior administrator in the board who has primary responsibility for student mental health?

- Yes
- No

Comment:

2. What is your role related to mental health?

Title:

Role re: mental health:

3. Who else in your board has a leadership role in promoting student mental health?
<open end, but check below>

- Social Work
- Psychology
- Psychiatry
- Safe Schools
- Program / Curriculum
- Research
- Special Education
- Student Success
- Trustees
- Outside agency _____
- Other





4. Do trustees have a role in promoting student mental health?

- Yes
- No

Comment:

5. Do you have dedicated board-staffed specialized services for mental health in the board (e.g., social work, psych services)?

- Yes
- No

Comment:

Extent of MH Problems:

1. How concerned are you about student mental health needs in your board at this time?

- not concerned
- a little concerned
- somewhat concerned
- very concerned
- extremely concerned

2. How important is student emotional well-being to academic achievement?

- not important
- a little important
- somewhat important
- very important
- extremely important

3. What are the top three social-emotional / mental health concerns in your board (defining mental health broadly)?

- 1.
- 2.
- 3.





District Response to MH Problems:

4. To what extent are educators prepared to identify and deal with the mental health needs of students in your district?
- not prepared
 - a little prepared
 - somewhat prepared
 - very prepared
 - extremely prepared
5. There are a range of things that boards can do to promote positive mental health, and support students who are at risk or struggling with a mental health problem. We would like to be able to describe the kinds of things that boards are doing in 5 areas:
- Building awareness / mental health literacy
 - Promoting positive student mental health universally
 - Identifying and intervening with kids at risk
 - Serving students with identified mental health problems
 - Evaluation and research

Can you describe something happening in your board that touches on one or more of these areas? Something that you are proud of and might want to share, or even something that you are just trying out but looks like it might be promising... <probe to see if have evaluated the innovation>

<get permission to name their school district>

- Building awareness / mental health literacy
- Promoting positive student mental health universally
- Identifying and intervening with kids at risk
- Serving students with identified mental health problems
- Evaluation and research





Are these offered by school district staff, or community professionals, or both?

- School district staff
- Community professionals
- Both
- Other _____

Enablers and Barriers:

- 6. What has been helpful in supporting student mental health programming?

- 7. What are the challenges of providing support for student mental health programming in your district?

Needs related to SBMH programming:

- 8. What do you think would help you most to meet the mental health needs of your students? What would you hope that we recommend? What resources, programs, supports...
 - Student and family supports for students with the most serious problems
 - Knowledge of effective prevention/promotion strategies and their implementation
 - Programs/strategies to teach students emotional and learning skills
 - How to make early identification of symptoms of a mental health problem
 - Creating a whole-school approach to emotional and mental well-being
 - Building relationships with families around student mental health
 - How to create effective linkages between schools and mental health supports
 - Basic understanding of risk/protective factors, etc.

Others:

