



School Mental Health Decision Support Tool:

Student Mental Health Awareness Initiatives

Version for System and School Leaders



School
Mental Health
Ontario

Santé mentale
en milieu scolaire
Ontario

We work together with
Ontario school districts
to support student
mental health

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A

Background

School Mental Health Ontario (SMH-ON) funded by the Ontario Ministry of Education provides free, evidence-informed mental health resources, lessons and training protocols for Ontario schools. These materials cover mental health promotion, prevention, and early intervention services. They have been sourced internationally, drawing on proven practices and programming in school mental health. SMH-ON resources have been co-developed and vetted by educators, clinicians and system and school leaders, to align with the provincial mental health strategy and Ontario curriculum. You can access many resources on the SMH-ON website. Board Mental Health Leadership Teams have access to more tools and resources as well, so if you are seeking materials on a specific topic, your first step should be a connection with your board [Mental Health Leader](#).

While these made-in-Ontario resources are widely used, at times, school boards in Ontario are asked to consider other products, initiatives, programs and services related to supporting student mental health and well-being. Many such initiatives are excellent in quality, reflect the current evidence base in school mental health and other ways of knowing, and have been field-tested in our province with successful outcomes. Unfortunately, there are also many untested, costly, and/or misaligned mental health initiatives that cross the desks of Ontario Directors of Education, superintendents, principals/vice-principals and school staff. Though well-intentioned, these initiatives may not produce the intended outcomes and, in fact, may cause harm.

This tool will help to support the system and school decision-making process related to particular **mental health awareness** products or services. It aims to ensure alignment with the board/school mental health strategy and action plan and encourages an assessment of fit with the local context. That is, it helps to encourage the use of mental health initiatives, programs, products or services that are identity affirming and culturally responsive, and are attentive to local needs, strengths, and existing successful resources and practices.

Note that other Decision Support Tools in this series focus on other aspects of the multi-tiered system of support (e.g., selection of mental health promotion programming). See the flowchart in Appendix A for a suggestion about how the Decision Support Tool for mental health awareness initiatives might be used. An updated Decision Support Tool to aid in the selection of evidence-based mental health promotion programming is in development and will be coming soon.

Please contact your board Mental Health Leader or Superintendent with responsibility for mental health if you have questions or concerns.

B

General Principles for Selection of Student Mental Health Awareness Initiatives

Mental health awareness initiatives are designed to :

- enhance knowledge about mental health and well-being,
- nurture mentally healthy attitudes and beliefs,
- reduce stigma,
- assist with identifying signs of mental health and substance use problems, and/or
- promote help-seeking behaviours.

Essential Ingredients of a Good Mental Health Awareness Activity

- Part of a comprehensive plan, not a one-off presentation
- Aligned with school and board mental health initiatives
- Evidence-based or evidence-informed
- Delivered in the appropriate format for the audience
- Appropriate content for the audience
- Inclusive, identity-affirming and culturally responsive
- Include clear parent/caregiver consent process
- Consideration of risks for students who are vulnerable to mental health problems
- Follow up support / opportunity for debriefing

Mental Health Initiatives Require Careful Planning

- 1. Select well** – Some mental health initiatives produce unintended negative effects and should be avoided (e.g., presentations that glamourize risky behaviour or use scare tactics)
- 2. Consider students who are vulnerable** – Some initiatives seem positive and may be helpful or benign for most audiences, but can be harmful for young people who are vulnerable to mental health problems (e.g., large group suicide awareness campaigns)
- 3. Think about your audience** – If the initiative is rooted in western, heteronormative world views and it may neglect the experiences of students with other cultural or faith backgrounds or identities and should be therefore adapted or replaced for some audiences
- 4. Consider Alignment** – If the resource is introduced in such a way that it disrupts the board’s mental health and addiction action plan (e.g., high intensity programming that demands considerable energy) it can fragment a coherent strategy)



Special Considerations

1. One-Time Presentations and Guest Speakers

System and school leaders are often approached by experts and motivational speakers who bring messages about mental health to a student audience. Most often, these individuals offer information in a fee-for-service manner, although at times partners may offer these presentations free of charge. Guest speakers on topics related to mental health can be powerful. They can help to inspire, normalize, and support mental health learning. Because speakers are relatable, students often find their messages compelling and authentic. Unfortunately, not all speakers bring helpful and hopeful messaging, and some can perpetuate myth and stigma around mental health or may include triggering content. In general, presentations about mental illness are best embedded in classroom lessons that can be explored, allow time for inquiry and self-reflection with a caring supportive adult.

There are times, however, when a guest speaker can bring a particular message to reinforce board or school priorities and directions. The following considerations may be helpful when making decisions about one-time presentations. The listing of questions for guest speakers in Appendix B may also be useful.

Benefits:

It can be helpful to have an outside speaker with expertise in mental health speak to students about research or lived experience in this area. Often experts can:

- Bring knowledge and credibility to this subject matter,
- Have practiced ways to describe the topic in an engaging and accessible manner.
- Help to reduce stigma about help-seeking for mental health problems.
- Echo and reinforce messages from the Mental Health Leadership Team.
- Inspire hope with their story.

Students tend to appreciate learning from mental health professionals, they generally:

- Find the content interesting and relatable
- Report having acquired new knowledge that is relevant to their daily life.

Cautions:

- Guest speakers can sometimes go “off script” and cover content that is unhelpful or harmful to students who are vulnerable, particularly during lived experience talks when the speaker is not emotionally ready to share their story.
- In large group presentations, it is hard to monitor student reactions and wellness.
- There is relatively brief interaction with the expert with one-time presentations from outside speakers.
- There is usually limited follow-up or continued contact with staff or students, which means that questions go unanswered and there is little opportunity for deeper learning.

This can be mitigated somewhat by selecting speakers well and by considering use of speakers that are external to the school, but not to the school board, allowing for greater chance of follow up activities.

C Special Considerations

In determining if a one-time presentation is right for your setting, it is important to think about what has been done to “build the ramp” for this event (e.g., staff capacity building, coverage of basic material, parent/caregiver consent), and what will happen after the event to ensure student safety and to continue to build student knowledge in this area.

Other considerations:

- Positive mental health and mental health promotion presentations are suitable for all audiences and can be delivered in a large assembly or class grouping. Presentations or videos that deal with specific mental illnesses should be delivered to smaller audiences to allow for dialogue and closer monitoring of student responses.
- Timing matters! Avoid holding sessions on Mondays (because returning to the school environment routine may be challenging for some) and on Fridays or at the end of the day (as you will want to monitor students to determine who requires assistance and support).

Not all speakers may be a good fit for your board or school. Before you bring a speaker to your setting, it is important first to observe their presentation, review their materials and social media content, and/or consult with trusted colleagues who have had experience with this speaker (see Appendix B for a sampling of interview questions for potential mental health speakers).

- Ensure that the speaker is drawing from evidence-informed materials that are inclusive and respectful of different ways of knowing and healing. Work with the speaker to align messages with your board’s mental health and addictions strategy, and with the cultures and identities of students served. Note that different speakers may bring a professional orientation that, while valid and important, may be inconsistent with your school board’s strategy.
- Safeguards need to be taken and consideration should be given to the differential impact that these activities may have on different individuals or groups of students. Parents/caregivers should be informed about the nature of the presentation so they can help gauge whether or not it is appropriate for their child. Students who may be harmed by the content should be (unobtrusively) excused from attending the presentation. It is important to make school mental health professionals aware of mental health awareness presentations so they can advise as to the need for a clinical support person at the event.

See Appendix C for additional planning questions.

2. Mental Health Videos

Videos can be an engaging and powerful method to increase awareness and compassion. The best videos provide factual information in an authentic, developmentally appropriate and culturally relevant way and explicitly thread hope throughout. Unfortunately, there are many examples of videos that contain risky content (e.g., individuals with lived experience who do not have the training or readiness for sharing their story, sensationalized or glamourizing messages about suicidal behaviour, oversimplified connections, false or misleading information, disturbing images, fear tactics, graphic content). Note that individuals producing biographical videos run the risk of over-identification of themselves with their illness. Before selecting a video presentation to complement mental health awareness programming for students, careful thought is required.

Benefits:

- Allows the educator to incorporate the voices of mental health experts into the learning environment that can bring knowledge and credibility to this subject matter.
- Can bring the voice of young people or those with lived experience in powerful and engaging ways.

- Can help to reduce stigma and reinforce help-seeking as relatable speakers normalize the experience of mental health problems and describe accessing and receiving services that helped them.
- Offers a visual, artistic format for learning that may be more accessible for some students.
- Students may re-watch the video if there are points that they missed or want to consider more deeply.
- Educators can use a video to bring forward a perspective or point of information that is meant to prompt dialogue and deeper learning together in class When produced by a reputable organization, content can be factual and engaging.

Cautions:

- There are many videos available that are not evidence-informed and may perpetuate myths and pseudoscience related to mental health.
- Some videos promote proprietary resources, books, and products.
- Some videos created by and with young people with lived experience include disclosures about their mental health status that they may not be ready for, and may later regret that they shared so publicly.
- Videos created outside of Ontario may not reflect the context of our province or the diversity of our student population.
- Videos created by and for young adults may contain themes and messages that are not developmentally appropriate for elementary or secondary school students.
- Some videos highlight negative experiences with help-seeking, which could inadvertently make students less likely to reach out for assistance with a mental health problem.
- Videos may include content that is disturbing and may be unsettling for some students.
- In larger groups, or when teaching remotely, it may be difficult to monitor the reactions of students and how the content may be affecting them.

Special considerations include:

- Be sure to view the video before sharing it with students. Watch for disturbing images, inappropriate music lyrics, tones of despair, etc.
- Ensure that the video you are presenting has been produced/sponsored by a reputable organization and/or has been vetted by a mental health professional.
- Select brief and concise video presentations, rather than those with long didactic messages.
- Situate the video in the context of learning (provide a preamble / advance organizer, define terms and allow for class and individual debriefing as needed).
- Positive mental health and mental health promotion presentations and videos are suitable for all audiences and can be delivered in a large assembly. Presentations or videos that deal with specific mental illnesses should be delivered to smaller audiences to allow for dialogue and closer monitoring of student responses.
- Avoid videos about specific people or events that may contribute to sensationalism. This can result in over simplification of complex issues such as suicide and can contribute to suicide contagion.
- Avoid showing videos that deal with specific illnesses on Mondays (because returning to the school environment routine may be challenging for some) and on Fridays or at the end of the day (as you will want to monitor students to determine who requires assistance and support—see page 5: Timing matters!).

See Appendix C for additional planning questions.

3. Social Media Campaigns

Social media campaigns can be used to amplify stigma-reduction efforts, sharing of mental health facts, student-led mental health promotion efforts, or a mental health cause. For example, social media campaigns are often used to reinforce messages during special mental health awareness days and events (e.g., child and youth mental health week, suicide prevention awareness day).

They can be helpful in building momentum and a sense of common purpose around mental health promotion initiatives. Because they use a familiar medium for young people, social media campaigns are well-positioned for student leadership (with adult support and allyship to ensure that the campaign is safe and positive for all). Used well, social media campaigns can help to #ShareTheGood.

Benefits:

- Can be helpful in reaching a large number of students, parents/caregivers, and community members with consistent messaging and information.
- Allows for information to be shared on a platform that is familiar and commonly used amongst students.
- When factual evidence-informed content is included in a planful way it can enhance awareness about mental health and reduce stigma.
- Cost effective method to share information.
- Social media platforms provide ways to interact with the content, and to spread hopeful and factual messages
- The impact of the campaign can be measured using analytics.

Cautions:

- Social media campaigns require planning and supervision to ensure that content is appropriate, positive, and aligned with the board’s mental health strategy.
- Can be time prohibitive in monitoring and fact checking information shared by users in a social media campaign (including moderating for inappropriate content).
- There is a lot of content on social media about mental health that will compete with your campaign so it may be difficult to break through with intended messaging to reach the student audience.
- Need to consider carefully the tone and “voice” you will use for social media messaging so it is professional, warm, hopeful, and effective in reaching your audience.

Special considerations include:

- Social media campaigns should align with the board’s mental health plan and the board’s strategic direction and policies.
- Social media campaigns should be vetted by a mental health professional to ensure that they provide accurate information are de-stigmatizing, promote help-seeking behaviours, and provide information about high-risk behaviours in safe ways.

System and school leaders need to consider:

- > How web-based information is managed.
- > Who has the responsibility for fact-checking and monitoring content.
- > Whether their web-based information is instantaneous/real time or if there are controls.
- > How often the information is changed and updated.
- > The degree to which the posts reflect the diversity of the community served.
- > Ensuring security by having password protected sites.

Consultation with your board communications officer/department may be helpful.

Uploads and posts reflect on principal/school/board, so careful consideration is required to ensure that content is timely, accurate, aligned and appropriate.

4. Written Materials — Print and Web Formats

There is an abundance of written material dedicated to mental health for young people, available in paper form (brochures, fact sheets) and online. This can be helpful for punctuating key messages, deepening learning for those students wanting to explore more about this topic, and sharing knowledge with parents/caregivers. Selecting the right material to share with students can, however, be challenging. While there is now ready access to excellent scientific knowledge, translated for a lay audience, there is also much “pseudoscience” available. It is also important to highlight mental health organizations that reflect diverse communities and validate families lived experiences. Canadian (and ideally Ontario) sources are best for our context.

Benefits:

- Students and parents / caregivers are often seeking reliable mental health information and it is helpful to have this packaged in one place.
- There are many organizations that carefully curate and package mental health information for youth and parent/caregiver audiences on specific topics.
- School and system leaders can draw on the work of reputable organizations to add factual written information to newsletters or information sheets for students or parent/caregivers.
- Educators appreciate having quick facts about mental health and mental health disorders at their fingertips.
- Can be helpful in reaching a large number of students, family/caregivers, and community members with consistent messaging and information.
- Can be a helpful method to extend learning about mental health to parents and caregivers.

Cautions:

- There is a huge amount of mental health information available and it can be difficult to discern reliable from unreliable information.
- Research in this area is ongoing and print resources can quickly become out of date.
- Although some of this information is written with a child or youth reader in mind, it is often framed in adult language and may be difficult for young people to understand. In selecting written materials to share with students, it is important to use only materials from reputable professional organizations that specialize in mental health.
- Content may be developed from a white, heteronormative perspective and is not relatable for all students and families.
- Content may be developed from places outside of Ontario where the context, resources, and student populations are different.

A general rule of thumb is that if a school administrator would not be comfortable/support the material and content being brought to their school through ‘traditional means,’ it is not appropriate for social media channels. Additionally, if they would not want the content seen by anyone in the world and linked to themselves and their school, they should not be supporting the content through social media.

A few screening questions:

- Would I be comfortable having someone come into the school to deliver the message/content in person to ALL students, parents/caregivers, and community members? If not, it shouldn’t be supported through social media.
- Would I be comfortable printing off all content and distributing it in hard copy to ALL students, parents/caregivers, and community members linked to my school? If not, it shouldn’t be supported through social media.

Special considerations include:

- Select material that complements school/class instruction and messaging.
- Consider the developmental age, grade and intersecting identities of the students for whom you are providing this supplemental information.
- Avoid sensationalized or biased reports (e.g., from organizations trying to assert a political position in their literature).
- Note that the skills students learn for critical appraisal and authenticating online sources can generally be applied to their study of mental health information online.
- Seek out written material that is culturally relevant and identity affirming for your student and parent/caregiver audiences and that has been translated into relevant languages for your community.

5. Mental Health Apps

There are many Mental Health Applications (Aapps) that young people can access to assist with their mental health. Some of these tools help with developing and monitoring wellness routines (e.g., activity level, sleep, hygiene), and others support mental health promotion activities (e.g., relaxation techniques). It can be difficult to navigate the spectrum of mental health apps as they are ever changing and evolving and cover so many different functions and mental health topics. Needs may also differ at different times (e.g., what someone needs during a crisis is not the same as what they may need day-to-day), and apps change over time, as well. It can be difficult to efficiently evaluate mental health apps for youth so careful consideration is needed before bringing apps into your board/school.

Benefits:

- Allows students to learn about mental health skills and strategies in a private and easily accessible manner.
- Many students are comfortable and familiar with using apps.
- There are many free apps available to choose from and students can “shop around” to find something that might help them to nurture their mental health.
- Students can learn and practice simple actions that can benefit their mental health (e.g., breathing techniques).
- Many apps feature evidence-informed techniques rooted in approaches like CBT and ACT (though they are not a replacement for therapy).



Cautions:

- Many apps have a cost attached to them and can be cost prohibitive for many students and families (though free, many require in-app purchases to limit advertisements, for example).
- It can be difficult to discern which apps have information that is evidence-informed and appropriate for use with students.
- Apps are frequently updated and reviewing updates for continued appropriateness can be time consuming.
- Content may be developed from a white, heteronormative perspective and is not relatable for all students and families (though this is changing).

Special considerations prior to use of a mental health app in the classroom:

- Take time to download, explore and use the app to get familiar with the tool.
- Seek out information about the application development and ensure that is shared to students (e.g., who is it developed by).
- Consider how student data will be used and stored on this app and if this is appropriate.
- Check for developmental appropriateness.
- Question if there are issues with diversity and inclusion in the app (e.g., different pronouns? characters diverse?).
- Verify if there are cost/paywalls (sometimes an app is free but have in-app purchases, if not purchased, the app is limited).
- Consider board policy and appropriateness if ads are embedded for marketing.
- Explore changes when updates occur to ensure this app is still appropriate for students. (Monitoring and updating).

Should educators wish to share examples of apps they find helpful, invite them to consider the following:

- equity (e.g., apps that speak to particular cultural contexts, apps that do not ask people to choose between Male and Female gender options during registration)
- accessibility (e.g., languages, adjustable font size, apps that are available offline, apps without upfront or in-app costs)
- ease of use
- trust (e.g., the app is affiliated with a trusted organization, such as a non-profit or government agency that is well-known within the mental health space)
- privacy (e.g., how much data is collected, how it is stored, what it is used for)
- the evidence behind the app
- apps promoted by trusted youth-serving organizations and services

There are also online sites available that review apps based on factors such as their credibility, user experience, and transparency or privacy practices. Students should exercise caution when exploring new apps.

Remind students that, while mental health apps can have many benefits, they may not work on their own in all situations and are sometimes best used alongside other supports and services.

Source: *Exploring a Youth Mental Health Apps Database for Canadian Youth, Families and Service Providers – Wisdom2Action*



6. Peer Support Activities

Peer support is an emerging and increasingly popular practice within mental health. There is also growing interest in peer support in Ontario schools. However, there is little evidence to support youth peer support programs related to mental health. There is some research to show that peer support should NOT be used for complex mental health concerns, like suicide prevention work. Careful consideration must therefore be given to the selection of peer support initiatives within school boards. This area of work is extremely complex.

Although little is known about which program elements lead to positive outcomes, youth peer support can be thought of as a promising practice that may offer some potential benefits for those receiving support, those providing support, and the wider school community.

In contrast to the challenges and potential harms presented by peer support for complex mental health needs, there are many places to build opportunities, including:

- Mental health promotion
- Upstream approaches to prevention
- Modelling healthy coping attitudes and practices
- Building awareness of resources and supports
- Encouraging help-seeking
- Stigma reduction

Benefits:

- Supports stigma reduction.
- Helps young people to navigate mental health with others who can relate to their experiences.
- May reduce isolation and enhance connectedness at school.
- May contribute to a sense of mutual understanding, shared identity and shared experience.
- May help peer supporters to gain skills related to mental health leadership.
- May build relationships with adult allies associated with the peer support programming.

Cautions:

- Limited evidence available to guide effective peer support practices at school.
- It is critical that peer supporters understand their role (encouraging mental health promoting activities, helping peers to know where and how to access help), and the boundaries of their role (they are not trained mental health professionals and need to know when to link to adult help so they are not carrying too much responsibility for another student’s well-being)
- Peer supporters must receive adequate and ongoing training and support from adult allies.

Peer support is not an alternative to professional support and it is not appropriate for complex mental health needs. In particular, the evidence clearly indicates peer-based suicide prevention presents significant risks to the students involved (including suicide contagion and even death) and should not be part of board/school practice.

Special considerations include:

- In any peer support initiative being considered, careful steps need to be taken to prioritize the wellness of the students involved (recognizing that peer support initiatives may differentially impact students, depending on their multiple and intersecting identities). Extra care may need to be taken to support students should peer support initiatives occur online.

For further guidance and information, [Decision Support Tool for Peer Support](#) and associated resources prepared by SMH-ON contain detailed information about the topic and may support the decision-making process related to peer support in Ontario schools. These tools also support the alignment of peer support initiatives with broader board/school mental health strategies and action plans. Every board has a Mental Health Leader who can provide consultation and support in this area.

7. Surveys about Mental Health

Occasionally, schools and/or boards are asked to participate in research related to mental health and well-being from an outside research group or to collect data about this topic as part of a board, school, or class initiative. While this is an important area of study, conducting research in this area carries many challenges. It is important to work with the board research department or MISA (Managing Information for Student Achievement) team when considering these activities so you receive guidance about research methods and ethics/privacy legislation. Contact your Board’s Mental Health Leader or member of the mental health leadership team on this topic.

Benefits:

- It is important to routinely gather data about student mental health so we can monitor needs, strengths, and progress over time with respect to school mental health programming.
- Student surveys about mental health help to identify areas of needs and potential gaps in student support, from the student lens.
- Findings can help to inform board and school programming decisions .
- Disaggregated data can be used to build knowledge and awareness of risk factors, and places where greater resources and differentiated approaches may be needed.
- Student surveys help to engage student voice in mental health programming.
- Feedback to students following survey analysis shows that student voice matters.

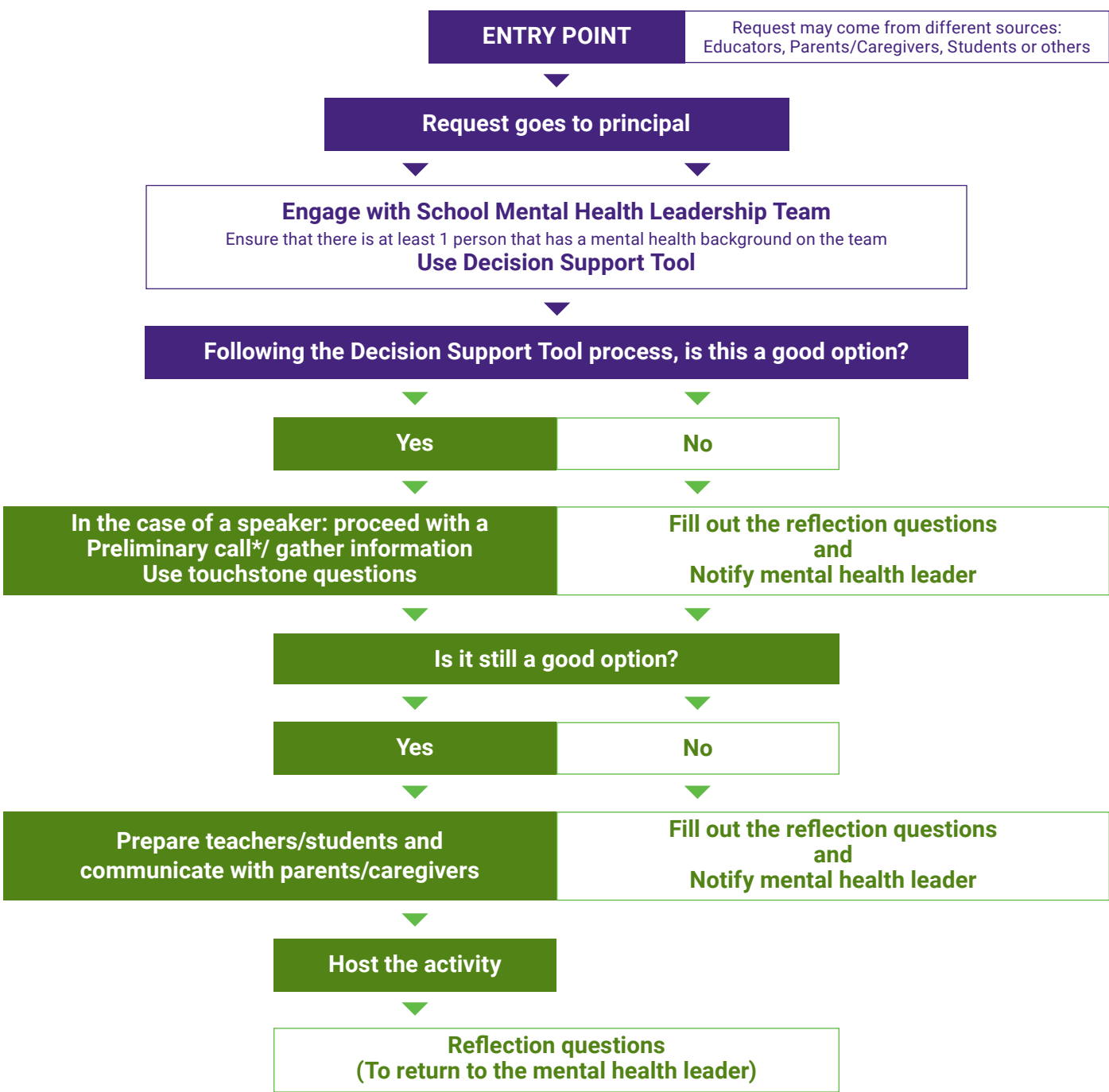
Cautions:

- Survey administration requires close attention to research ethics (e.g., informed parent/student consent/ assent protocols, confidentiality of data, data storage, access and retention). Prior to engaging in survey work, it is critical that a research ethics review is conducted (by a university Research Ethics Board or via board research review process).
- Survey development may seem straightforward, but requires careful wording in the area of mental health. Planned surveys related to mental health should be reviewed by members of the board mental health leadership team (e.g., MH Leader).
- Many surveys focus on mental illness, rather than mental wellness. Schools are focused on mental health promotion, prevention, and early intervention – not the treatment of mental illness – so it is important that the planned survey is a good fit with the role of the school in this area.
- It can be difficult to know which students may be vulnerable to the subject matter and inadvertently may experience feelings of distress.
- Whoever signs the consent controls the flow of information. In schools, parents/guardians typically would sign consent for their child to participate in a survey related to mental health given the sensitivity of the material. This means that, if they ask, parents/guardians could see their child’s responses. Students need to be aware of this when they assent to completing the survey.
- There are many mental health research efforts underway. Some are more rigorous than others. The energy involved in administering a survey in schools is not insignificant, so participation requires careful consideration.

Mental health awareness is mainly focused on mental health, rather than mental illness. It is designed to enhance knowledge about well-being, nurture healthy attitudes and beliefs, reduce stigma, assist with identifying signs of mental health and substance use problems, and promote help-seeking behaviours.

Appendix A

Flowchart for Decision Making on Mental Health Awareness Initiatives in a School Board



Appendix B

Some Suggested Interview Questions for Potential Mental Health Speakers

- Please describe your previous public speaking experience with regard to mental health topics? (audiences, topics, number delivered, duration, feedback, etc.).
- Please provide the names of any individuals who have experienced your presentation(s) and might be willing to serve as a reference.
- What key messages do you hope to communicate?
- What are the goals for the presentation?
- How are you working to keep your presentation current and responsive/relevant? How have you adapted your presentation to be inclusive of all students?
- Will you be sharing any factual information about mental health? If so, please provide a sampling of sources that you draw on for your material.
- Will you be sharing a story of your lived experience? If so, have you done this before? Are you in a good place right now to be able to relay this story in a hopeful way for others?
- What sort of preparatory or follow-up activities do you recommend?
- How will you communicate a sense of hope for the young people in the audience?
- Are you willing to align your messages with our school board mental health and addiction strategy?
- Are you willing to direct any student questions of a personal / crisis nature to board mental health staff?
- Does your presentation involve videos? If so, may we preview these?
- Are you promoting any materials during this presentation (books, initiatives, etc)? If so, may we preview these?
- Will you be sharing your social media contact in your presentation (i.e., Instagram, Twitter, etc.)?

Appendix C

Decision Support Reflection for School Mental Health Leadership Team Members

Proposed speakers/programs/videos/websites/other: _____

Referred by (entry point): _____

Team members completing this form (ensure at least one member has a mental health background): _____

Alignment		
How does this align with our board/ school improvement plan? How does this align with the board mental health strategy? (i.e., avoid one-off events)?		
What tier of support does this address: Tier 1 (promotion), Tier 2 (prevention) or Tier 3 (intervention)? Are other programs already in place that meet the same goals/objectives?		
Is the content of the presentation culturally responsive and relevant to the school community?		
Quality		
What are the professional qualifications of the presenter/author/video/campaign? For presenters, have references been supplied and vetted? Are their social media accounts benign?		
Is this Evidenced-Based or Evidence-Informed? Refer to the following links: http://www.excellenceforchildandyouth.ca/what-we-do/evidence/where-to-find https://www.childwelfare.gov/preventing/evidence/ebp_registries.cfm		
Impact		
Have we avoided Mondays, Fridays and end of the day?	Yes	No
If we have a specific mental illness topic, are we providing this in small groups?	Yes	No
Are we following best practice guidelines for talking with students about suicide?	Yes	No
Support		
How will parents/caregivers be informed?		
Have we considered holding the event when there are mental health professionals on site (either in-house or community partners)? – This is strongly suggested.		
How will we handle student distress and/or disclosures?		
How will we let students and families know where they can seek help at school and in the community?		
How will we let staff know where to find supports if they are triggered emotionally by the content?		
Readiness		
Has staff received training/been informed of their role and what is expected of them?		
Do we have champions to ensure that there will be follow-up and on-going activities?		
What follow-up activities are planned to embed the learning acquired from the presentation?		
Cost		
Are there any costs or obligations for the school/board?	Yes	No

Appendix D

Post-Activity Reflection Questions

Reflection Questions	
BRIEF DESCRIPTION	
What are some lessons learned (positive and/or negative) to be shared with other schools/boards?	
Moving forward, would you recommend this resource to others?	
Why or why not?	

NOTE: To be completed by school or board team.
Please send this completed document to your Mental Health Leader.



**We work together with
Ontario school districts
to support student
mental health**

www.smho-smso.ca

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