

# 5 Big Ideas in Post-Pandemic School Mental Health

Reflections for Dialogue

Holistic School Behavioral Health Seminar



Rome, Italy  
March 2024

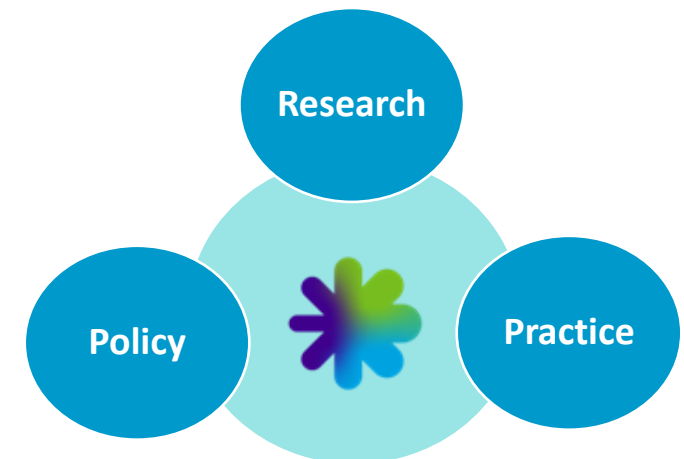
# School Mental Health Ontario



School  
Mental Health  
Ontario

Santé mentale  
en milieu scolaire  
Ontario

- A provincial implementation support team
- Funded by the Ministry of Education
- Bridging research, policy, and practice
- Using implementation science principles and practices
- To promote uptake of evidence-informed, culturally-responsive practices
- In consistent, scalable, and sustainable ways
- Across the tiers of intervention



# School Mental Health Ontario



School  
Mental Health  
Ontario

Santé mentale  
en milieu scolaire  
Ontario

- 72 district school boards
- Urban, suburban, rural, remote
- 5000 schools
- 127,000 educators
- 1,200 SMH professionals
- 2,000,000 students



# 5 Big Ideas Related to Post-Pandemic School Mental Health

- 1 Post-pandemic student mental health is variable, and disproportionalities exist.
- 2 Our greatest contribution in school mental health is upstream.
- 3 Look for (and equip) the helpers.
- 4 Evidence-informed practice is necessary but not sufficient.
- 5 Building student mental health is a shared responsibility.

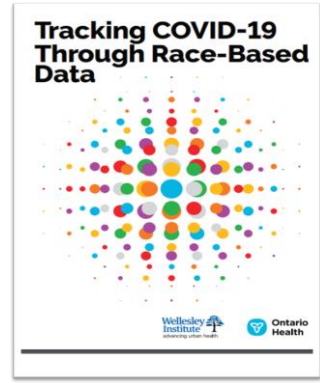
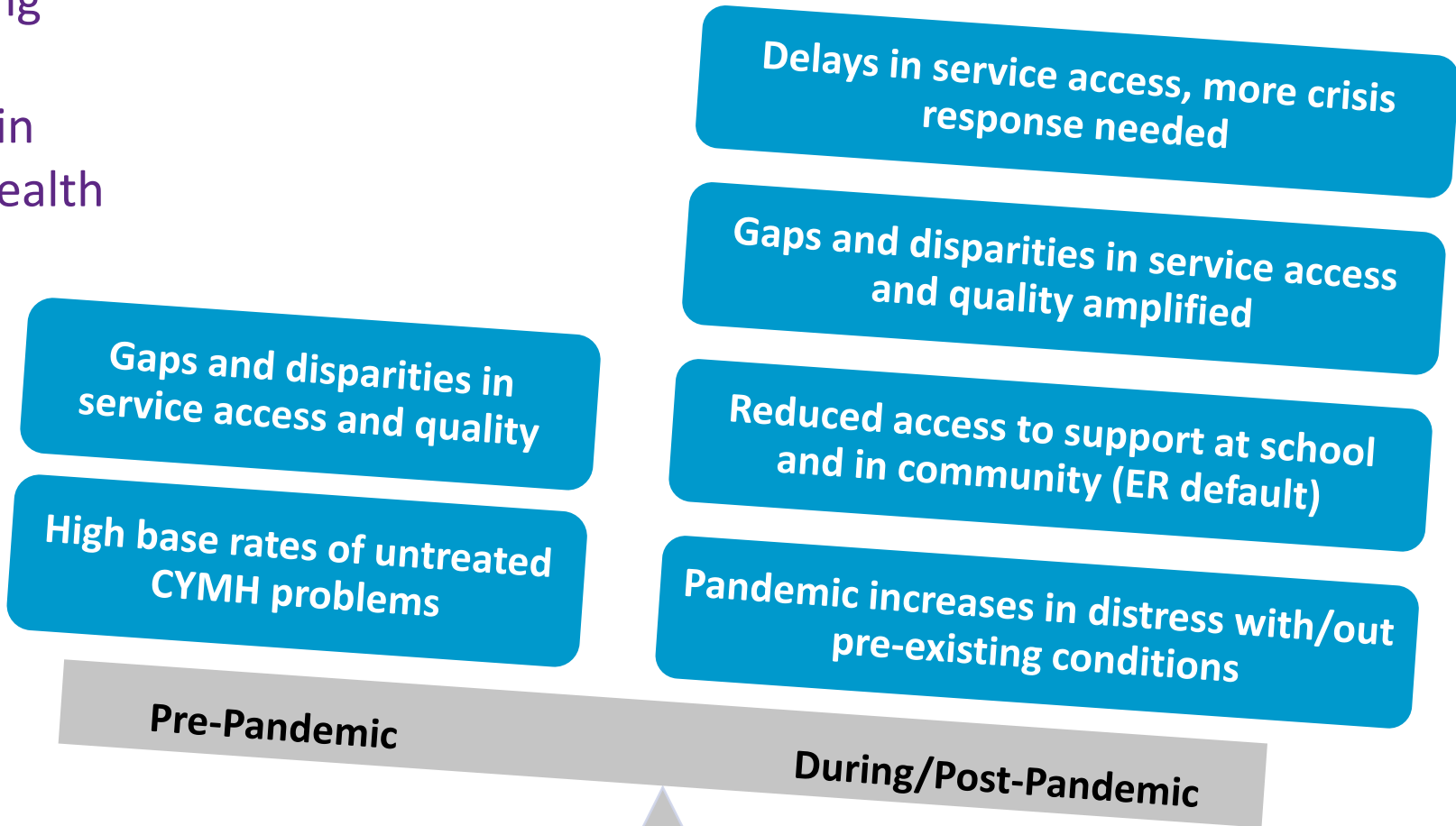


**Post-pandemic student mental health is variable, and disproportionalities exist.**



# Pandemic Realities

**Pandemic realities** have magnified pre-existing disparities and disproportionalities in health and mental health outcomes, amidst a backdrop of overall increased need.



# Global Wisdom on Pandemic Recovery

"The new normal should include pervasive incorporation of an equity lens to all of our research, teaching and care practices, the necessary investments in culture change, learning and leadership to get there, and a shift in resources to historically discriminated communities and historically colonized and impoverished nations.

**The prize is the wellbeing of all people"**

([I-CIRCLE, 2021](#))

# How can we address disparities in school mental health access and outcomes?

- Examine structures and processes for mental health service delivery to disrupt systemic racism
- Identify and address barriers to access
- Challenge stigma with mental health awareness and literacy
- Provide culturally responsive, identity affirming, evidence-informed mental health services
- Ground practice through self-reflective practice and humility

**Centre every student**



# Addressing Disparities in Ontario Schools

Students  
want strong

**equity-based &  
culturally-responsive**

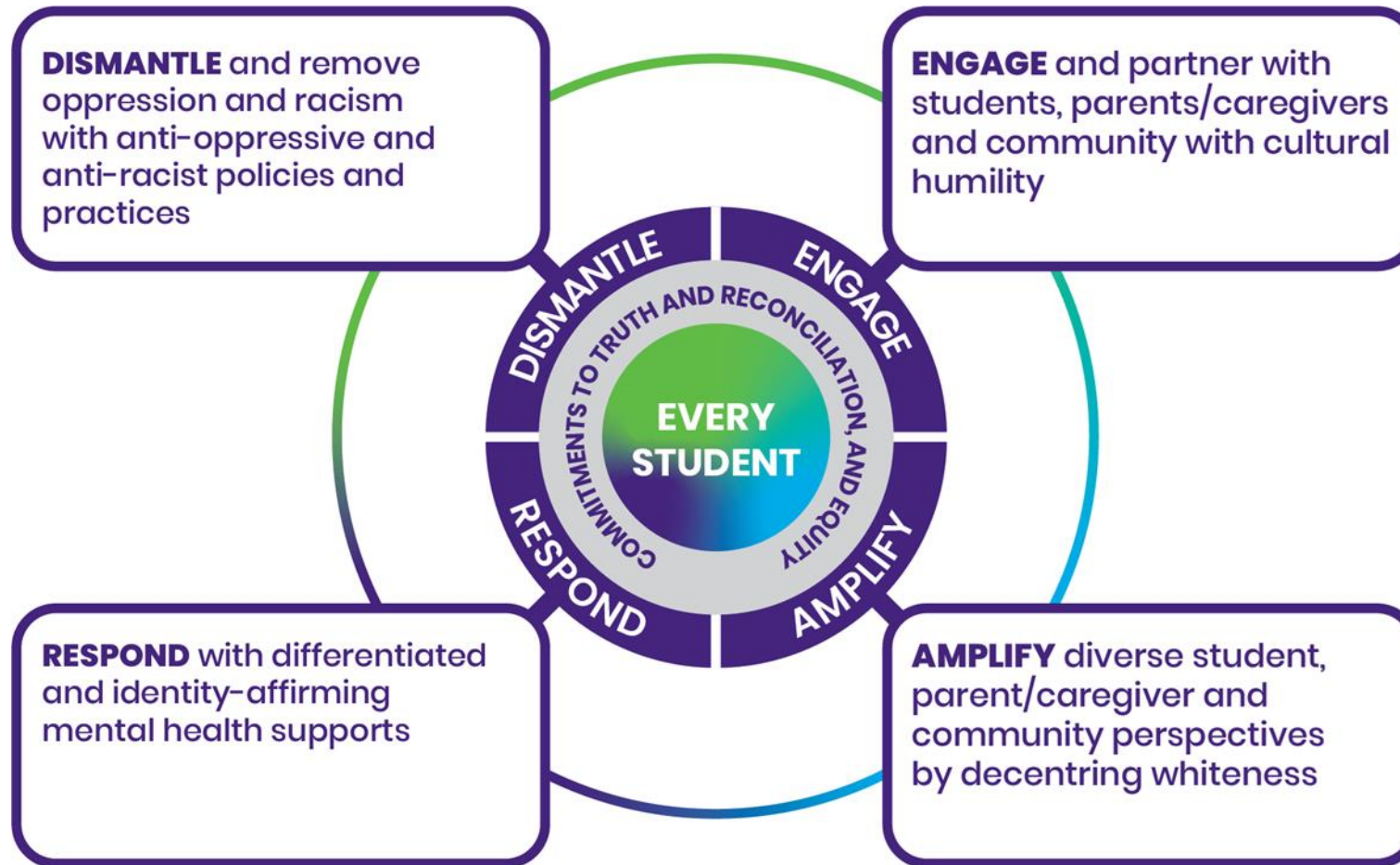
mental health  
resources and support

*Student Recommendation #4*

An illustration of five diverse students standing together. From left to right: a young woman with brown hair wearing a green turtleneck and a brown skirt; a young man with a red turban and a blue jacket; a young woman wearing a blue patterned hijab and a white top; a young woman with dark skin and curly hair wearing a red patterned top; and a young man with glasses wearing a white and blue striped shirt. They are all smiling and looking towards the viewer.

 School Mental Health Ontario / Santé mentale en milieu scolaire Ontario

# Addressing Disparities in Ontario Schools



**Our greatest contribution in  
school mental health is  
upstream.**



# “We can’t treat our way out of this”

Crisis narrative



Pressure to “do something” in schools



## Reflex Response

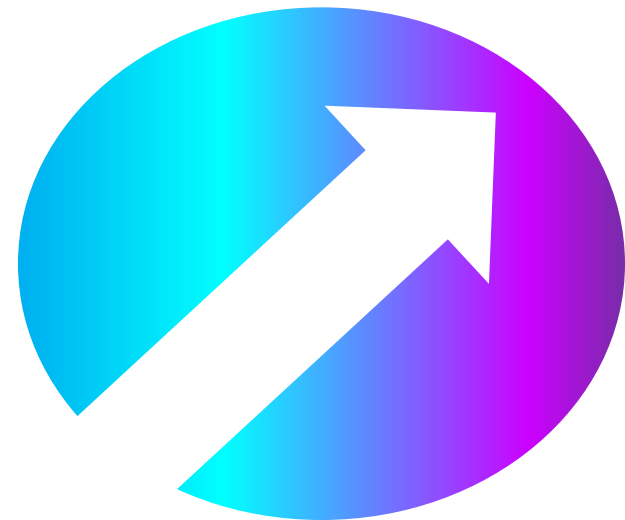
Hire more school psychologists!

Hire more school social workers!

# “We can’t treat our way out of this”

And while schools would appreciate this valuable resource, this response is insufficient and may even be harmful in some jurisdictions.

- May inadvertently deplete our safety net in community mental health
- Puts a focus on reactive instead of proactive approaches
- Perpetuates stigma about mental health problems
- Puts responsibility on clinicians to “fix” the problem
- **Negates the power of promotion and prevention**



# The Main Role of Schools in Child and Youth Mental Health

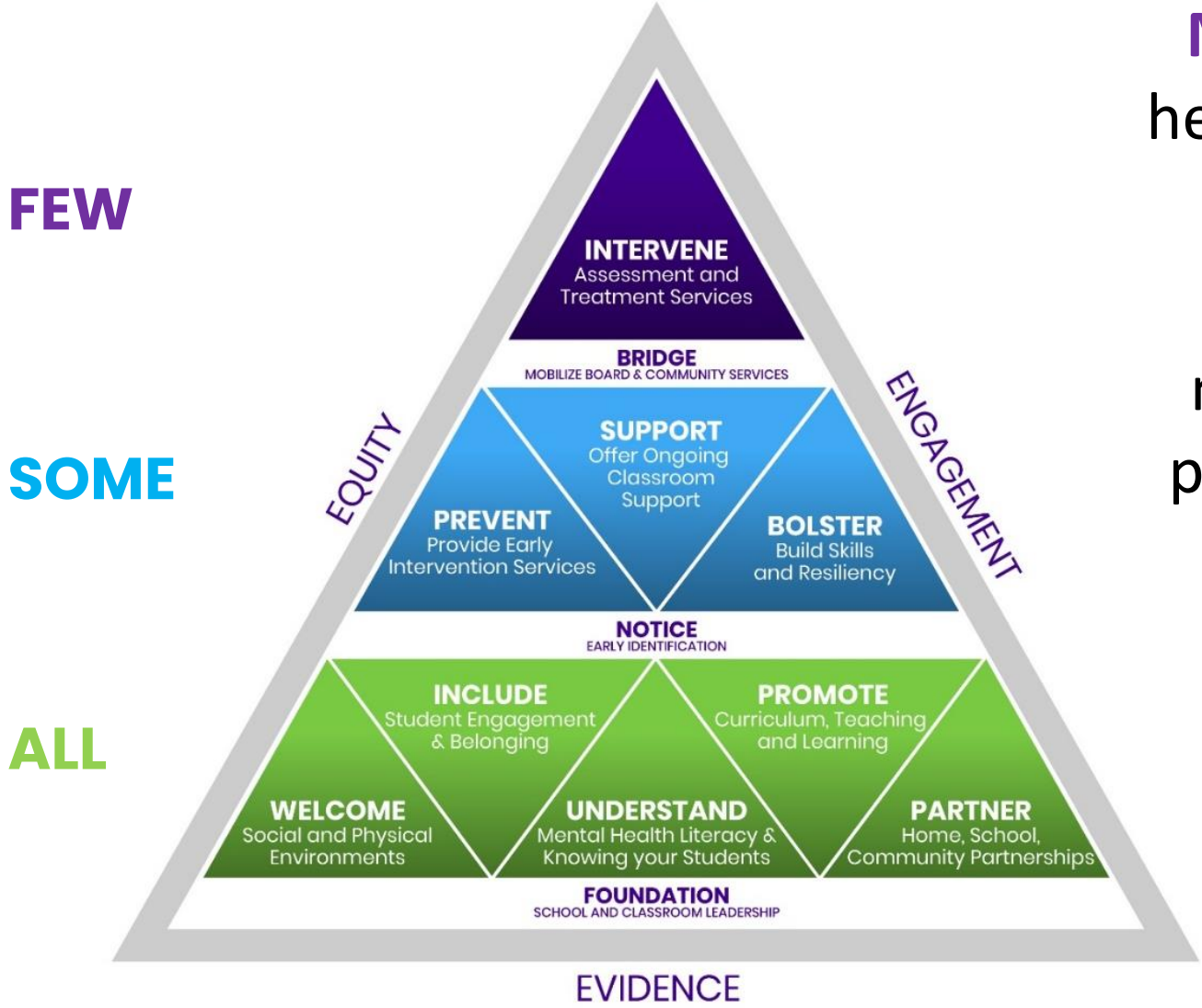
- Mental Health Promotion
- Early Identification and Support
- Prevention
- Early Intervention
- Pathways to, from, through more intensive services

To truly impact mental health and well-being, we need to start early... building knowledge and skills and creating places of hope and belonging.

**We need to work UPSTREAM.**

**Multi-Tiered Systems of Support** help to illustrate the role of schools.

When it comes to supporting student mental health, we are mostly focused on mental health promotion (**Tier 1**) and prevention services (**Tier 2**), and less on intensive services (**Tier 3**).





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# Working Upstream in Ontario Schools



Students want to learn about  
**mental health  
at school**  
and prefer that this  
learning be frequent,  
early, and varied

Student Recommendation #2

 School  
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Ontario

# Working Upstream in Ontario Schools



# Working Upstream in Ontario Schools



Take the guesswork out of mental health promotion and literacy planning for your classroom with Wayfinder

Download a sequenced guide to teach about mental health.

Kindergarten through Grade 12 available now.

Get  
Wayfinder

# Look for (and equip) the helpers.



# Global Wisdom on Pandemic Recovery

"Schools serve as a primary point of access to mental health services and promotion for many young people, and front-line actors such as teachers are often well-placed to identify early symptoms of mental health issues." ([OECD, 2021](#))

"The growing field of **task-sharing** (which refers to the adoption of skills and tools by non-specialists...) needs to be scaled up and mainstreamed. In this way, specialist clinicians can be capacity-building partners and backup care providers for an array of other front-line workers." ([I-CIRCLE, 2021](#))

# Who do students turn to first at school?

- Educators
- Student Support Staff
- Guidance Educators/Student Success Teachers
- Special Education Resource Teachers
- Coaches
- Peers
- Others (e.g., office staff, administrators)



# Equipping Natural Helpers in Ontario Schools

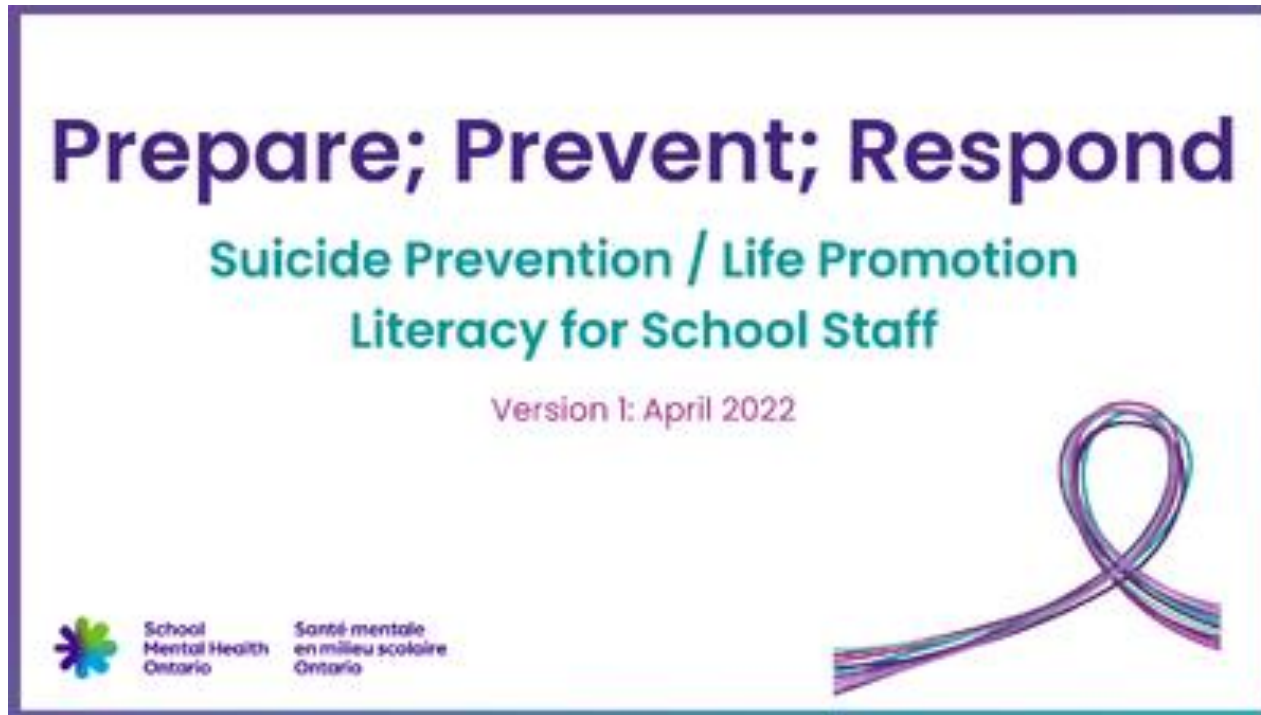
Students want their **teachers, and their parents/caregivers and families** to learn more about mental health

*Student Recommendation #1*



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# Equipping Natural Helpers in Ontario Schools



PREPARE • PREVENT • RESPOND  
SUICIDE PREVENTION / LIFE PROMOTION LITERACY FOR SCHOOL STAFF



## Student Quick Reference Guide How to Help Yourself and Friends

You deserve help. Your feelings matter. You don't have to carry this alone. Support is available.

### Help yourself

Changes in feelings and emotions are part of life, and usually, we can ride them out and get back to feeling like ourselves again. But sometimes we need support. So, when is it time to reach out? Here is a good rule of thumb:

If you notice a change in how you think, feel, or act that lasts more than two weeks and gets in the way of what you need to do and your enjoyment of your life, it's probably time to connect with an adult who can help.

**There are many ways to start the conversation. Here are some suggestions, but use any words that work for you:**

- ▶ "Something has been bothering me. Can you help me find someone to talk to about it?"
- ▶ "I've been feeling \_\_\_\_\_ lately. Can I talk to you about it?"
- ▶ "Do you have some time to meet with me? There is something I'd like help with."

Sometimes we need support **right away**, like if we are thinking about suicide. Unfortunately, thoughts of suicide are more common than you might think. In a 2021 study of Ontario students in grades 7-12, 18% of students reported that they had seriously contemplated suicide in the past year ([OSDUHS, 2021](#)). If this happens, it's **extremely important** to reach out to an adult you trust who is **available right now**, such as a teacher, parent/caregiver, relative, principal, coach, faith leader, Elder, or your family doctor. Thoughts about suicide can happen to anyone, but acting on these thoughts is fortunately much less common. Reaching out for help is critical.



# Equipping Natural Helpers in Ontario Schools



## PREPARE; PREVENT; RESPOND



### Quick Reference for Youth Suicide Prevention

#### Know what to watch for

Suicide is the second leading cause of death amongst youth and young adults. A key part of prevention is for caring adults to know the signs.

- withdrawing from family and friends
- hopelessness about the future
- talking or writing about suicide or wanting to die
- conveying that they are feeling overwhelmed, helpless, or out of control
- good-bye gestures, such as giving important belongings away
- changes in behaviour (decline in school performance, acting out, risk-taking, etc.)
- problematic substance use
- inattention to hygiene
- negative mood or signs of depression (sadness, irritability, less enjoyment of previously enjoyed activities, difficulty sleeping or eating)

#### Know what to say

Raising the topic of suicide with your child will make it easier for them to confide in you if they are having trouble in this area. Here are some ways to approach this difficult conversation:

- **Start the conversation:** Begin gently, by asking how your child or teen is feeling. You might begin with some general observations and questions, like "I've noticed you are spending a lot of time in your room and you seem sad. Are you okay?"
- **Listen:** It's important to give your child or teen a chance to respond to your first question. You might say, "Tell me more about that. It sounds important. I'm starting to understand better."
- **Ask:** Directly ask about suicide. If your child says "no", trust your instincts and follow up if needed.
- **Respond:** If your child says 'Yes', stay calm and reassure them that you will help them through this.

#### Know what to do if you are concerned

- Educate yourself on local services that can help: [ConnexOntario](#) 1-866-531-2600
- [Children's Mental Health Ontario](#)
- Click the link to find a centre in your area
- Consult with your family doctor, cultural/faith leader, for additional support
- Work with your child's school to create daily supports. Caring professionals are there to help
- Prioritize your own wellness so you can be there for your child or teen. Visit [Wellness Together Canada](#) for ideas and supports
- Try to make time for connection and low stress activities with your child or teen each day
- Remember, suicidal thoughts can happen to anyone and when you provide direct, caring support you can truly help your child or teen

#### Know what to do in a crisis

If your child or teen has a realistic suicide plan and intends to act on it right away or has already made an attempt, this is a mental health emergency. Do not leave your child or teen alone. Immediately contact Crisis Services Canada 1.833.456.4566, go to the emergency room of your local hospital, or call for an ambulance.

#### Help is available for suicide crisis and prevention:

- Black Youth Helpline  
1-833-294-8650 (9am-10pm)
- [Crisis Services Canada](#)  
1-833-456-4566 (24/7) or text 45645 (4pm-12am)
- [Kids Help Phone](#)  
1-800-668-6868 or text CONNECT to 686868
- [First Nations Hope for Wellness Help Line](#)  
1-855-242-3310 or click the link to chat.
- Naseeha ([naseeha.org](#)) 1-866-627-3342  
Trans Lifeline 1-877-330-6366
- [Distress and Crisis Ontario](#)  
Click the link to chat.

Or contact a telephone distress line for your area

Parents, families to learn more about your important role in suicide prevention, view the full document:

[Prepare, Prevent, Respond: A suicide prevention guide for parents and families during COVID-19 and return to school](#)

**Evidence-informed practice is  
necessary but not sufficient.**



# The School Mental Health Challenge

## EVIDENCE

Research is clear about what works in School Mental Health (and what doesn't)

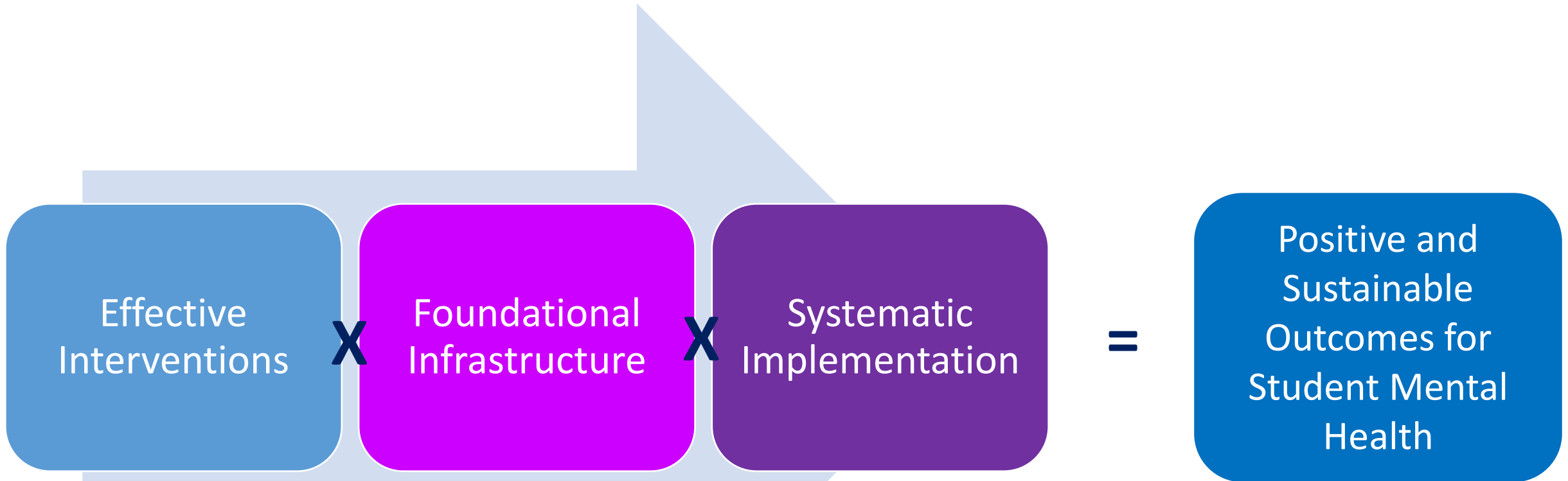


## PRACTICE

Effective programming is rarely scaled, sustained, so most students do not benefit

# Implementation Science

*Not just WHAT, but HOW...*



# Effective Interventions

- There are many programs, speakers, resources, initiatives, surveys, courses, etc. in the child and youth mental health marketplace, especially now.
- Some are rooted in evidence, but many are untested.
- Many more are untested locally with your student populations.
- Many are too costly to scale or sustain.
- Some are harmful.



# Foundational Infrastructure

- *Foundations for Effective School Mental Health Practice* help to create hospitable environments for mental health promotion, prevention, and early intervention programming (e.g., leadership commitment, SMH strategy and action plan, established protocols)
- School environments that are welcoming, supportive, caring, and anti-racist, anti-oppressive facilitate effective practice in school mental health that centres every student



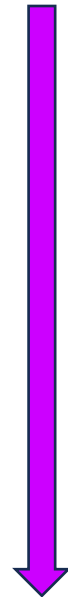
# Systematic Implementation

- Even strong evidence-informed programs are only effective if students receive them!
- Most programming is introduced with enthusiasm, but after training sessions, and perhaps initial efforts to implement, manuals sit on shelves
- Ongoing implementation support and monitoring is required
- Selection of programming that is implementation-sensitive by nature is helpful (e.g., everyday mental health, curriculum-embedded materials)



# Getting to Uptake

- Uptake is complex and "doesn't just happen"
- Implementation science can help us to anticipate barriers to uptake, and to leverage structures, processes and people that can assist
- Minimally, getting to uptake of a particular practice requires:



- Awareness
- Alignment and Acceptability
- Adoption
- Adaptation
- Assessment and Adjustment



# Getting to Uptake in Ontario Schools



School Mental Health Ontario Santé mentale en milieu scolaire Ontario Western Centre for School Mental Health

## Welcome to the Innovation and Scale Up Lab (ISU Lab)

The ISU Lab's mission is to examine and advance evidence-based and implementation-sensitive approaches within school mental health, and to mobilize both research and practice evidence to enhance quality, consistency, scalability, and sustainability in Ontario schools.

**To move this agenda forward, through the ISU Lab we:**

- Seek out promising research and practice examples
- Partner with key stakeholders to ensure that proposed innovations meet a clear and specific need
- Study innovations to ensure that promising approaches are evidence-based and implementation-sensitive within the context of Ontario
- Share lessons from promising approaches and engage in related knowledge mobilization and dissemination

[The ISU Lab](#) [ISU Lab projects](#) [ISU Lab resources](#) [ISU Lab publications](#)

# Getting to Uptake in Ontario Schools

Evidence Brief  
Innovation and Scale Up Lab



## Clinician Supported Brief Digital Intervention for Child and Adolescent Behaviour and Emotion Difficulties in Ontario Schools: A Brief and Pragmatic Perspective of the Evidence

Eli Cwinn and Emily Barry

### What is a Brief Digital Intervention (BDI)?

The Brief Digital Intervention (BDI) is an innovative approach for delivering Cognitive Behaviour Therapy (CBT) skills appropriate for a school setting. The BDI uses online self-directed learning modules to deliver core CBT skills training. The BDI is developed such that each skills module can be delivered in isolation. This allows for more individualized treatment plans. The BDI is also supported by clinicians who meet with the student to help identify goals, review the material from the CBT modules and provide advice about which (if any) subsequent modules are needed. In this way, BDIs are similar to internet delivered CBT programs (iCBT) in their format and content. BDIs are unique in that each skill module is developed as a stand-alone resource, there is clinician support before and after each module, and the intervention is designed to be much briefer than traditional iCBT programs.

Because BDIs are a recent innovative approach to school mental health, there is no literature on BDIs. There are related literatures that are informative. This review briefly examines the literature on dose-response and Short-Term Interventions (STIs) and then focuses on clinician-supported iCBT programs for adolescents.

### Dose-Response and Short-Term Intervention (STIs)

Most of the dose-response literature examines outcomes with adult populations. A systematic review found that 20% of adult clients improve after five sessions, and 57.6% of clients are recovered after 12.7 sessions<sup>1</sup>. Unsurprisingly, acute mental health difficulties require fewer sessions than chronic difficulties (e.g., 50% improvement after 5 sessions)<sup>2</sup> and that average levels of pathology also require fewer sessions than more severe pathology<sup>3</sup>.

With respect to child and adolescent populations, one meta-analysis of school-based mental health services found that there is no dose-response relationship and that the number of sessions did not predict treatment outcome<sup>4</sup>. The studies included in the meta-analysis were delivered in schools or by school personnel and were used a randomized, controlled comparison, or matched-sample quasi experimental design.

Other studies examined mental health outcomes of large geographic areas in the United States using insurance data and treatment outcome measures<sup>5,6</sup>. These studies also conclude that no dose-response relation exists for children and adolescents. Of note, the above studies all include elementary school aged children in their samples,

## RESEARCH SNAPSHOT

### Focusing on Uptake: The Evolution of an Evidence-Informed Classroom Resource for Student Mental Health



### Highlights

- *Skills for Life (S4L)* is a classroom resource created to support the development of social emotional learning (SEL) skills of high school students in Ontario.
- The *S4L* resource consists of eight classroom-ready lessons:
  1. *S4L* in Career Studies
  2. Mental Health and Mental Illness
  3. Exploring Identity and Acknowledging Strengths
  4. Strategies for Personal Wellness
  5. Identifying Thoughts and Managing Emotions
  6. Communication and Conflict Resolution
  7. Managing Controllable and Uncontrollable Stressors
  8. Road to Resilience

### What is this article about?

Although many youth in Canada are experiencing higher rates of distress and mental health problems, most do not seek or are unable to access the mental health services they need. When accessing care, marginalized youth experiencing mental health problems also face more barriers, such as discrimination in the healthcare system.

This article describes the process of developing and refining a classroom resource called *Skills for Life (S4L)* to support the development of social emotional learning (SEL) skills among high school students in Ontario.

### SEL

Supporting development of SEL skills is one way to promote and protect youth mental health and well-being by building life-long coping skills such as stress management and coping; healthy relationships; positive motivation and perseverance; identification and management of emotions; self-awareness and sense of identity; and critical and creative thinking. Schools are an ideal setting for supporting the development of SEL skills, given their capacity to identify students in need and their role in service delivery and health promotion. Another important consideration is the integration of culturally safe and responsive approaches to SEL skill-building. Enhancing culturally responsive SEL education presents a significant opportunity to improve all students' well-being, sense of identity, and resilience.

### Development and evaluation of the *S4L* school-based intervention to support SEL

The core *S4L* leadership team is made up of representatives of School Mental Health Ontario (SMH-ON) and researchers from the Social Research and Demonstration Corporation (SRDC), but over time, has also included representatives from the Ontario Secondary School Teachers' Federation (OSSTF), the Children's Hospital of Eastern Ontario (CHEO), the Ontario Ministry of Education, and Mind your Mind.

### *S4L*

The *S4L* resource consists of eight lessons designed to be delivered by high school teachers during regular class time. The *S4L* leadership team decided to align the *S4L* resource with the Grade 10 Career Studies course because this course curriculum focused on the concept of



## BRIEF INTERVENTION FOR SCHOOL CLINICIANS (BRISC) OVERVIEW FOR SCHOOL AND DISTRICT LEADERS

### WHY DID WE DEVELOP BRISC?

School mental health (SMH) services can increase access to care for youth who might not otherwise receive help and reduce barriers to learning that result from social, emotional, and behavioral problems. Despite their potential for improving student outcomes; however, SMH services, as currently delivered, have several shortcomings that reduce their potential for positive effects:

- SMH practitioners often focus on long-term individual treatment with students rather than preventive activities or early intervention, reducing "reach" of SMH in an era when many students are identified as needing help.
- SMH services often do not include elements that are based on evidence for effectiveness.
- SMH services often do not interconnect with multi-tiered response to intervention (RTI) models such as Multi-Tiered Systems of Supports (MTSS), which aim to ensure referral of students to an array of school and community helpers based on assessment of their academic and MH needs.

BRISC was developed to address these concerns by increasing the effectiveness and reach of SMH services.

### HOW DOES BRISC WORK?

- The *Brief Intervention for School Clinicians (BRISC)* is a research-based engagement, assessment, brief intervention, and triage strategy for SMH practitioners working in high schools.
- BRISC aims to serve as a flexible and efficient method for school-based helpers to work with students with a wide array of presenting needs.
- BRISC provides a framework for the SMH practitioner to partner with a student to understand their needs, provide initial support using engagement and problem-solving strategies, measure success, and determine appropriate next treatment steps within four sessions.
- The goal of BRISC is to promote efficiency and structure in individual SMH service delivery, while also using treatment elements that are research-based.

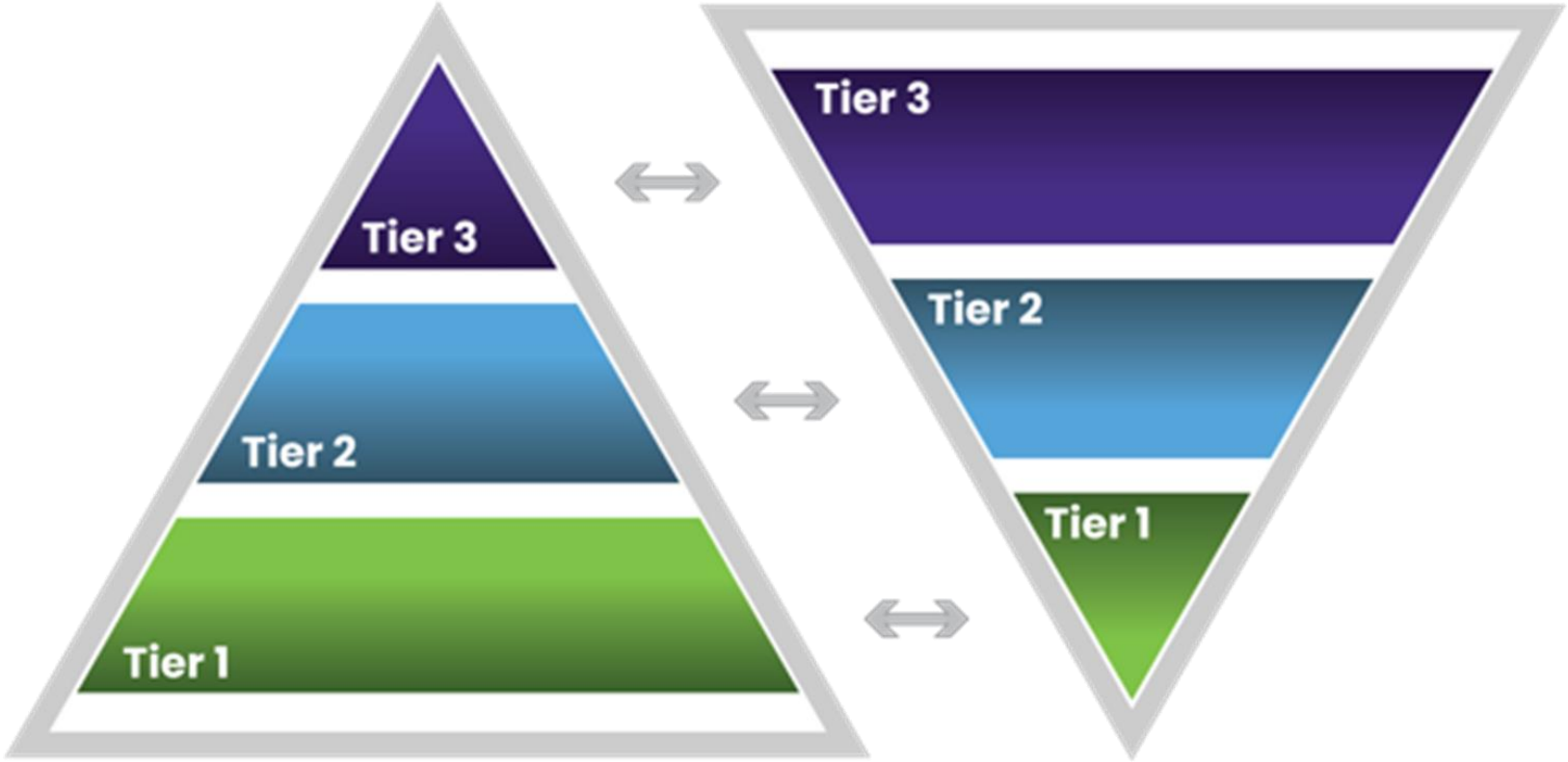
### WHAT HAVE WE LEARNED ABOUT BRISC'S EFFECTIVENESS?

- Practitioners working in schools using BRISC give positive ratings of BRISC feasibility, learnability, and acceptability.
- School-based practitioners also were able to do BRISC with fidelity to the model.
- BRISC practitioners were better able to retain students in treatment at 2 months and more likely to discharge students from school services by 6 months than school-based services as usual (SAU), providing support for the efficiency of BRISC.
- Students served by BRISC showed greater problem resolution than SAU and were more likely to move out of the clinical range for anxiety and depression.

# Building student mental health is a shared responsibility.

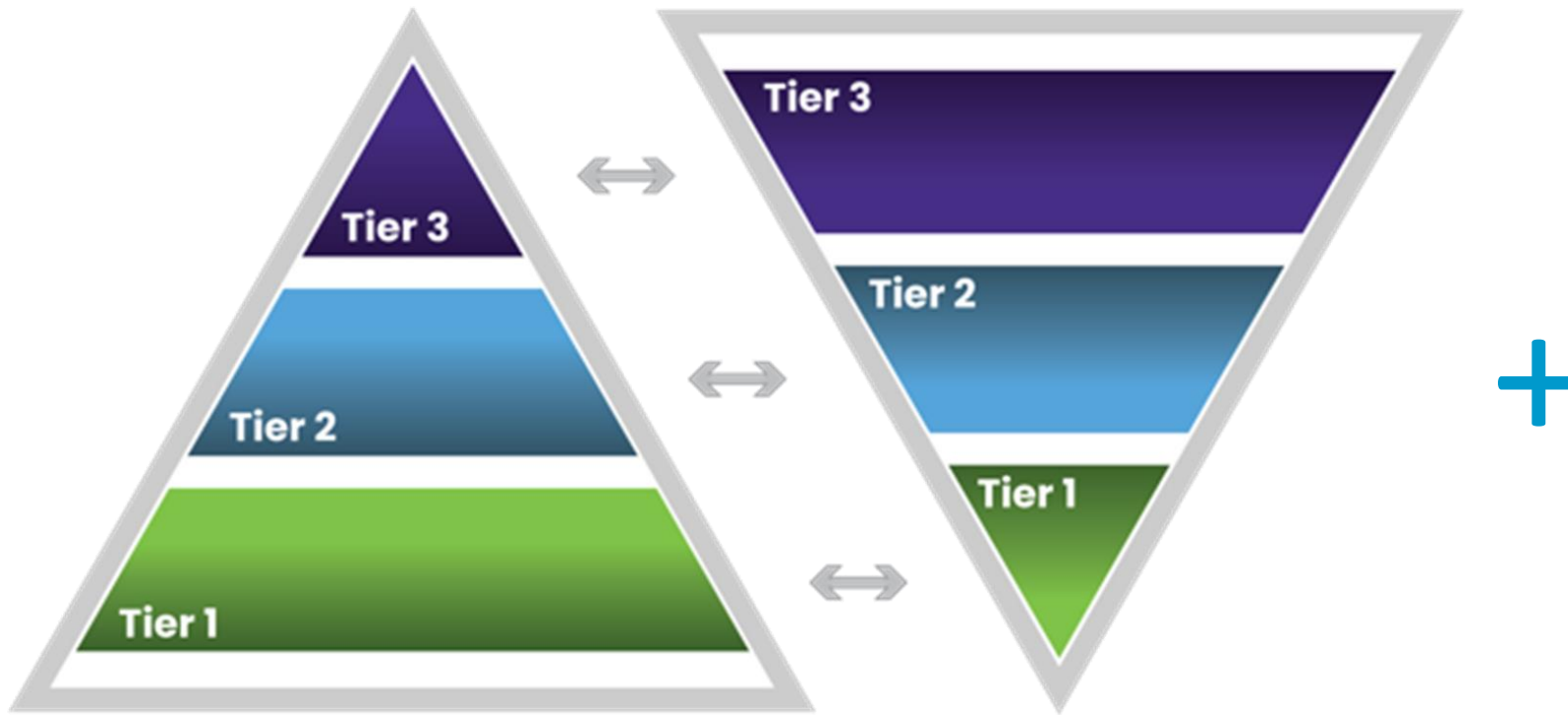


# Community Mental Health Care



School Mental Health Supports

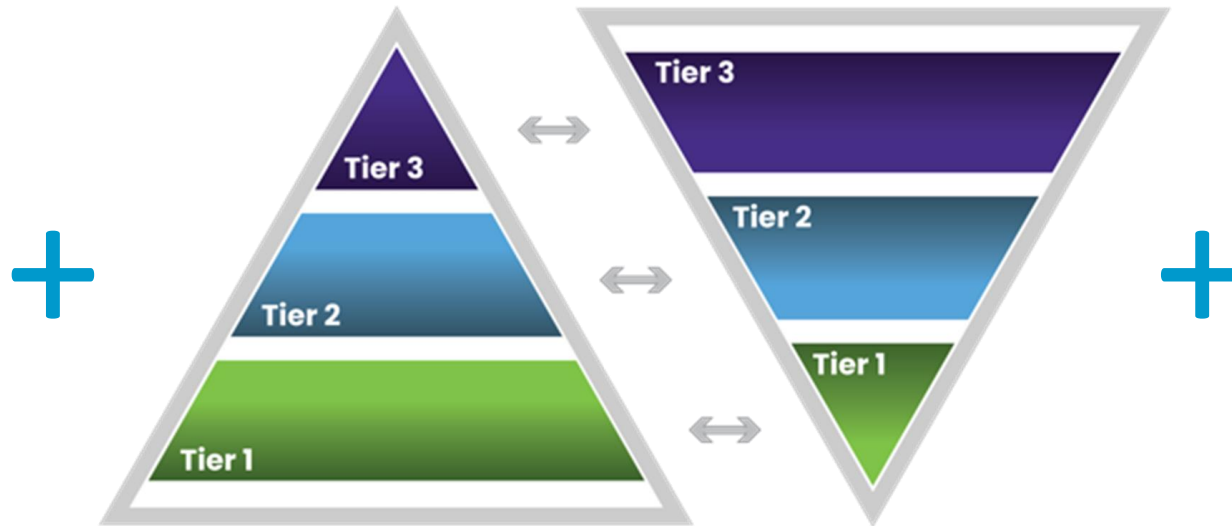
# A Shared Responsibility



Hospital care  
Crisis/Distress Lines  
Drop In Clinics  
Family Physicians  
Nurse Practitioners  
Cultural Practitioners  
Faith Leaders  
Public Health  
Sports and Recreation  
etc...

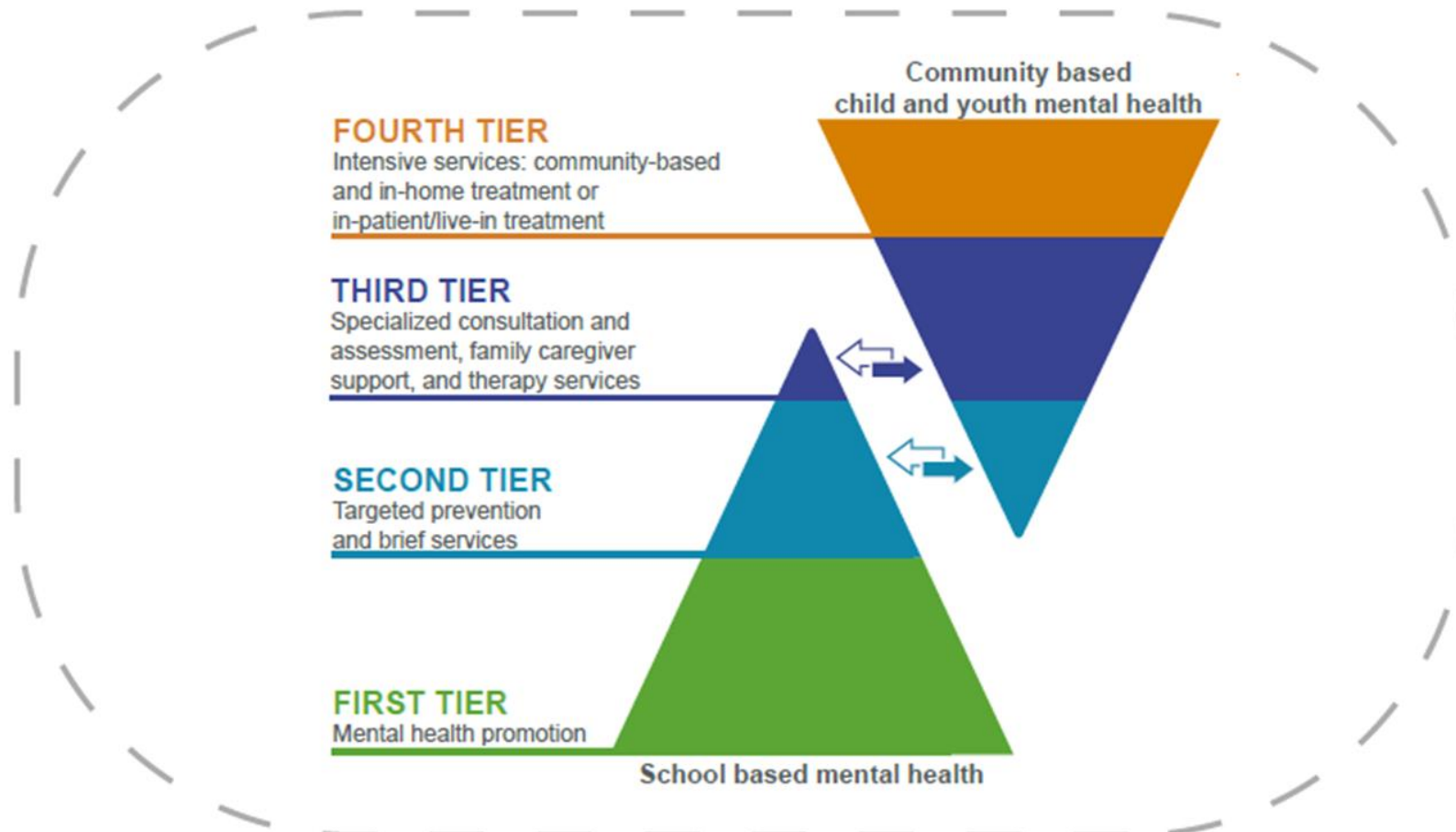
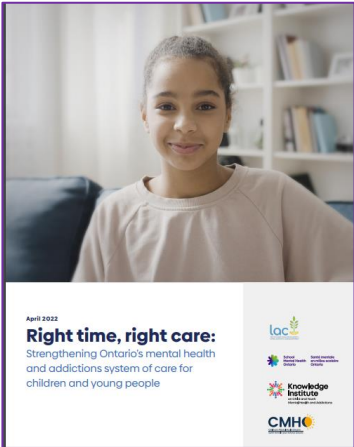
# A Shared Responsibility

Students  
and  
Parents/  
Caregivers



Hospital care  
Crisis/Distress Lines  
Drop In Clinics  
Family Physicians  
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Cultural Practitioners  
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etc...

# A Shared Responsibility in Ontario



# 5 Big Ideas Related to Post-Pandemic School Mental Health

- 1 Post-pandemic student mental health is variable, and disproportionalities exist.
- 2 Our greatest contribution in school mental health is upstream.
- 3 Look for (and equip) the helpers.
- 4 Evidence-informed practice is necessary but not sufficient.
- 5 Building student mental health is a shared responsibility.





# Towards a New Beginning

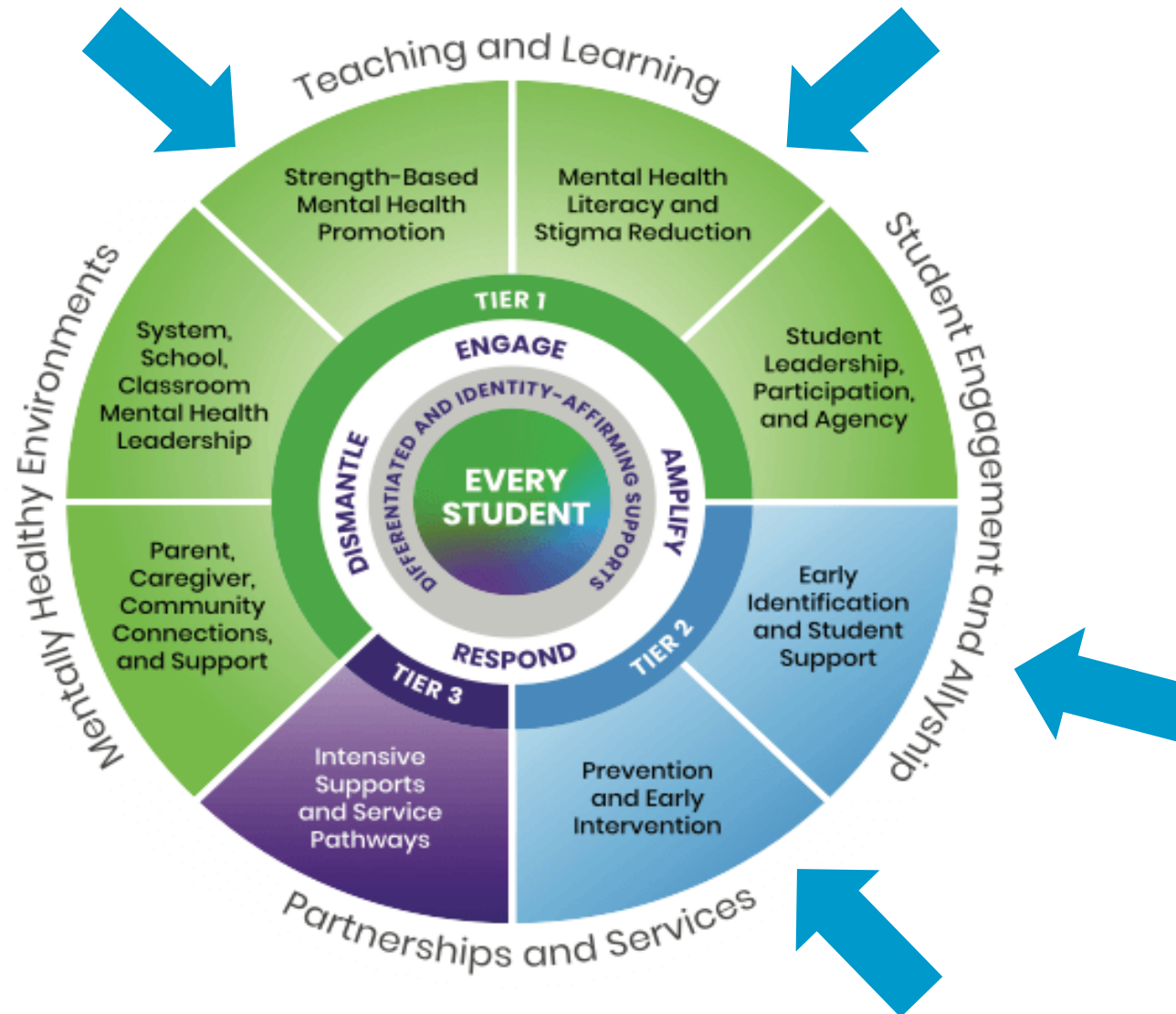


What does a new beginning look like?  
How will we get there?

Zunin & Myers, 2000

When we took an inventory of our systems, structures, and services during the pandemic, what did we learn?

# SMHILE helps to inspire a new beginning!





ONTARIO



ITALY

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