



# Every Student, Every School

Contributing to an integrated system of care for child and youth mental health

Optimizing the Continuum of Student Mental Health  
Services Across a Multi-Tiered System of Support



School  
Mental Health  
Ontario

Santé mentale  
en milieu scolaire  
Ontario

# Introduction

The primary goal of Every Student, Every School is to ensure that **every student** and their parents/caregivers have awareness of and equitable access to a full range of identity-affirming mental health promotion, early identification, prevention and early intervention supports and services across **every Ontario school** district, no matter where in the province they reside.



The process of engaging in this work can contribute to several opportunities that will improve how mental health learning, supports and services are understood and experienced by students, their parents/caregivers and school staff. The following outlines some of these opportunities:

- enhance accessibility, reconciliation and equity
- reduce stigma about mental health and mental illness
- promote early identification and support
- clarify roles, responsibilities, and pathways
- reinforce Tier 2 and 3 mental health services in schools
- strengthen collaboration and communication with key stakeholders

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# Setting the stage, focus and purpose



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# The purpose

The intended purpose of this resource is to support school board mental health leadership teams in Ontario to review, reflect on, reinforce and/or redesign aspects of their existing continuum of mental health services so that students and their parents/caregivers have awareness of, and equitable access to a full range of mental health promotion, early identification, prevention and early intervention supports and services at school. This will assist with communication to raise awareness about the available supports and services in schools and constitutes an important step towards strengthening the local system of care, in alignment with the aspirational vision of [Right Time, Right Care](#).



# Introduction

In Ontario, school mental health supports and services are an essential part of the wider system of mental health care for children, youth, and their families. Lessons learned from the effects of the COVID-19 pandemic also remind us that schools have the potential to be powerful sources of promotion and protection for student mental health and well-being.

With a focus on fostering identity-affirming and culturally responsive mentally healthy learning environments, schools can integrate mental health literacy across the curriculum, encourage wellness promoting activities, bolster social-emotional skill development, assist in reducing stigma related to mental health and help-seeking, and uplift student perspectives and leadership in the area of mental health promotion. In addition, school staff are well positioned to recognize and identify early signs of mental health concerns, responding with strategies and supports to help young people experiencing mild-to-moderate mental health problems or supporting referrals to school or community-based mental health services. School mental health professionals are particularly well-poised to offer prevention and early intervention services, often helping young people to address problems in mental health before these difficulties escalate and require more intensive services. At the same time, recognizing that some students will need this higher level of intervention, school systems work alongside their community-based mental health partners and other sectors in a collaborative effort to create a system of care that is accessible, adaptable, compassionate, collaborative, and coordinated for children, youth and families who require higher intensity clinical services.



Schools are well placed to work alongside the community and healthcare settings to support the unique mental health needs of every student in Ontario. The system of care varies across the province based on local needs, strengths and available resources. In Ontario, the COVID-19 pandemic has magnified existing disparities and disproportionalities related to mental health supports inside and outside of school. In response, the multi-tiered system of mental health support in schools needs to be applied in an agile manner, centring the needs of those most marginalized and oppressed historically and presently, especially Indigenous and Black students.

*Identity-Affirming School Mental Health Frame for Reflection and Action, SMH-ON*

# System of care for child and youth mental health

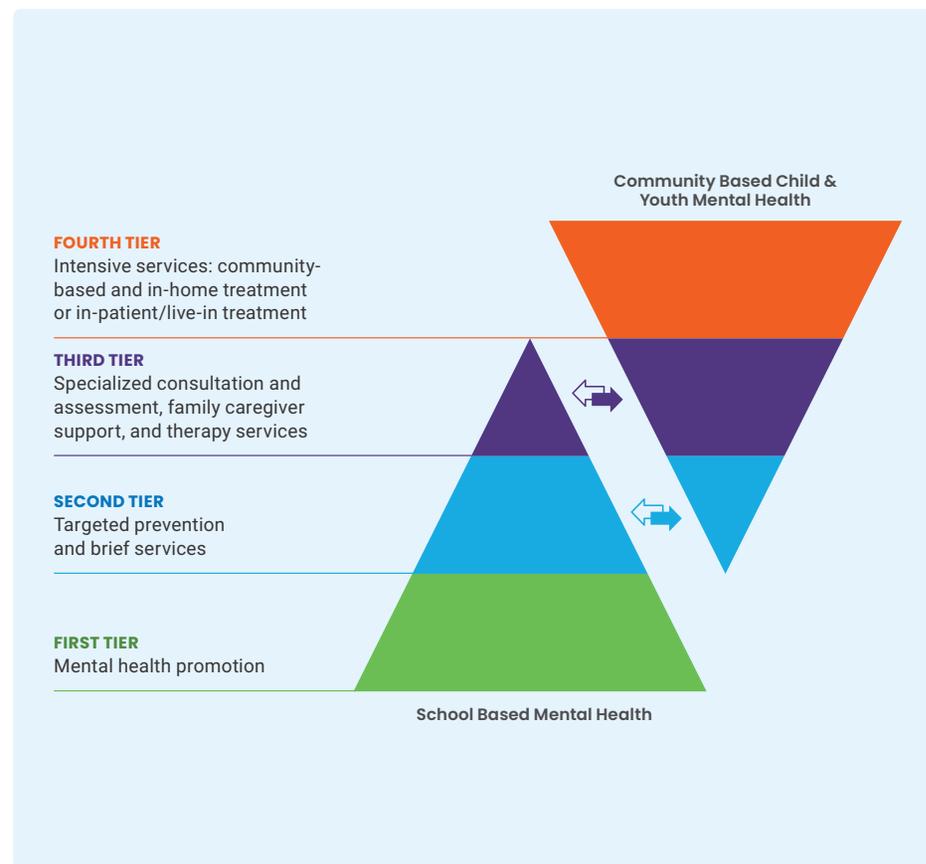
*Right time, right care: strengthening Ontario's mental health and addictions system of care for children and young people* outlines a collective aspirational vision for system cohesion and collaboration to improve how young people, parents and caregivers' access and experience mental health supports and services across the province. This endeavour involves advocacy and engagement with multiple sectors to work collaboratively with key stakeholders to co-design a robust, evidence-informed, and well-articulated continuum of child and youth mental health care.



Creating and agreeing on an aspirational vision of how we would like a system to work will help us to navigate the complexity of system change. We envision a system where our sectors work together to firmly place children, young people and families at the centre.

A system of care approach establishes mental health services across sectors that place children, young people, and families within the centre of care. It provides an ease of access to equitable services and supportive transitions between sectors and organizations. It acknowledges that oppression and racism are systemic and works to remove barriers and address injustices to provide a caring and effective system for all.

*Right Time, Right Care, 2022*



# The role of school systems

School systems are an integral part of this commitment<sup>[1]</sup>. They are well positioned<sup>[2]</sup> to bolster upstream efforts by fostering conditions for learning that promote differentiated, identity-affirming student mental health and well-being; to provide rapid, barrier-free access to culturally responsive prevention and early intervention supports and to facilitate pathways to, through and from community-based mental health care. The promise of school mental health is well documented<sup>[3]</sup> as a pillar in the aspirational vision towards a more comprehensive, equitable and effective mental health system for children, youth, and their families.

To effectively co-design a system of mental health care, school systems are, as a first step, encouraged to look inward. This involves taking stock of current learning, supports, services and delivery mechanisms with key stakeholders across the school system and prioritizing an [identity-affirming school mental health frame](#) for reflection and action to clearly articulate their internal continuum of school mental health supports and services. This includes defining, reinforcing, and communicating the full range of mental health learning, supports and services available to students, how they are accessed, where they are delivered, when and by whom.

[1] See PPM 169 [Policy/Program Memorandum 169 | Education in Ontario: policy and program direction | ontario.ca](#)

[2] See Foundations for Effective School Mental Health Practices: [Structures and Processes for Scalable and Sustainable Mental Health Promoting Practices in Schools and School Boards](#)

[3] See SMH-ON – [The promise of school mental health](#): Schools are an ideal place for mental health promotion, prevention, and early intervention. Reinforcing upstream mental health practices at school encourages wellness, enhances learning, and carries economic benefits.



# Ontario students at the heart of school system transformation

At the heart of this vision lies an unwavering truth that students are at the centre of this transformative work. Their diverse voices, perspectives and experiences matter and ground the ongoing process of shaping and re-shaping this vision into action.

Students who participated in the [#HearNowON 2021 report](#), expressed their interest and desire for **mental health learning** that is not just an afterthought but an integral part of their education and support system. They want **frequent, early, and varied** access to mental health understanding, **literacy**, and **tools to help them navigate stress and peer support** safely. This includes **leadership opportunities** that recognize and embrace their unique styles, giving them the chance to thrive and contribute meaningfully to their school communities and beyond.

Their recommendations reflect a compassionate and identity-affirming school system, characterized by **stronger equity-based and culturally responsive mental health resources**, supports and services. Students also seek unity in this journey and advocate that their teachers, parents, and caregivers join them in learning more about mental health. Beyond these calls for action, the report indicates areas for improvement, which include the need for **better awareness, availability and access** to student-facing resources, board-level school mental health initiatives and pathways to supports and services at school.

The [#HearNowON 2021 report](#) reminds us of the work ahead and provides school systems with some concrete ways to build a more holistic and responsive continuum of services across tiers of intervention.

School systems have an opportunity to integrate these recommendations in clear and concrete ways so that they are reflected and articulated as part of a more holistic continuum of services designed for student mental health learning and supports across the tiers of intervention.

# Optimizing the continuum of learning, supports and services for student mental health

Ontario school boards have service delivery processes and models that support students in many ways and engage a variety of staff, community partners and field expertise to provide those services in response to specific student needs (e.g., special education, speech and language, occupational therapy, knowledge keepers, grad coaches, settlement services). While a continuum of services in school systems should offer supports in response to students presenting with mental health problems, it should also articulate the type of upstream supports available to every student in schools and classrooms that contribute to the conditions that foster mentally healthy spaces and student mental health promotion. The following definition provides a common language and a shared understanding of a continuum of supports and services for student mental health:

A comprehensive continuum of student mental health learning supports and services for school systems involves a structured, multi-tiered system of support approach to promote and support the mental health and well-being of every student within an educational setting.<sup>[4]</sup> It outlines a full range of supports that prioritizes upstream mental health promotion for every student; early identification and support, timely prevention, early psychosocial intervention for some; and support pathways to more intensive therapeutic interventions for a few. It includes multi-disciplinary teams of professionals (e.g., educators, student support staff, school administrators, mental health professionals and beyond) who are equipped to provide multi-tiered levels of support for children and youth in an accessible, inclusive, culturally responsive, and familiar setting.

[4] [Ontario Ministry of Education, Policy/Program Memorandum 169, Requirement #3](#)



## Multi-Tiered System of Support

School boards will utilize a multi-tiered system of support approach to deliver school-based mental health services.

This structure helps to establish priorities, clarify roles, and ensure service coordination and quality. A multi-tiered system of support structure includes a continuum of services: mental health promotion, early identification, prevention and early intervention, and service pathways/ clinical support for more intensive mental health needs.

[Ontario Ministry of Education, Policy/Program Memorandum 169, Requirement #3](#)

# Goals and opportunities

The primary goal of optimizing a continuum of services for student mental health supports across the tiers of intervention is to ensure that students and their parents/caregivers have awareness of, and equitable access to a full range of identity-affirming mental health promotion, prevention and early intervention supports and services across every Ontario school district, no matter where in the province they reside.

The process of engaging in this work can contribute to several opportunities that will improve how mental health supports and services are understood and experienced by students, their parents/caregivers and school staff.

The following outlines some of these opportunities:

- **Enhance accessibility, equity, and reconciliation:** A continuum of learning, supports and services that is contextualized and designed to reflect the student population is meant to be flexible and iterative. This approach includes identifying service gaps and acknowledging deeper systemic barriers that may contribute to oppressive practices in school mental health supports and services. By creating opportunities to consider and amplify identity-specific programming, and dismantling unhelpful practices, we can rebuild systems so that Black, Indigenous, and marginalized students and their parents/caregivers have access to safe, culturally responsive, and identity-affirming care throughout their mental health journeys at school and in life. This committed work requires meaningful engagement, dialogue, reflection anchored in cultural humility, and action from an identity-affirming frame.
- **Reduce stigma about mental health and mental illness:** A robust service continuum tailored for student mental health enhances visibility and accessibility of available supports for young people across developmental stages. Talking about and normalizing mental health help-seeking routinely in classrooms and in schools helps to reduce stigma and barriers to access.
- **Promote early identification and support:** Identify and respond to mental health concerns at the earliest possible stage to prevent escalation and promote positive mental health outcomes. Designating a range of well-equipped student support staff who are reflective of the school community can provide a consistent presence alongside educators and school staff. It may also assist with “task-shifting” which is the idea that caring adults, who are often the ones that students turn to first, play a significant role in listening, validating, and supporting young people so that more formalized mental health services are not needed.
- **Clarify roles, responsibilities, and pathways:** Defining the continuum of learning, supports and services contributes to more clarity about the associated roles and responsibilities, opportunities for coherent resource allocation and understanding of access points and referral pathways. Recognizing the distinct skillset and scope of practice available within multi-disciplinary teams in each school board to provide high-quality supports and services for student mental health helps with clarity and consistency for staff and students.

- **Reinforce Tier 2 and Tier 3 mental health services in schools:** School mental health professionals are uniquely positioned to provide high-quality culturally responsive, evidence-informed prevention and early intervention mental health services within schools to be responsive to the diverse needs of every student.

➔ **ADDITIONAL RESOURCES**

**Chapter 4. Essential practices for Tier 2 and Tier 3 in school mental health**

- **Strengthen collaboration and communication with key stakeholders:** A clearly defined continuum of learning supports and services facilitates uptake and integration of available, research-based resources and communication to a host of key stakeholders across the school community, including students, their families, and parents/caregivers. It also provides opportunities for school board mental health teams to engage meaningfully with community services that are poised to amplify and reinforce the supports and services across and beyond the tiers of intervention.



# The role of mental health leadership teams

The Mental Health Leadership Team<sup>[5]</sup>, composed of key members including the superintendent with responsibility for mental health, the mental health leader, and managers of psychology, social work and child and youth services, work collaboratively to facilitate the development and implementation of the school board's three-year Mental Health and Addictions Strategy and annual Action Plan. This dedicated team liaises with other board leaders to ensure alignment with the school board's strategic directions, integrates diverse perspectives, establishes processes and protocols, and mobilizes resources for mental health promotion, early identification, prevention, and early intervention supports. Responsibilities span, reinforcing the leadership foundations, supporting the uptake and integration of mental health practices, guiding the selection and implementation of evidence-informed interventions, facilitating staff development, and forging community partnerships. Through these efforts, the team promotes a comprehensive approach to mental health across the educational landscape.

The culmination of this on-going work is foundational and deeply connected to the school board's capacity to co-design and implement an optimal continuum of learning, supports and services for student mental health. Many Ontario school boards report<sup>[6]</sup> that they have a well-articulated mental health service delivery model with clear descriptions of roles and services available within the school board to assist when student concerns arise. Often, this means the provision of essential supports and services from mental health professionals in response to individual or groups of students presenting with mental health problems.

As our comprehension of school systems in the context of integrated child and youth mental health care advances, a unique opportunity arises for mental health leadership teams to review, reflect on, refine, and enhance their current continuum of services to support student mental health and well-being across the multi-tiered system of support<sup>[7]</sup>. This involves efforts to:

- purposefully incorporate descriptions of upstream, differentiated and identity-affirming mental health learning and supports, available to every student in schools and classrooms as part of the full range of services that contribute to promoting and protecting their mental health,
- collaborate with multiple stakeholders to co-design a robust menu of identity-affirming, evidence-informed psychosocial and therapeutic services that are responsive to the goals and levels of readiness of students with emerging mental health problems,
- determine the most suitable professional roles within the school system to effectively deliver mental health learning, supports and services across and between tiers of intervention,
- enhance mental health literacy of school staff in early identification and support,

[5] See [SMH-ON Leadership Portal: Primary Roles and Responsibilities for Dissemination and Implementation](#)

[6] Report based on the SMH-ON Board Mental Health Scan September 2022 – March 2023

[7] See [Ontario's multi-tiered system of school mental health: the Aligned and Integrated Model \(AIM\)](#)

- facilitate professional development opportunities, training, and coaching for the uptake of role-specific identity-affirming, evidence-informed practices,
- define multiple access points and pathways for services throughout the continuum of care,
- develop audience-specific communication strategies that outline the range of available mental health supports, services, and access points,
- monitor and evaluate progress for continuous improvement.

Continuous efforts to enhance and review the continuum of learning, support and services for student mental health entails a dynamic process of engagement, communication, and co-design, with a multitude of stakeholders across the system, and most notably, alongside students and their parents/caregivers. Their perspectives and lived experiences serve as invaluable assets, equipping mental health leadership teams with insights and ideas that serve as foundational elements for informed decision-making.



Learning, Supports and services in school mental health can be defined as tangible and measurable sustained activities or interventions that are specifically designed to enhance and respond to the mental health and well-being of every student within an educational environment. This may include everyday mental health practices, skill building, mental health literacy, psychoeducation, psychosocial and therapeutic interventions, crisis support, care management and system navigation.



## Three key components

School Mental Health Ontario conducted an initial scan of the literature to better understand and highlight key components that will contribute to optimizing an effective continuum of learning supports and services in school mental health.

As part of an on-going consultation process that began in Spring 2022, several focused conversations with key informants across Ontario school boards were convened (including, Mental Health Leaders, superintendents responsible for the mental health portfolio, managers of social work services and managers of psychological services). Participants provided insights with regards to:

- the current landscape of school mental health service delivery models (e.g., current state and related strengths and needs);
- suggestions for the range of supports and services (e.g., desired future and what could/should be included in a service delivery model); and
- ideas for mechanisms that will support mental health leadership teams to enhance and articulate their continuum of school mental health learning supports and services (e.g., practical tools and templates).

The insights revealed through this process were synthesized and highlighted the following overarching challenges related to implementing a comprehensive continuum for student mental health supports and services. It also offers ideas and recommendations for the development of a guiding document to support Mental Health Leadership Teams.

### Overarching Challenges

<b>High-level of needs within the system</b>	The system is inundated with high-level needs, particularly in crisis support for students, resulting in long waitlists and a focus on Tier 3 interventions rather than preventative measures. Many referrals, especially troubling in K-3 where concerning behaviours are prevalent.
<b>Lack of clarity around roles/ scope of practice</b>	Role clarity and service expectations are inconsistent, leading to uncertainty about who provides specific mental health supports and what falls under student mental health. The scope of practice for school board staff supporting student mental health is unclear, resulting in over-referral and missed opportunities for mental health promotion/prevention. Students experience inconsistent access to early identification and supports, even within geographic regions, due to an absence of role clarity of student support staff.
<b>Staffing challenges</b>	Staff shortages and burnout are rampant, exacerbated by the difficulty in finding bilingual regulated mental health professionals, particularly for French language school boards. Limited coverage for professional development/training, and high staff turnover impedes capacity-building to address student mental health needs.

### Overarching Challenges

<b>Oppressive nature of school systems</b>	Systemic oppressive structures that embed racial biases within school systems present barriers to implementing mental health supports/services for students. This contributes to inequitable access to care and perpetuates disproportionate outcomes for Black, Indigenous, and racialized students.
<b>Professional development challenges</b>	Scarce professional development opportunities, driven by staffing shortages and competing demands, hamper the readiness of educators, school staff and school mental health professionals to enhance their mental health literacy and effectively support students experiencing mental health issues. This challenge is particularly pronounced in secondary schools, where curriculum demands vie with the need for mental health literacy.

### Ideas and Opportunities

<b>Clarity of roles, scope, and services</b>	<ul style="list-style-type: none"> <li>• Define roles and scope of practice for all staff and professionals supporting student mental health.</li> <li>• Communicate this information regularly to ensure common understanding among stakeholders.</li> <li>• Outline the structure of practice and guidelines for different staff roles.</li> <li>• Provide training to enhance staff skills and confidence in delivering mental health services/supports.</li> </ul>
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### Ideas and Opportunities

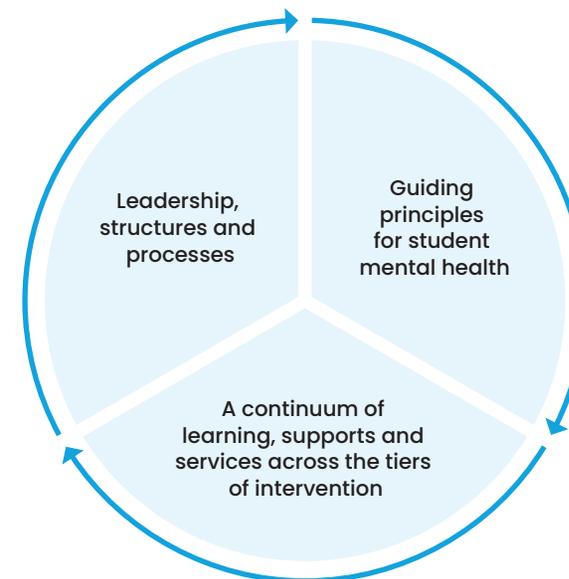
<b>Pathways to service</b>	<ul style="list-style-type: none"> <li>• Define and redefine internal and external pathways for accessing mental health services.</li> <li>• Establish clear referral and service processes, including consent protocols.</li> <li>• Regularly communicate service pathways to all stakeholders and review them to meet current needs.</li> <li>• Provide a range of services and supports tailored to student needs and learning styles.</li> <li>• Consider group interventions to reduce stigma, wait times, and address large caseloads.</li> </ul>
<b>Tiered intervention approach</b>	<ul style="list-style-type: none"> <li>• Define a tiered intervention approach with clear rationales, examples of available supports/services, and service providers at each tier.</li> <li>• Use visual aids like the <a href="#">AIM triangle diagram</a> to illustrate this approach.</li> <li>• Use data to determine student needs, monitor progress, and evaluate service effectiveness at each tier.</li> <li>• Reinforce the importance of early identification and support across the tiers.</li> <li>• Provide bilingual resources and screening tools and prioritize relevant resources intentionally.</li> <li>• Address equity issues by exploring service levels for equity-deserving populations and removing barriers to access.</li> </ul>

Ideas and Opportunities	
<b>Mental health promotion</b>	<ul style="list-style-type: none"> <li>• Emphasize promotion strategies and mental health literacy for all students and staff.</li> <li>• Build capacity among staff for mental health promotion, including trauma-informed practices.</li> </ul>
<b>Engagement and communication</b>	<ul style="list-style-type: none"> <li>• Gather and incorporate student and caregiver input into service delivery.</li> <li>• Regularly share information with caregivers and students about available services and supports.</li> </ul>
<b>System direction/focus</b>	<ul style="list-style-type: none"> <li>• Take a system-wide approach aligned with the board's strategic directions.</li> <li>• Ensure support from senior leadership and collaborative, multidisciplinary teams.</li> </ul>

The following three key components were identified through this process for Mental Health Leadership Team's (MHLT) to consider as part of an optimal continuum of learning supports and services for student mental health. This resource is meant to provide some guidance to support MHLTs in the process of examining their current state relative to these three key components, and to identify opportunities for growth as part of the integrated system for child and youth mental health.

Three key components include:

1. **Guiding principles for student mental health** offer a shared understanding of the values, priorities and approaches that set the stage for optimizing a continuum of learning, supports and services for student mental health across the tiers of intervention.
2. **A continuum of learning, supports and services across the tiers of intervention** that is well defined, reflective of the needs and strengths of the student community, and organized from least to most intensive, provides clarity about what mental health learning, supports and services students and their parents/caregivers have access to within the school system.
3. **Leadership, structures and processes** as mechanisms that support how mental health services are communicated, accessed, and delivered across the range of supports.



# Overview of considerations: To optimize the continuum of learning, supports and services across the tiers of intervention

To examine the current state of mental health learning, supports and services within the school board, mental health leadership teams are encouraged to consider the [three key components](#) and identify the strengths upon which actions will be based to optimize the continuum of mental health services for student mental health within a multi-tiered support system. Below are some suggested practices that can guide your reflections and next steps.

**Establish guiding principles**

**Outline the school board's continuum of learning, supports and services**

**Leadership structures and processes**

**Planning & timelines**

**Engagement and communication**

**Review, adjust and improve**

## Establish guiding principles

Bring people together to establish shared understanding, commitment and guiding principles for review and refinement of the board continuum of supports and services.

Designate a team or a committee that will support the coordination, facilitation, and development of a comprehensive school mental health continuum of supports and services alongside key stakeholder groups. *(should include members from the Mental Health Leadership Team)*

Establish shared understanding of the aspirational vision for a system of child and youth care in Ontario and the role of schools.

Collectively define the values and principles that will guide decision-making processes in the coordination, facilitation, and development of your school board's comprehensive school mental health continuum of learning, supports and services.

### ➔ ADDITIONAL RESOURCES

**Chapter 1. Setting the stage, focus and purpose**

**Right Time, Right Care (smho-smsso.ca)**

**Toolbox A. At-a-glance placemat of supports and services across the tiers of intervention**

### ➔ ADDITIONAL RESOURCES

**Chapter 2. Guiding principles for student mental health**

**Toolbox B. Establishing guiding principles**

## Outline the school board's continuum of learning, supports and services

Outline the school board's current continuum of learning, supports and services and potential enhancements.

Consider how the different supports and services currently available in your district school board are defined, for what rationale, for whom they are intended for, how they can be accessed, who has responsibility for delivering them and how you will know that they are achieving their intended purpose.

Review existing board data related to student mental health needs and strengths, student and parent/caregiver preferences for services and supports, and highlight any inputs related to resource strengths and areas for improvement. Consider essential practices to strengthen continuum of Tier 2 and Tier 3 school mental health services.

### ➔ ADDITIONAL RESOURCES

**Toolbox C. Reflect and connect**

### ➔ ADDITIONAL RESOURCES

**Chapter 3. A continuum of learning, supports and services across the tiers of intervention**

**Chapter 4. Essential practices for Tier 2 and Tier 3 in school mental health**

## Outline the school board's continuum of learning, supports and services (cont'd)

Work with your team to define or refine the continuum of services within your school board. Consider consulting with colleagues and your Implementation coach to identify promising innovations that may help with addressing current gaps in learning, supports and services (this may involve consulting the research literature and/or conducting a scan of the practice landscape to support your decision-making).

### ➔ ADDITIONAL RESOURCES

**Toolbox D. Defining a continuum of school mental health learning, supports and services**

## Leadership structures and processes

Review, refresh, and reinforce existing structures for effective delivery.

Review and refresh your school board's leadership, structures and processes that facilitate and enable the delivery of school mental health learning supports and services across the tiers of intervention. Consider:

- strong leadership commitment and shared understanding
- multi-disciplinary teams
- solid protocols
- data collection and monitoring systems
- engagement and communication strategies.

### ➔ ADDITIONAL RESOURCES

**Chapter 5. Leadership, structures and processes**

**Toolbox F. Taking stock of leadership structures and processes**

Examine and reinforce essential practices necessary for implementing a robust array of identity-affirming, evidence-informed prevention, and early intervention services.

### ➔ ADDITIONAL RESOURCES

**Toolbox E. Thinking through the essential practices for Tier 2 & 3 school mental health supports and services**

## Planning & timelines

Build into your school boards mental health strategy and action plan

- Determine next steps that will move from the current state to the desired/future state.
- Define goals and indicators to review and refine your school board's continuum of mental health learning supports and services.
- Examine key processes and protocols that will motivate and drive capacity toward a shared system of care.

### ➔ ADDITIONAL RESOURCES

**Resource: Implementation Toolkit (strategy and action planning tools)**

## Engagement and communication

As you work through these processes, consider how your team:

- Engages and centres diverse groups of parents, caregivers, and students: Engage in new consultations/survey work if existing data is outdated or does not consider representative voice from students, parents/caregivers, staff, community partners, etc.
- Engages multidisciplinary teams of school staff who support students across the tiers of intervention: Engage in courageous conversations in places where role clarity has been blurred, seeking to reduce redundancies, sharpen boundaries, and optimize the unique contributions of disciplines, teams, and individuals.

- Reaches out and builds relationships with multiple community partners across the tiers of intervention to understand the current landscape and to explore opportunities for collaboration.
- Develops differentiated communication strategies to reach all stakeholders.

### ➔ ADDITIONAL RESOURCES

**Student Engagement Toolkit (smho-smso.ca)**

**Toolbox G. Communication strategies**

## Review, adjust and improve

The process of developing a continuum of services for student mental health within a multi-tiered system of support is dynamic. It is not static nor a one-time event; instead, it entails continuous engagement, validation, and communication. This process includes:

- Understanding your student population, their needs, and their goals.
- Collecting data to understand how students are accessing mental health learning, supports, and services, who is providing them, and where.
- Maintaining continuous engagement with students and their parents/caregivers.
- Mapping existing resources and identifying areas of redundancy or gaps in service.
- Ensuring that the selection of supports and services is anchored in the guiding principles.

- Facilitating dialogue and building relationships with system/school staff and community stakeholders.
- Regularly reviewing, adjusting, and optimizing the availability and accessibility of evidence-informed school mental health learning, supports, and services.

### ➔ ADDITIONAL RESOURCES

**Toolbox A. At-a-glance placemat of supports and services across the tiers of intervention**

**Toolbox C. Reflect and connect**

**Toolbox F. Taking stock of leadership structures and processes**

**Toolbox G. Communication strategies**

# Guiding principles for student mental health



## IN THIS CHAPTER ...

- Establishing guiding principles
  - Student and parent/caregiver centred
  - Accessible, differentiated and identity-affirming
  - Offered by compassionate and knowledgeable multi-disciplinary school staff
  - Aligned and integrated across a multi-tiered system of care
  - Built on strengths of existing resources, processes, and local partnerships
  - Evidence-informed, and responsive to student mental health goals

# Establishing guiding principles



We all have a part to play in improving mental health. It isn't just something for therapists and clinics to deal with. Mental health must be addressed anywhere people spend their time — including home, school, and work.

*Mental Health Commission on Canada, The Mental Health Strategy for Canada: A Youth Perspective, 2016*

We begin with this section to lay the foundation for an aspirational holistic continuum of services for student mental health supports that aligns with and is reinforced by the vision, the mission and the strategy for School Mental Health and Addictions in Ontario.

While there is no “one size fits all” model for school mental health service delivery, there are some general principles upon which student supports and services can be built. Ontario school boards represent a diverse population, encompassing variations in geography, language, religion, and access to resources and mental health supports. To optimize a continuum of supports and services for student mental health across the tiers of intervention, a shared understanding of values and priorities is essential. This collaborative approach ensures that the mental health supports and services are reflective of student mental health goals and responsive to the unique characteristics of each school board-community in Ontario.

The following six guiding principles may already be familiar to school board leadership teams and helpful to consider as you engage with key stakeholders to examine and reflect on your current supports and services for student mental health across the tiers of intervention. These may be reflective of your boards' existing values and principles but are not exhaustive. We encourage your team to use the following tool as a minds-on activity to reflect critically on your school board's commitment to, and demonstration of the following principles for effective decision-making:

- Student and parent/caregiver centred.
- Accessible, differentiated and identity-affirming.
- Offered by compassionate and knowledgeable multi-disciplinary school staff.
- Aligned and integrated across a multi-tiered system of support.
- Built on strengths of existing resources, processes, and local partnerships.
- Evidence-informed, and responsive to student mental health goals.



Consider these principles and to what extent they guide decision-making about the continuum of mental health learning, supports and services available to students and parents/caregivers in your school board. As a mental health leadership team consider what other core principles and/or values (e.g. spiritual, cultural, linguistic) drive the ways in which programming, practices and supports are selected and implemented.

## Six Principles to Guide Decision-Making

### Student and parent/caregiver centred

Centring the perspectives, experiences and expertise of students and their parents/caregivers is at the heart of ensuring that the availability and access to school mental health supports and services are reflective of local contexts and responsive to the voices of its primary users. It is part of an iterative practice that recognizes students and their parents/caregivers as active decision-makers and valued partners. It makes room for student agency and participation to help determine the path of mental health services within their school boards and their schools.

**Resource:** [Student Engagement Toolkit](#)

### Accessible, differentiated and identity-affirming

Crafting a continuum of supports and services that is responsive to every student and their parents/caregivers involves establishing accessible, differentiated, and identity-affirming supports. This entails, prioritizing an anti-oppressive, anti-racist stance to engage in on-going critical reflections with all key stakeholders about existing access to care pathways, and support practices. It is an important and necessary opportunity to identify and remove both overt and covert barriers within the system of care that influence how Black, Indigenous, and other systematically oppressed identities access care at all levels of service across the multi-tiered system of support.

**Resources:** [Identity-affirming school mental health: a frame for reflection and action](#), [Cultural humility reflection tools](#)

### Offered by compassionate and knowledgeable multi-disciplinary school staff

Establishing a plan for coordinated and regular professional development with on-going, embedded supports is essential in building capacity in school mental health systems. This

contributes to fostering a culture of collective confidence and competence in all school staff to optimize and deliver role-specific supports across the range of services. It further clarifies specific roles and responsibilities and reinforces a responsive and knowledgeable multi-disciplinary network of caring adults.

**Professional Development Resources:** [MH LIT for Educators](#), [MH LIT for School Administrators](#), [OPC](#), [CPCO](#), [ADFO](#), [SMH-ON Leading Mentally Healthy Schools](#), [MH LIT for System Leaders](#), [Mental Health Leadership Team Orientation Series](#), [SMH-ON Leadership Portal](#) (includes resources for PD and calendar of role-specific learning tools, templates, and activities)

**Regulatory Colleges and Associations (a shortlist):** [Ontario College of Teachers Professional Advisory Supporting Student Mental Health](#), [College of Psychologists of Ontario / Ontario Psychological Association](#), [College of Registered Psychotherapists of Ontario](#), [Ontario College of Social Workers and Social Service Workers / Ontario Association of Social Workers](#), [Ontario Association of Child and Youth Care](#)

### Aligned and integrated across a multi-tiered system of support

Ontario school board mental health leadership teams have been working towards enhancing school mental health supports and services as indicated through their Mental Health and Addictions Strategy and Annual Action Plans. The [Aligned and Integrated Model \(AIM\)](#), which outlines a multi-tiered system of support for Ontario schools, emphasizes that most of the work of schools is, or should be, focused on Tier 1 (mental health promotion), between and across the tiers (early identification and support), and Tier 2 (prevention and early intervention) services. Schools are uniquely positioned to provide mental health promotion, early identification, prevention, and early intervention supports and

## Six Principles to Guide Decision-Making (cont'd)

services that are aligned and integrated with other priority areas in your school board e.g., health, student success, equity, etc. All school staff work in partnership with community and health partners, in lockstep towards a system of care.

**Resources:** [Ontario's multi-tiered system of support for school mental health](#), [Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people](#)

### Built on strengths of existing resources, processes, and local partnerships

While the COVID-19 pandemic has previewed deep obstacles for the global future, it has also shown the possibilities for people to come together in collective mobilization, mutual aid, and solidarity, and the tangible linking together of mental health, illness and suffering with the aims and paths of broader social progress and justice (Reimagining Mental Health Systems, post COVID, 2021)

Our collective commitment for an aspirational vision of child and youth mental health, will include considering new processes and/or services to reinforce the school-based continuum of supports and services. However, they are best built on the existing strengths of students and their parents/caregivers as well as a thorough understanding of existing and effective internal structures, resources, strengths, and partnerships.

**Resources:** [Mental health services for children and youth](#), [Knowledge Institute on Child and Youth Mental Health and Addictions](#), [Children's Mental Health Ontario](#), [Protocol for partnerships with external agencies PPM 149](#), [Public Health Ontario](#), [Youth Wellness Hubs](#), [OneStopTalk](#), [Kids Help Phone](#)

### Evidence-informed, and responsive to student mental health goals

A continuum of supports and services should include a focus on the use of evidence-informed practices and interventions that centre culturally responsive ways of knowing. Utilizing data and feedback loops to ensure on-going quality improvement.

**Resources:** [Wayfinder](#), [Structured psychotherapy](#), [Clinical Supervisors' Quick Reference Guide](#)



Using research-based interventions and best practices within a MTSS (Multi-tiered system of support) increases the likelihood that youth will have access to effective interventions matched to their strengths and needs

*NCSMH, 2019*

#### ➔ ADDITIONAL RESOURCES

**Toolbox B. Establishing guiding principles**

# A continuum of learning, supports and services across the tiers of intervention



## IN THIS CHAPTER ...

- Introduction
- Tier 1: Mental health promotion
- Tier 2: Prevention and early intervention
- Tier 3: Intensive supports and service pathways

# Introduction

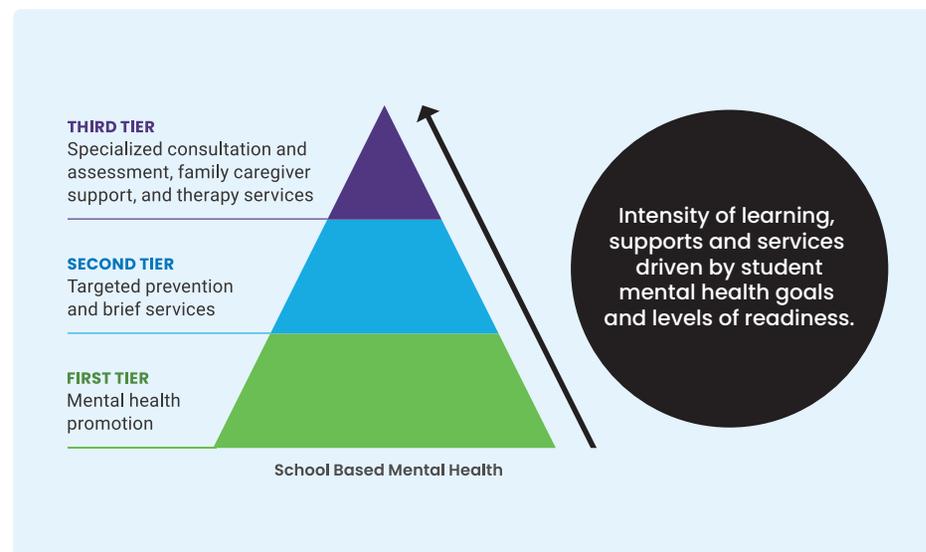
Outlining a range of supports and services for school mental health within the current context of a system care approach is an effective way to provide clarity and shared understanding about what supports are readily available for student mental health across the multi-tiered system of support, examine what might be missing, review how they are accessed, and by whom they are delivered.

The SMH-ON multi-tiered system of support, also known as the [Aligned and Integrated Model \(AIM\)](#), serves as a comprehensive frame through which to articulate specific levels of supports and services available for student mental health. Supports are organized along a familiar continuum of care, beginning with the least intensive level of intervention and available to every student in schools and classrooms (Tier 1). The next level moves us towards early identification and support, which occurs between the tiers and throughout the continuum as students express early signs of struggles with their mental health. This level includes the provision of targeted interventions for students with emerging mental health problems (Tier 2). The third level provides a series of bridging supports, system navigation and care planning for students presenting with more acute or complex mental health needs (Tier 3).

The Tiers of Intervention aim to help school systems select and organize mental health services from least to more intensive supports based on student mental health needs, goals, and levels of readiness. Mental health learning and supports should not be seen as isolated from one another, but rather as part of a continuum of services that tend to connect, complement and intersect. It is, therefore, important to consider referral mechanisms and delivery methods that facilitate the movement through and across the continuum.

For example, while students access brief psychosocial support from a regulated mental health professional, they can also benefit from class-wide mental health literacy provided by educators. They may also be supported to connect with identity-affirming and culturally responsive mental health support staff and community services.

This integrated approach requires school mental health leadership teams to think critically about who does what within multi-disciplinary teams and to consider how these teams work together to provide students and their parents/caregivers with a comprehensive continuum of school mental health learning, supports and services.



# Tier 1: Mental health promotion

**Every student within Ontario district school boards should have access and exposure to frequent, ongoing, and integrated mental health promotion activities and curricula in their school and classroom environment.**

Cultivating a holistic approach to mental health within schools involves a strong commitment to promoting well-being, reducing stigma, and recognizing schools as pivotal in creating the conditions for everyday well-being, and fostering student mental health literacy, leadership, and agency.



Educators have tremendous opportunity to strengthen wellness as part of everyday practice, to provide instruction about mental health and to notice and support when students show signs of a mental health problem.

Consistent, high-quality educator mental health literacy is a foundational part of the multi-tiered system of support approach at Tier one.

School and system leaders have a key role in creating the conditions for effective student mental health promotion.

The range of mental health learning, supports and services at this level considers the following five focus areas.

1. system, school, classroom mental health leadership
2. strength-based mental health promotion
3. parent, caregiver, community connections and support
4. student leadership, participation, and agency
5. mental health literacy and stigma reduction

## Early Identification and support between the tiers and throughout the continuum

**Every student is supported by compassionate and responsive adults who understand the importance of mental health, notice when students are beginning to struggle and how to respond to help students reach for supports.**

In every class and school, there will be some students who may need additional support. Staff are often the first to notice changes in student academic performance, social-emotional functioning, and expressions of distress in the classroom. As such, school staff are uniquely positioned to build on existing relationships with students and their parents/caregivers to offer differentiated and affirming support as problems emerge.

There is no expectation that educators will take on the role of school mental health professionals. Educators are, however, expected to take note of changes in their students and respond in a way that expresses compassion, care, and the knowledge needed to access additional support through articulated referral pathways, as outlined by the [Ontario College of Teachers' professional advisory of supporting students' mental health](#).

Although classroom educators are often the first to note a change in emotions or behaviour that might signal a mental health problem, any school staff member, including student support staff, could be the one that a student chooses to connect with for emotional support. As a result, all school staff need some level of mental health awareness, and some, particularly those who support students in a special capacity (e.g., child and youth worker, coach, guidance teacher, special educator, GSA leader, grad coach) can benefit from specialized mental health literacy focused on early identification and support. In addition to learning how to recognize signs of a mental health problem, in a multi-tiered system of support model, student support staff are equipped with identity-affirming

resources, tools, and programming that can be used to help students who might benefit from additional support and allyship.

Student support staff, including child and youth care practitioners, graduation coaches, and Chaplains, are essential in promoting student mental health and well-being, preventing issues, supporting mentally healthy schools, enhancing social-emotional learning, and encouraging help-seeking behaviours. By building authentic relationships and being present in students' daily environments, student support staff are valuable in identifying mental health concerns early.

Recognizing that students spend much of their time in schools, early identification and support does not end when a referral is made to a school mental health professional or to a community mental health provider. It is an ongoing support that fosters a sense of belonging, and opportunities to check-in on a student's progress, while complementing and reinforcing their circle of care.

## Tier 2: Prevention and early intervention

Students presenting with mental health problems have access to brief, school-based early interventions. These include a wide range of identity-affirming psychosocial supports grounded in evidence-informed and psychotherapeutic processes and protocols.

Prevention and early intervention services are provided by regulated school mental health professionals or members of the mental health team to students who are at risk for, or experiencing mild, moderate, or severe mental health and/or substance use concerns. Students who require mental health services will require specific intervention. Using targeted, evidence-informed, culturally responsive school-based psychotherapeutic interventions delivered with fidelity will reduce long-term caseloads and demonstrate meaningful change for the student.

Prevention and early intervention services in schools are meant to be brief, measurement-based and responsive to student mental health goals. They involve establishing a therapeutic alliance with a student and may include consultation and assessment directly related to mental health service planning, triage and bridging to more intensive services, attendance support, brief individual or group intervention and crisis response. Services may also include navigating pathways that engage community mental health and cultural supports or other mental health agencies and programs that can provide additional support to students, their caregivers and families. School mental health services may be offered in-person or via remote methods like telephone or secure video link.



Brief services (4–6 sessions) provide “quick access” to individual or group therapeutic encounters to address the immediate or presenting needs of students. Therapeutic approaches include but are not limited to solution-focused, cognitive-behavioural, motivational interviewing and brief narrative therapies. Brief services may meet the needs of the child or young person and be all the treatment that is required, or it can help identify or clarify the need for further treatment or services.

*Ontario Ministry of Education, Policy/Program Memorandum 169, Requirement #4*

## Tier 3: Intensive supports and service pathways

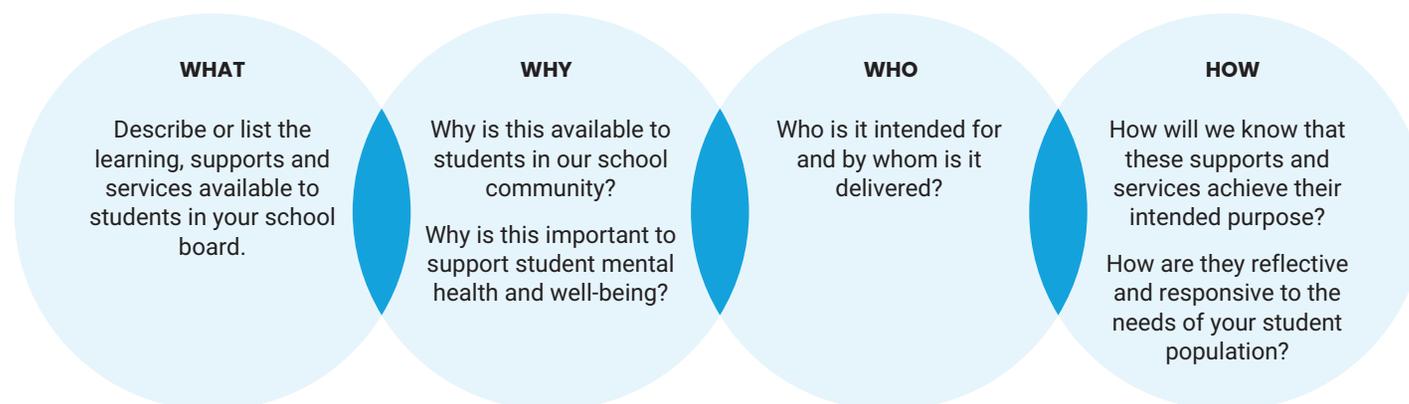
Some students with significant, acute, or complex mental health needs require more intensive or urgent mental health services, referred to as Tier 3 (or Tier 4 support). In these cases, school mental health professionals help with service pathways and clinical support. The collaborative vision for the system of care outlined in Right Time, Right Care highlights the critical need for clear and seamless transitions to, from, and through more intensive or specialized services when Ontario students require this level of support.

School mental health professionals can assist with these transitions, supporting students and their families with access, navigation, and care plans. When students are unable or unwilling to receive these services within community mental health, cultural/faith, or hospital settings, assessment and intervention is provided by school mental health professionals.



## Articulating the continuum of mental health learning, supports and services

Articulating a continuum of mental health learning, supports and services presents a valuable opportunity for mental health leadership teams to outline and communicate the range of mental health learning, supports and services accessible to students and their parents/caregivers. This exercise includes identifying what is available, how they're defined, for what rationale, for whom they are intended, how they can be accessed, how they are selected, who has responsibility for delivering them, and how we will know that they are achieving their intended purpose.



The following worksheets can assist mental health leadership teams define mental health learning supports and services across the tiers of intervention in tangible and measurable ways.

Examining these questions will help school board teams understand their current landscape and prompt internal dialogues regarding the school system's role and commitment to advancing the quality of mental health care for children and youth in Ontario.

### ➔ ADDITIONAL RESOURCES

**Toolbox C. Reflect and connect**

**Toolbox D. Defining a continuum of school mental health learning, supports and services**

**Appendix I. Consideration for a Continuum of Mental Health Learning Supports and Services**

# Essential practices for Tier 2 and Tier 3 in school mental health



## IN THIS CHAPTER ...

- Introduction
- Who provides prevention, early intervention and care navigation services in schools?
  - The role of the regulated school mental health professional
  - Evidence-informed protocols
  - Referral pathways
  - Professional development
- Sample of professional learning opportunities for school mental health professionals in Ontario
  - Mental health professional support infrastructure
  - Measurement-based care
- Privacy, consent and documentation

## Introduction



When problems are identified early and supports put in place, positive youth development is promoted, and problems can be eliminated or reduced.

Optimizing the continuum of mental health supports and services in schools within an integrated system of care for child and youth mental health presents an opportunity for mental health leadership teams to examine and reinforce the specific structures, professional roles, and competencies needed to support effective Tier 2 (prevention and early intervention) and Tier 3 (intensive supports and pathways) services in schools.

## Who provides prevention, early intervention and care navigation services in schools?

Psychotherapeutic prevention and early intervention services are offered within the school setting by regulated mental health professionals, like social workers, psychologists, and psychotherapists. These individuals are registered with a college that oversees their profession, like the [Ontario College of Social Workers and Social Service Workers](#), the [College of Psychologists of Ontario](#), and the [College of Registered Psychotherapists of Ontario](#). In addition to upholding standards of the profession, the colleges guide the practice of certain “controlled acts” that are restricted to those with special training and education. For example, school psychologists can engage in the controlled act of diagnosis, along with some other regulated health professionals, similarly, school social workers, psychologists, and psychotherapists can provide psychotherapy as defined by the related controlled act.

School boards in Ontario each have a unique set of mental health professionals representing distinct disciplines with varying job responsibilities. These may overlap across the continuum of school mental health supports and at times lead to duplication of services, fragmentation, and possible role confusion. Engaging mental health professionals in discussions and fostering a thorough understanding of the specific roles and responsibilities of each professional group, can lead to better recognition of how these roles complement one another in the design and implementation of a comprehensive continuum of student mental health services. This collaborative effort also presents an opportunity to examine and guide decisions that will leverage their distinct professional and clinical competencies in relation to the specific tasks, functions and time allocation needed to bolster Tier 2 and Tier 3 student mental health services.

**Consider the regulated mental health professionals at your school board, their professional disciplines, and shared competencies.**

- Who are the regulated mental health professionals in your school board?
- What specific activities are they involved in that makes use of their specialized skills to reinforce Tier 2 and Tier 3 services?
- What competencies do they share across professional disciplines? What activities are different? How are they working together?
- How might you address duplication, gaps and redundancies in supports and services?
- How are mental health professionals mobilized to support the mental health needs of Black, Indigenous and marginalized students. Do they reflect the student population in your school board community? How do managers and clinical supervisors integrate an identity-affirming frame for reflection and action?
- What other areas of work are they engaged in to support the multi-tiered system of support that educators and school mental health staff may be better positioned to offer?
- What types of Tier 3 and 4 services might they be engaged in that could be better supported by community mental health providers, in alignment with the vision for Right Time Right Care?



Regulated school mental health professionals will utilize evidence-informed brief interventions and standardized measurement tools that align with their scope of practice and regulatory colleges' obligations for privacy and reporting.

This will allow for opportunities to maximize the best use of resources and meet students' goals of improved mental health in the school setting. Additionally, the interventions and measurement tools are to be compliant with applicable legislation, such as the Personal Health Information Protection Act, 2004 (PHIPA).

*Ontario Ministry of Education, Policy/Program Memorandum 169, Requirement #4*

## The role of the regulated school mental health professional

Mental health promotion is a fundamental and predominant focus in schools. In some school boards, contingent on their capacity, regulated school mental health professionals (SMH professionals) support Tier 1 initiatives, which include mental health promotion, early identification, and consultation. However, since all staff within schools can support Tier 1 levels of mental health learning and supports, a significant portion of the work carried out by SMH professionals can be concentrated in Tier 2 (prevention and early intervention services) and Tier 3 (intensive support and care navigation) levels of support and services.

SMH professionals are uniquely positioned to **provide evidence-informed interventions that are identify-affirming and culturally responsive to help students with mild-to-moderate mental health problems in schools**. Brief prevention and early intervention services provide students with “quick access” to individual or small group psychosocial and therapeutic interventions within their school setting. Therapeutic approaches commonly used, include, and are not limited to solution-focused therapy, cognitive-behavioural therapy (CBT), acceptance commitment therapy (ACT), motivational interviewing (MI), and brief narrative therapy.

## Evidence-informed protocols

Evidence-informed protocols are tools that mental health professionals can use to provide prevention and early intervention supports in response to student needs and goals and to assist with consistency and quality of services delivered in schools, across the province.

SMH-ON has introduced a series of brief evidence-informed protocols, with ongoing training and consultation support for SMH professionals and managers/clinical supervisors. They include tools to help with assessment, goal setting and ongoing progress monitoring. These embedded features can also assist with student-centred, clinical decision-making related to the level and type of intervention needed.

Using evidence-informed protocols does not mean that regulated school mental health professionals offer services in a rote manner. Instead, they use their professional skills and clinical judgement, within a therapeutic relationship, drawing on cultural humility and identity-affirming practices. This approach helps students navigate challenges, track their progress, and achieve their goals within a specified timeframe.

### The benefits of evidence-informed protocols in school mental health

- Address underlying mental health issues that cause or contribute to ongoing challenges.
- Integrate a student-centred approach that builds on strengths and teaches skills e.g., coping, problem-solving.
- Time-limited, allowing more students to be served.
- Collaborative, transparent, and most have built-in monitoring of progress for immediate feedback.
- SMH-ON offerings have been developed, researched, or piloted with students in Ontario context.

The [SMH-ON Innovation and Scale-Up Lab](#) continues to explore and pilot emerging practices, specifically those that will centre the mental health needs and goals of Black, Indigenous and marginalized students in Ontario.

## Referral pathways

A brief prevention or early intervention service may meet the needs of the child or young person and be all the treatment that is required at that time. However, it may signal or clarify the need for a referral for further, more intensive treatment or services through community-based mental health partners (PPM 169). Alternatively, it may also highlight an opportunity to present the student with lower intensity supports along the school board's mental health continuum. Working in collaboration with the school team, and in response to the student mental health goals, the SMH professional can help build a plan that bolsters identity-affirming, upstream mental health promotion in the school, in the classroom or in the community.

Identity is intersectional and students may experience environments, relationships or processes that are not identity affirming, which impacts their mental health. Referral pathways should dismantle systemic barriers and biases, as well as engage and respond to student mental health needs with identity-affirming relationships and supports, as much as possible. For example, some students experience racism at school and, when they respond, are identified with behaviour or emotional problems. Often, they are not offered mental health support; they are sent for discipline, resulting in suspension or expulsion.

When a student needs more intensive or longer-term support, a SMH Professional will help the student and their families **navigate to appropriate pathways for community services and specialized assessments**, as necessary. It is acknowledged that SMH professionals will provide some level of intensive services for a variety of reasons (managing crisis, waiting for services) and that the role of SMH professionals is to assist students in accessing the supports that meet their identified needs through community and/or health services (PPM 169). In addition, it is important to consider consent and privacy issues as SMH professionals assist students and their families through seamless transitions to, through and from specialized or more intensive services.



### Consider

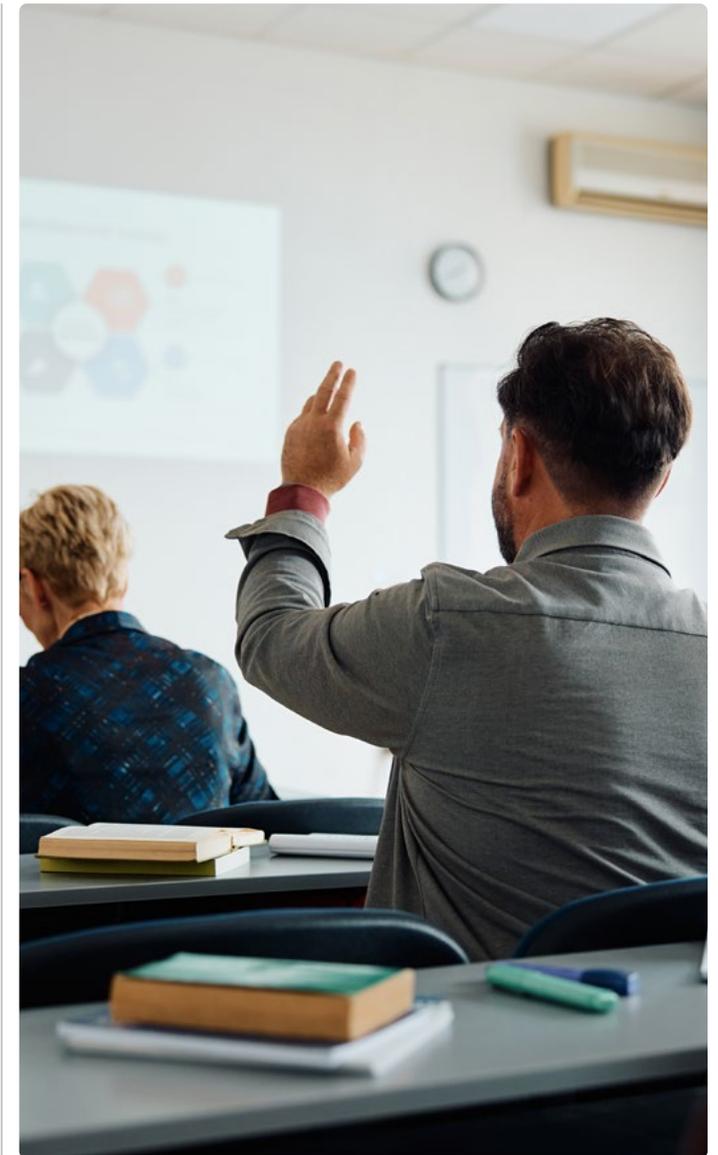
What is the process for soliciting consultation and services for your regulated mental health professionals? Is this process clear and understood by all school staff?

## Professional development

Regular professional development is essential for growth and development to help all school staff support the delivery of school mental health services across the continuum of supports. This development requires specific learning, coaching and ongoing support for school mental health professionals who provide structured prevention and early intervention to students with mild-to-moderate mental health needs. Professional development for school mental health professionals can take various forms to reinforce capacity and competency within the team on emerging practices, cultural humility and identity-affirming care. They provide opportunities to enhance consistency in service delivery, and to build understanding and alignment with the integrated system for child and youth mental health.

Regulated mental health professionals are required, through their professional college, to engage in continuing education and on-going mastery of role specific skills and competencies. This often takes place through self-directed learning or continuing education. Learning opportunities may also be offered through the school board in alignment with strategic priorities.

School Mental Health Ontario provides self-directed learning opportunities and training on brief evidence-informed protocols that can be used to address a number of mild to moderate mental health problems. School Mental Health Ontario also continues to co-design a suite of learning tools, resources and protocols that are available to school mental health professionals and their managers/supervisors.



## Sample of professional learning opportunities for school mental health professionals in Ontario

Foundations for clinical practice	Evidence-informed interventions, protocols, and innovations	Professional learning for special interest topics
<ul style="list-style-type: none"> <li>• Suicide Risk Assessment and Management</li> <li>• Equity, Culture and Mental Health</li> <li>• Substance Use Prevention</li> <li>• Identity-Affirming Approach to Cognitive Behavioural Therapy (CBT)</li> <li>• Motivational Interviewing</li> <li>• Group Facilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Brief Intervention for School Clinicians (BRISC)</li> <li>• Brief Digital Interventions (BCI – Coping Kits)</li> <li>• Supporting Transitions Resilience of Newcomer Groups (STRONG)</li> <li>• PreVenture</li> <li>• ACT</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting the Mental Health Needs of Racialized Youth</li> <li>• Indigenous Mental Health and Wellness</li> <li>• Circles for Indigenous Student Mental Health</li> <li>• Understanding Eating Related Issues and Supporting Body Positive Schools</li> <li>• Supporting the Early Years: Learning Series for SMH Professionals</li> </ul>

For more details and strategies for uptake and implementation, see: [SMH-ON Protocol Uptake Clinical Supervisors' Quick Reference Guide](#).

Details on training dates/times and registration links are available on the SMH-ON Leadership Portal Calendar or the [SMH-ON website](#).

## Mental health professional support infrastructure

The foundations for effective school mental health leadership<sup>[8]</sup> include strong organizational and structural supports that enhance and sustain Tier 2 (prevention and early intervention) and Tier 3 (intensive supports and pathways) services in schools. Establishing a robust support system that enhances the capacity of mental health professionals to provide evidence-informed and identity-affirming services with fidelity involves access to clinical teams composed of regulated mental health professionals, consistent guidelines with respect to privacy, consent, and documentation, as well as regular clinical supervision or consultation.

**Clinical supervision or consultation** is a requirement and/or an expectation of the Codes of Ethics/Standards of Practice of regulatory colleges and is beneficial for both students and school mental health professionals<sup>[9][10]</sup>. Acknowledging that the school setting does not lend itself easily to a traditional clinical supervision model, clinical supervision/consultation is focused on the therapeutic aspects of service provision unique to the student and their family and supports the clinician as well as the alignment of services within the school board's context.

[8] [SMH-ON • Structures and Processes for Scalable and Sustainable Mental Health Promoting Practices in Schools and School Districts \(smho-smso.ca\)](#)

[9] [Standards of Professional Conduct \(2017\) – CPO Public](#)

[10] <https://www.ocswssw.org/sop/>

- Clinical supervision/consultation safeguards students and their caregivers against ineffective services while also protecting staff, the school board, and the supervisor by providing transparency and accountability for the services being provided.
- Providing opportunities for staff to discuss training, professional development, and implementation of effective practices.
- Clinical supervision/consultation is integral to the uptake and sustainability of new programs or services.
- Staff who receive clinical supervision/consultation report feeling more effective in their work, report higher job satisfaction, experience less stress or burn-out, and results in less absenteeism and turnover.<sup>[11]</sup>

[11] Martin P, Lizarondo L, Kumar S, Snowdon D. Impact of clinical supervision on healthcare organisational outcomes: A mixed methods systematic review. *PLoS One*. 2021 Nov 19;16(11)

### Measurement-based care

Measurement-based care (MBC) involves the routine collection and use of data throughout the course of an intervention, from initial screening, assessment and problem definition to ongoing progress monitoring. Research shows that MBC is an important part of evidence-informed care and is effective with children and youth across various settings, including schools. It can facilitate shared goal setting, treatment decision-making and planning between students and mental health professionals, leading to better outcomes compared to traditional methods.

Used session-by-session, MBC is meant to complement clinical judgement in real-time, adjusting support plans and tailoring interventions to respond to student mental health needs and goals as they evolve<sup>[12]</sup> in the context of an [identity-affirming frame for reflection and action](#).

[12] Connors, E.H., Lyon, A.R., Garcia, K. et al. Implementation strategies to promote measurement-based care in schools: evidence from mental health experts across the USA. *Implement Sci Commun* 3, 67 (2022).

Beyond the benefits for children and youth, MBC includes (*and is not limited to*):

Helping students	Helping SMH professionals	Helping school systems
<ul style="list-style-type: none"> <li>• understand their strengths and current challenges</li> <li>• gain a sense of autonomy and confidence</li> <li>• engage with the intervention process</li> <li>• express thoughts and questions</li> <li>• notice perceptions of progress</li> <li>• see treatment outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• establish initial rapport with student</li> <li>• enhance clinical supervision</li> <li>• improve communication</li> <li>• increase responsiveness by tailoring intervention plan with students</li> <li>• maintain fidelity in the delivery of evidence informed interventions</li> </ul>	<ul style="list-style-type: none"> <li>• enhance clinical decision-making</li> <li>• support supervision and coaching</li> <li>• access empirically derived, clinical decision support tools based on local data that is contextualized to the school setting</li> <li>• develop processes to access supports and services across the continuum of care</li> </ul>

Strategies to enhance uptake and implementation of MBC in school mental health that can also be considered to enhance the adoption of evidence-informed interventions and protocols.

Strategies	
Assess for readiness and identify barriers and facilitators	<ul style="list-style-type: none"> <li>• Identify potential barriers (e.g., lack of resources, resistance to change) and facilitators (e.g., existing infrastructure, supportive leadership).</li> </ul>
Identify and prepare champions	<ul style="list-style-type: none"> <li>• Identify mental health professionals within the team who are enthusiastic about MBC and willing to advocate for its adoption.</li> <li>• Provide professional development and coaching support to help them become effective champions for MBC implementation.</li> </ul>
Engage with Black, Indigenous, and marginalized students and mental health professionals to review, adjust, and improve	<ul style="list-style-type: none"> <li>• Explore ways that measurement-based care can be differentiated to improve feasibility and acceptability while preserving fidelity.</li> </ul>

## Measurement-based care (cont'd)

Strategies	
Co-develop an implementation plan	<ul style="list-style-type: none"> <li>Collaborate with leadership and clinical teams to develop a detailed implementation plan that outlines specific steps, timelines, and responsibilities for implementing MBC in schools.</li> <li>Ensure the plan is practical, flexible, and aligned with the goals and resources of your school mental health and addictions strategy.</li> </ul>
Provide a menu of free, brief measures, selected in collaboration with mental health professionals	<ul style="list-style-type: none"> <li>Curate a selection of validated, brief measurement tools that are culturally responsive and relevant to students and school mental health professionals.</li> <li>Ensure that the measures are easily accessible and free to use, minimizing barriers to implementation.</li> <li>Promote and prioritize the use of school-based evidence-informed, interventions that have embedded measurement tools.</li> </ul>
Provide access to professional development materials and training opportunities	<ul style="list-style-type: none"> <li>Provide access to comprehensive training materials on MBC, including manuals, videos, and workshops, tailored to the needs of school mental health professionals.</li> <li>Provide ongoing coaching, supervision, support and monitoring for fidelity.</li> </ul>
Make implementation easier by streamlining documentation	<ul style="list-style-type: none"> <li>Review and adjust documentation processes related to MBC implementation, such as data entry and reporting requirements.</li> <li>Provide technological solutions or administrative support to streamline paperwork and tasks related to documentation allowing them to focus on delivering quality care.</li> </ul>

For more information on Measurement-based care, see SMH-ON Leadership Portal: [SMH-ON Knowledge and Implementation Series: Measurement-based care, Slides February 2024](#)

### ➔ ADDITIONAL RESOURCES

**Toolbox E. Thinking through the essential practices for Tier 2 & 3 school mental health supports and services**

**Appendix II. Digital Systems for School Mental Health Services: Factors to consider**

# Privacy, consent and documentation

SMH Professionals are privy to the Personal Health Information of students and are therefore responsible for the documentation and its safekeeping, as well as confidentiality and disclosure obligations. Boards should have clear guidelines for clinical staff that reflect these issues and are in alignment with applicable legislation, including the Personal Health and Information Act (PHIPA), Child and Family Services Act (CFSA), Health Care Consent Act (HCCA), Mental Health Act (MHA).

## For more information:

- [Consent, documentation, confidentiality and disclosure in an era of privacy concerns](#)
- A Guide to Privacy and Access to Information in Ontario Schools ([www.ipc.on.ca/education](http://www.ipc.on.ca/education))



# Leadership, structures and processes



## IN THIS CHAPTER ...

- Introduction
- Strong, dedicated leadership
  - Multi-disciplinary teams
  - School mental health protocols (Tiers 2 and 3)
  - School-based data collection, measurement, and monitoring systems
- Engagement & communication strategies

# Introduction

Optimizing and articulating a continuum of learning, supports and services for student mental health is a unique opportunity to offer clarity about the full range of supports and services available to every student and their parents/caregivers across school boards in Ontario. This exercise may also stimulate mental health leadership teams to critically examine, dismantle and refresh how existing supports and services are delivered, by whom and with what tools and resources. Achieving this in a way that is meaningful and effective, should include an iterative process of engagement and co-design, planning and implementation.

It will take time to establish effective processes and authentic relationships that are built on understanding and respect. In the process of articulating new ways of working, sensitivities and differences of opinion may arise. It is important to honour past practices, show openness to alternative approaches, include a range of voices in decision-making, consider available evidence and data, and keep student wellness at the centre of the conversation.

Implementing a comprehensive school mental health continuum of learning, supports and services requires a combination of structures, processes, and strategies. They include strong leadership, multi-disciplinary teams, solid protocols, data collection and monitoring systems, and effective engagement & communication.



# Strong, dedicated leadership

This journey requires a strong dedicated Mental Health Leadership Team that shares an understanding and commitment to the aspirational vision for an integrated system of child and youth mental health care in Ontario. The Mental Health Leadership Team will take the lead in this process. As with your annual action plan and 3-year Mental health and Addictions Plan, many other voices will need to influence your continuum of services.

Together, alongside students and their parents/caregivers, school system leaders, and key stakeholders in the community, this group can help to move towards this vision by considering the following ideas:

- Review school board and community resources that support the implementation goals of PPM 169, identifying strengths and opportunities for growth across the continuum of mental health learning supports and services.
- Establish and commit to guiding principles that will drive the ways in which programming, practices and supports are selected and implemented.
- Identify your personal and organizational biases towards the shift to a truly multi-tiered system of support that reinforces upstream mental health promotion practices for every student and emphasizes a robust menu of psychosocial and therapeutic services that are responsive to the goals and levels of readiness of students with emerging mental health problems.

- Contextualize and communicate the vision and expectations for your local setting.
- Anticipate and work towards resolving challenges that may arise as you transform towards the vision and expectations.
- Name and balance the tension between standardization and differentiation – these are not mutually exclusive!

**Resource:** [Leadership Foundations Document](#)

## Multi-disciplinary teams equipped to deliver student mental health learning supports and services across the continuum with competence and confidence

All staff in the school system will have a role and responsibility in the delivery of mental health supports for students, their families, and caregivers. While staff will be more focused on supporting areas that align with their professional competencies and expectations, having a holistic understanding of the range of supports, who provides them and how, will help to inform their own place along the continuum of care and a network of care.

### Roles, responsibilities and support team structures

- As you outline and articulate the range of learning supports and services for students, take time to carefully define clear roles and responsibilities for each level of service.
- Consider how professional expertise and designations will contribute to shaping the distinct roles and responsibilities associated with each tier of service.
- Promote opportunities for regular team meetings for student support discussions, sharing insights, and revisiting.
- Provide opportunities for clinical supervision, consultation and coaching for individual professionals and teams providing psychotherapeutic interventions.
- Consider which teams will focus on which areas and how they interact and connect – e.g., school teams, special education teams, clinical teams.

### Professional development

- Create a professional development plan, offering a range of differentiated learning and training opportunities that support their roles in the continuum of care.
- Access current school board mechanisms to embed professional development opportunities so that they are relevant and sustained.
- Consider multiple entry points for professional learning and growth (e.g., in-person workshops, online courses and modules, on-going coaching supports and communities of practice).

### Differentiated identity-affirming support, tools, and resources

- Implement culturally responsive staff supports.
- Model, support and practice reflexivity and cultural humility.
- Provide user-friendly tools for initial mental health assessments, like questionnaires to identify potential concerns.
- Develop a resource library with materials on coping strategies, stress reduction, and self-care.

## School mental health protocols (Tiers 2 and 3)

e.g., access points for supports and services, referral processes.

### Access to mental health services across the range of student mental health services

- Articulate a robust menu of Tier 2 and Tier 3 supports and services.

#### ➔ ADDITIONAL RESOURCES

#### Chapter 4. Essential practices for Tier 2 and Tier 3 in school mental health

#### Toolbox E. Thinking through the essential practices for Tier 2 & 3 school mental health supports and services

- Include detailed expectations of the roles and responsibilities of the school team, including administrators to increase the ability of members across the continuum to deliver developmentally appropriate, identity-affirming mental health learning, supports and services.

### Pathways and referral processes

Clear processes for student referrals are unique to systems. Ensuring staff, students and their families are aware of how to access mental health supports is an integral part of prevention and early intervention.

- Mental health teams benefit from a process to understand and assess a referral for service that includes a comprehensive understanding of the student within the context of their classroom environment, school community, family and current needs. **Reflection: what other learning, supports and services are currently being provided (or not) for the student?**

- Develop a consistent process for understanding student strengths and mental health goals to assist the school team to provide the most appropriate and least intrusive level of support as well as how to support students access to services in school and in the community based on any progress relative to their goals.
- Consider what screening tools support triage and collaborative decision-making for care and support.

### Suicide prevention/life promotion protocols

All school boards, in collaboration with their local community mental health and health care partners, including Indigenous partners and communities, should regularly update and enhance their board's Suicide Prevention, Intervention and Postvention Protocols (PPM 169).

### Pathways to care

Define multiple access points and pathways to school and community mental health supports and services that offer choices and reflect the needs of students and their parents/caregivers.

Work alongside key community mental health partners to establish and communicate explicit pathways to, from and through services that align with the aspirational vision of the Right Time Right Care.

### School-based data collection, measurement, and monitoring systems

e.g., measurement-based care, assessment, and review of effectiveness

#### Data-informed decision-making

collecting and analyzing data related to mental health services. This data can be used to identify trends, assess the effectiveness of interventions, and make informed adjustments to the suite of supports and services. Collecting identity-based data can further help to inform a more responsive continuum of school mental health learning supports and services that include identity-affirming programming and staff that is reflective of the student population.

#### Measurement-based care

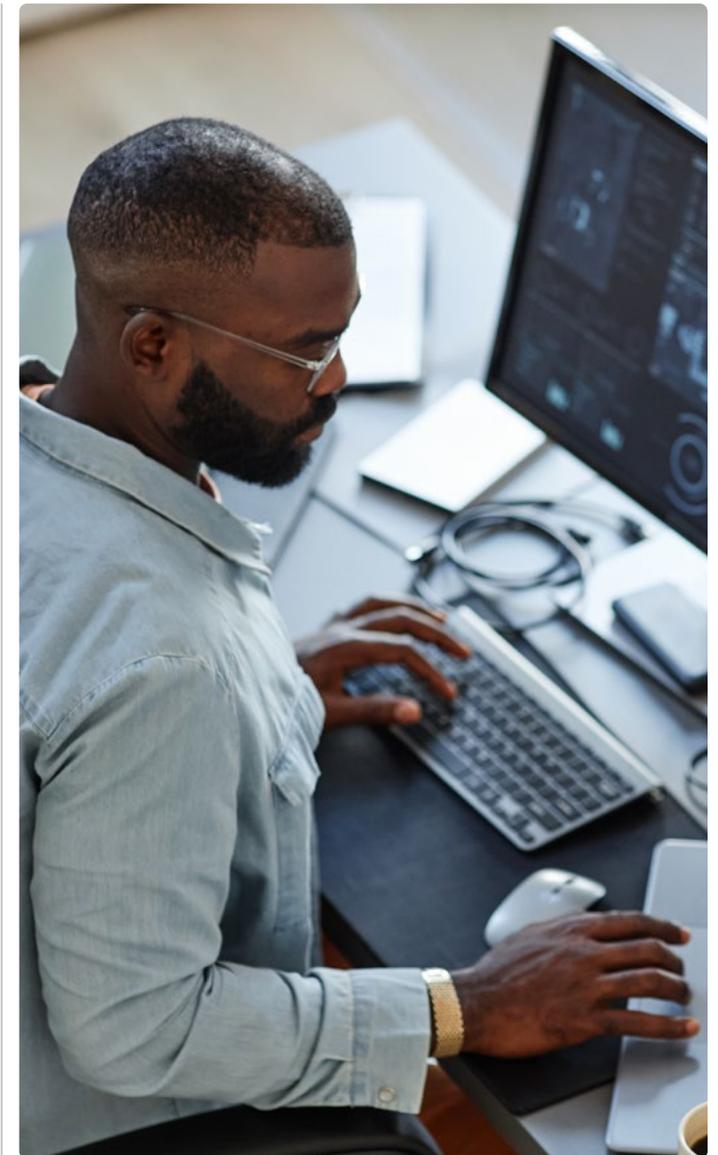
the consistent use of measures to guide care decisions and treatment planning for each student accessing services.

#### Feasibility and appropriateness

Build an iterative feedback loop for on-going improvement and school board, school and community contextual adaptation.

#### Student, families, and caregiver centred feedback loops

As the primary service users engage students and their parents/ caregivers to assess how they are experiencing the range of services and recommendations.



# Engagement, communication and collaboration

Articulating programming, interventions and referral pathways are an integral part of communicating what is available to students and families. Clarity regarding the service options helps to clearly communicate the pathways within the board and with community partners e.g., differentiated communication plan for awareness and access to supports and services.

## Create differentiated communication plans that are informed by key stakeholders

### Students

Engage and co-develop age-appropriate materials and messages that resonate with different grade levels, focusing on reducing stigma related to mental health, increasing the availability of culturally relevant care and providing resources for seeking help.

### Parents/caregivers

Engage and co-create creative ways to share information on recognizing signs of mental health issues, guidance on how to support their child, and details about the range and access to school mental health services.

### Educators and school staff

Offer on-going professional development that includes where and how to access resources, an understanding of the range of supports and services and referral mechanisms. This includes administrators, school mental health professionals and student support staff.

#### ➔ ADDITIONAL RESOURCES

**Appendix IV. Our School Mental Health Supports and Services – Desk Reference**

### Community

Engage with local organizations, service providers, healthcare providers, and community leaders to collaborate on mental health initiatives and awareness campaigns. Work together to create regular communications for the school community that reflects an integrated system of child and youth mental health care, in alignment with the vision for Right Time, Right Care.

# Additional resources: Toolbox A-G

## Toolbox A-G

- 51 | Toolbox A** At-a-glance placemat of supports and services across the tiers of intervention
- 55 | Toolbox B** Establishing guiding principles
- 62 | Toolbox C** Reflect and connect
- 63 | Toolbox D** Defining a continuum of school mental health learning, supports and services
- 72 | Toolbox E** Thinking through the essential practices for Tier 2 & 3 school mental health supports and services
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## Toolbox A. At-a-glance reflections on our school board’s current continuum of learning, supports and services for student mental health

This placemat can be used to facilitate an exercise that fosters collaborative reflections and dialogue within the team and alongside stakeholders about the school boards’ existing continuum of learning, supports and services for student mental health. As a team, identify common themes, strengths, and areas for improvement based on the

reflections shared on the placemat. Discuss potential action steps or strategies that will enhance and reinforce the service continuum within your school board based on the reflections and insights generated during the discussion.

Placemat			
School mental health supports and services. Describe or list the supports and services available to students in your school board.			Consider
<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>	<ul style="list-style-type: none"> <li>• What student mental health goals/needs do current supports and services meet?</li> <li>• How are they culturally responsive, differentiated, identity-affirming and in alignment with your student population?</li> <li>• How are they reflective of and responsive to your school-board community needs and strengths?</li> <li>• Where do you put most of your collective energy? Is this aligned with the aspirational vision of RTRC?</li> </ul>

Placemat		
<p><b>How are they accessed?</b> Describe what this looks like; how are student/families made aware of the supports and services (e.g., access points, communication vehicles)</p>		<p><b>Consider</b></p>
<p><b>TIER 1</b></p>	<p><b>TIER 2</b></p>	<p><b>TIER 3</b></p>
<p><b>Delivered by whom and where.</b> Define clear roles within school and clinical teams to ensure comprehensive services at each tier, for both in-person and virtual learners. Promote and support continuous professional development and differentiated training for staff members.</p>		<p><b>Consider</b></p>
<p><b>TIER 1</b></p>	<p><b>TIER 2</b></p>	<p><b>TIER 3</b></p>
		<ul style="list-style-type: none"> <li>• Do you have differentiated communication mechanisms (e.g., students, families, educators, school/system leaders, community partners) to inform all stakeholders of services available and service pathways?</li> <li>• How are student support staff positioned to enhance early identification and related support in schools?</li> <li>• How do you indicate the process for developing a student circle of care?</li> <li>• How and where do you articulate the pathways to service for students? For parents/caregivers? For staff?</li> </ul>
		<ul style="list-style-type: none"> <li>• What is your process for establishing school and clinical teams and their relative roles?</li> <li>• Have you clearly articulated the roles, responsibilities, and staff professional competencies/designations, of those delivering services?</li> <li>• Have you ensured services are available for those students learning in-person as well as those learning virtually?</li> <li>• What mechanisms are in place for ongoing role-specific professional development, coaching and supervision?</li> <li>• What on-going professional development and training opportunities are available to support staff</li> </ul>

Placemat			
<p><b>Partnerships with internal teams and community.</b> Identify critical partnerships both internally and externally that support the implementation of each level of service.</p>			<p><b>Consider</b></p>
<p><b>TIER 1</b></p>	<p><b>TIER 2</b></p>	<p><b>TIER 3</b></p>	<ul style="list-style-type: none"> <li>Who are the internal partners (e.g., curriculum teams, Indigenous education, equity, health and safety) that provide support and services across the tiers of intervention? What are their roles and responsibilities?</li> <li>Who are the community partners (public health, community programming, faith-based and identity-affirming cultural organizations, MH agencies, other) that provide services or are in partnership with your school district? What is their current service delivery model?</li> </ul>
<p><b>Selection of tools, programming, and interventions.</b> What culturally responsive, evidence-informed tools does your school board utilize to support implementation of each level of service?</p>			<p><b>Consider</b></p>
<p><b>TIER 1</b></p>	<p><b>TIER 2</b></p>	<p><b>TIER 3</b></p>	<ul style="list-style-type: none"> <li>How do student and parent/ caregiver perspectives inform decision-making?</li> <li>How does your board /community data inform student mental health goals, programming, and interventions?</li> <li>What decision making processes inform the selection of supports and services across the tiers.</li> <li>Is there any programming in your district or community that could be amplified or scaled?</li> </ul>

Placemat			
<p><b>Strategies for uptake, measurement, and monitoring.</b> Describe the strategies used to motivate and reinforce consistent use of evidence-informed mental health programming and protocols.</p>			<p><b>Consider</b></p>
<p><b>TIER 1</b></p>	<p><b>TIER 2</b></p>	<p><b>TIER 3</b></p>	<ul style="list-style-type: none"> <li>• What are the implementation processes to facilitate uptake including clinical supervision, training, resources etc.</li> <li>• What is your current capacity and future need for data collection and analysis to identify trends, assess the effectiveness of interventions, and make informed adjustments to the continuum of supports and services.</li> <li>• Do you have an iterative feedback loop for on-going improvement and school board, school, and community contextual adaptation?</li> </ul>
<p><b>Next steps:</b> Note system strengths and gaps in mental health learning, supports and services and steps to address them.</p>			<p><b>Consider</b></p>
<p><b>TIER 1</b></p>	<p><b>TIER 2</b></p>	<p><b>TIER 3</b></p>	<ul style="list-style-type: none"> <li>• Ongoing engagement processes with key stakeholders (students, families/caregivers, educators, school leaders, etc.) to co-design a continuum of supports and services.</li> <li>• Engage with students, families, and caregivers to assess and monitor how they are experiencing the range of services and recommendations.</li> </ul>

# Toolbox B. Establishing guiding principles

At the \_\_\_\_\_ DSB, students and their parents/caregivers have awareness of, and access to a full range of identity-affirming mental health promotion, prevention and early intervention supports and services at school that are guided by the following principles:

## Six principles to guide our school board's continuum of learning, supports and services

### Principle 1: Student and parent/caregiver centred

To what extent is this principle demonstrated across our school board's decision-making processes in designing and articulating our continuum of learning, supports and services? (As an MHLT, reflect on where you currently are in your demonstration of this principle)

Small extent	Moderate extent	Significant extent	Continuous extent
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How else might we demonstrate commitment to this principle in co-designing and articulating our continuum of learning, supports and services across the tiers of intervention?

TIER 1	TIER 2	TIER 3

Six principles to guide our school board’s continuum of learning, supports and services

Principle 2: Accessible, differentiated and identity affirming

To what extent is this principle demonstrated across our school board’s decision-making processes in designing and articulating our continuum of learning, supports and services? (As an MHLT, reflect on where you currently are in your demonstration of this principle)

Small extent	Moderate extent	Significant extent	Continuous extent
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How else might we demonstrate commitment to this principle in co-designing and articulating our continuum of learning, supports and services across the tiers of intervention?

<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
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Six principles to guide our school board's continuum of learning, supports and services

Principle 3: Offered by compassionate and knowledgeable multi-disciplinary school staff

To what extent is this principle demonstrated across our school board's decision-making processes in designing and articulating our continuum of learning, supports and services? (As an MHLT, reflect on where you currently are in your demonstration of this principle)

Small extent	Moderate extent	Significant extent	Continuous extent
--------------	-----------------	--------------------	-------------------

How else might we demonstrate commitment to this principle in co-designing and articulating our continuum of learning, supports and services across the tiers of intervention?

<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
---------------	---------------	---------------

Six principles to guide our school board's continuum of learning, supports and services

Principle 4: Aligned and integrated across a multi-tiered system of support.

To what extent is this principle demonstrated across our school board's decision-making processes in designing and articulating our continuum of learning, supports and services? (As an MHLT, reflect on where you currently are in your demonstration of this principle)

Small extent	Moderate extent	Significant extent	Continuous extent
--------------	-----------------	--------------------	-------------------

How else might we demonstrate commitment to this principle in co-designing and articulating our continuum of learning, supports and services across the tiers of intervention?

<p><b>TIER 1</b></p>	<p><b>TIER 2</b></p>	<p><b>TIER 3</b></p>
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Six principles to guide our school board's continuum of learning, supports and services

Principle 5: Built on strengths of existing resources, processes, and local partnerships.

To what extent is this principle demonstrated across our school board's decision-making processes in designing and articulating our continuum of learning, supports and services? (As an MHLT, reflect on where you currently are in your demonstration of this principle)

Small extent	Moderate extent	Significant extent	Continuous extent
--------------	-----------------	--------------------	-------------------

How else might we demonstrate commitment to this principle in co-designing and articulating our continuum of learning, supports and services across the tiers of intervention?

<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
---------------	---------------	---------------

Six principles to guide our school board's continuum of learning, supports and services

Principle 6: Evidence-informed, and responsive to student mental health goals.

To what extent is this principle demonstrated across our school board's decision-making processes in designing and articulating our continuum of learning, supports and services? (As an MHLT, reflect on where you currently are in your demonstration of this principle)

Small extent	Moderate extent	Significant extent	Continuous extent
--------------	-----------------	--------------------	-------------------

How else might we demonstrate commitment to this principle in co-designing and articulating our continuum of learning, supports and services across the tiers of intervention?

<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
---------------	---------------	---------------

**Six principles to guide our school board's continuum of learning, supports and services**

**Additional principle:**

To what extent is this principle demonstrated across our school board's decision-making processes in designing and articulating our continuum of learning, supports and services? (As an MHLT, reflect on where you currently are in your demonstration of this principle)

Small extent	Moderate extent	Significant extent	Continuous extent
--------------	-----------------	--------------------	-------------------

How else might we demonstrate commitment to this principle in co-designing and articulating our continuum of learning, supports and services across the tiers of intervention?

<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
---------------	---------------	---------------

**Additional principle:**

To what extent is this principle demonstrated across our school board's decision-making processes in designing and articulating our continuum of learning, supports and services? (As an MHLT, reflect on where you currently are in your demonstration of this principle)

Small extent	Moderate extent	Significant extent	Continuous extent
--------------	-----------------	--------------------	-------------------

How else might we demonstrate commitment to this principle in co-designing and articulating our continuum of learning, supports and services across the tiers of intervention?

<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
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## Toolbox C. Reflect and connect

### As you consider each level of school mental health support ...

#### What is it, what does it look like at your school board?

- How would your school board describe (insert level of support) e.g., mentally healthy school and classroom learning environment?
- What would you see happening across every school and every classroom if that definition was seen throughout the school day, in each interaction? What would you see happening that would reflect a commitment to (insert level of support)?
- What would students and their families be telling you if this was their experience across your schools? What would your staff be saying, doing or seeing?
- What would you say that you are already doing to achieve (insert level of support)? What do you want to/can you do more of? Reconsider? Re-commit to?

#### Why/rationale

- Why is investing in this work important for students?
- What reasons might students give? parents/caregivers? educators? school leaders? system leaders? community partners? mental health teams at your school board?

#### How do you centre every student and parent/caregiver perspectives and experiences?

- What would students and their parents/caregivers be saying and describing their experiences as if this was true for them?
- What aspects of or how do your unique communities of students and staff influence your response?
- How are supports identity-affirming and differentiated e.g., students with special needs?
- How are you holding yourself accountable to identity-affirming practices as you engage in this work?

#### Staff roles, responsibilities and readiness

- Which staff groups have the connection and competencies to support students with this (insert level of support) in schools? (Primary responsibility at the board, school, classroom?)
- What learning or PD support will help them carry out this work, what is the plan?
- How does this align with the school board's mental health strategy and other priorities e.g., Equity, Indigenous education, Special education, Curriculum?

#### Collaboration

- Who are your key partners/collaborators in this work?
- How are you holding yourself accountable to identity-affirming practices as you engage in this work? What does that look like and sound like?
- What are existing / current resources & partnerships resources (SMH-ON or other being utilized to support) across the board? (is there a mechanism to help gather this?)

#### Measurement and monitoring

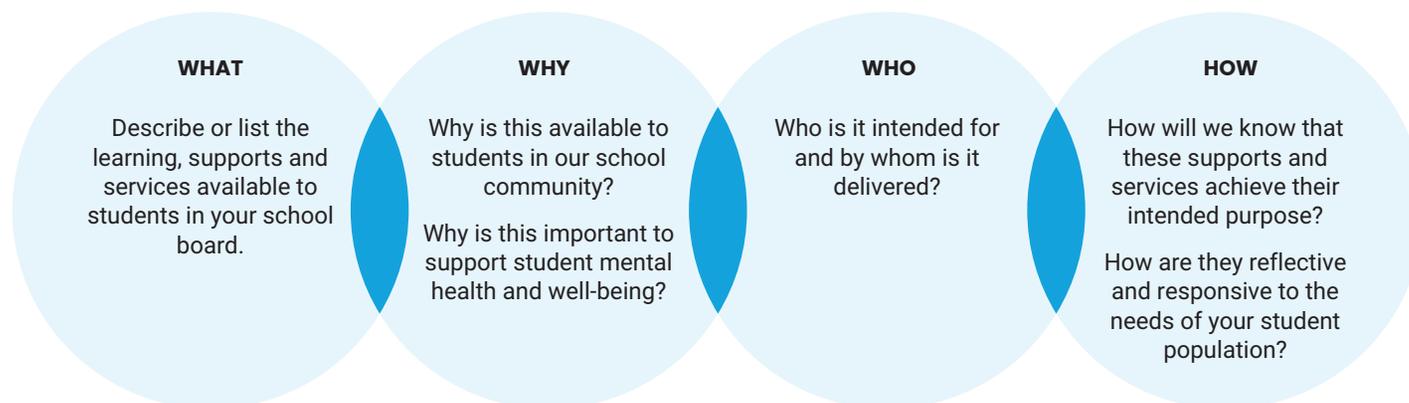
- How will we know that students, families, and their caregivers are aware of and have access to (insert level)
- What feedback loops and data gathering mechanisms can help with this iterative process?

## Toolbox D. Defining a continuum of school mental health learning, supports and services

### Articulating the continuum of mental health learning, supports and services

Articulating a continuum of mental health supports and services presents a valuable opportunity for mental health leadership teams to outline and communicate the range of mental health learning, supports and services accessible to students and their parents/caregivers.

This involves identifying what is available, defining each service, explaining the rationale, specifying the target audience, detailing access mechanisms and pathways, describing the selection process, assigning delivery responsibilities, and determining how to assess their effectiveness.



### Working through the learning, supports and services across the tiers of intervention

Learning, supports and services in school mental health are tangible, measurable activities or interventions designed to enhance the mental health and well-being of every student within an educational environment. This includes everyday mental health practices, skill building, mental health literacy, psychoeducation, psychosocial and therapeutic interventions, crisis support, care management, and system navigation.

The following worksheets provide school board mental health leadership teams with a tool to examine the current learning, supports, and services, considering what is missing, what no longer meets student mental health goals, and what can be enhanced.

The following worksheets can assist mental health leadership teams define mental health learning, supports and services across the tiers of intervention, in ways that are tangible and measurable. See [Appendix I](#) for examples – Considerations for a Continuum of Mental Health Learning, Supports and Services.

Tier 1					
System, school, classroom mental health leadership					
e.g., Every student will learn within a caring, welcoming, and anti-oppressive school and classroom environment that is differentiated and identity-affirming					
What	Why	How	Who		
Describe or list the learning, supports and services available to students in our school board.	Why are these available to students in our school community?	How will we know that these learning, supports, and services achieve their intended purpose?	Who are they intended for and by whom are they delivered?		
Use the following guiding principles to select mental health learning, supports, and services for students and parents in your school community. Consider the additional principles your school board has identified.					
student and parent/caregiver centred	accessible, differentiated and identity affirming	offered by compassionate and knowledgeable multi-disciplinary school staff	aligned and integrated across a multi-tiered system of care	built on strengths of existing resources, processes, and local partnerships	evidence-informed, and responsive to student mental health goals

**Tier 1**

**Strength-based mental health promotion**

e.g., Every student is supported to explore and practice social and emotional skills that are identity affirming, reinforce help seeking and facilitate help giving within their schools and classrooms.

What	Why	How	Who
Describe or list the learning, supports and services available to students in our school board.	Why are these available to students in our school community?	How will we know that these learning, supports, and services achieve their intended purpose?	Who are they intended for and by whom are they delivered?

**Use the following guiding principles to select mental health learning, supports, and services for students and parents in your school community. Consider the additional principles your school board has identified.**

student and parent/ caregiver centred	accessible, differentiated and identity affirming	offered by compassionate and knowledgeable multi-disciplinary school staff	aligned and integrated across a multi-tiered system of care	built on strengths of existing resources, processes, and local partnerships	evidence-informed, and responsive to student mental health goals
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**Tier 1**

**Parent, caregiver, community connections and support**

e.g., Parents, families, and caregivers are actively engaged to access tools/resources that promote shared understanding, mental health awareness, literacy, and agency.

What	Why	How	Who
Describe or list the learning, supports and services available to students in our school board.	Why are these available to students in our school community?	How will we know that these learning, supports, and services achieve their intended purpose?	Who are they intended for and by whom are they delivered?

**Use the following guiding principles to select mental health learning, supports, and services for students and parents in your school community. Consider the additional principles your school board has identified.**

student and parent/caregiver centred	accessible, differentiated and identity affirming	offered by compassionate and knowledgeable multi-disciplinary school staff	aligned and integrated across a multi-tiered system of care	built on strengths of existing resources, processes, and local partnerships	evidence-informed, and responsive to student mental health goals
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**Tier 1**

**Student leadership, participation, and agency**

e.g., Every student is presented with differentiated and varied opportunities to practice leadership and agency in their school and community mental health.

What	Why	How	Who
Describe or list the learning, supports and services available to students in our school board.	Why are these available to students in our school community?	How will we know that these learning, supports, and services achieve their intended purpose?	Who are they intended for and by whom are they delivered?

**Use the following guiding principles to select mental health learning, supports, and services for students and parents in your school community. Consider the additional principles your school board has identified.**

student and parent/caregiver centred	accessible, differentiated and identity affirming	offered by compassionate and knowledgeable multi-disciplinary school staff	aligned and integrated across a multi-tiered system of care	built on strengths of existing resources, processes, and local partnerships	evidence-informed, and responsive to student mental health goals
--------------------------------------	---	--	---	---	--

**Tier 1**

**Mental health literacy and stigma reduction**

e.g., Every student receives instruction for differentiated and identity-affirming mental health awareness, literacy, and instruction.

What	Why	How	Who
Describe or list the learning, supports and services available to students in our school board.	Why are these available to students in our school community?	How will we know that these learning, supports, and services achieve their intended purpose?	Who are they intended for and by whom are they delivered?

**Use the following guiding principles to select mental health learning, supports, and services for students and parents in your school community. Consider the additional principles your school board has identified.**

student and parent/caregiver centred	accessible, differentiated and identity affirming	offered by compassionate and knowledgeable multi-disciplinary school staff	aligned and integrated across a multi-tiered system of care	built on strengths of existing resources, processes, and local partnerships	evidence-informed, and responsive to student mental health goals
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**Tier 2**

**Early identification and student support**

e.g., Every student is supported by compassionate and responsive adults who understand the importance of mental health, notice when students are beginning to struggle and how to respond to help students reach for supports.

What	Why	How	Who
Describe or list the learning, supports and services available to students in our school board.	Why are these available to students in our school community?	How will we know that these learning, supports, and services achieve their intended purpose?	Who are they intended for and by whom are they delivered?

**Use the following guiding principles to select mental health learning, supports, and services for students and parents in your school community. Consider the additional principles your school board has identified.**

student and parent/ caregiver centred	accessible, differentiated and identity affirming	offered by compassionate and knowledgeable multi-disciplinary school staff	aligned and integrated across a multi-tiered system of care	built on strengths of existing resources, processes, and local partnerships	evidence-informed, and responsive to student mental health goals
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**Tier 2**

**Prevention and early intervention support**

e.g., Students presenting with mental health problems have access to brief, school-based early interventions. These include a range of identity-affirming psychosocial supports and psychotherapeutic processes and protocols.

What	Why	How	Who
Describe or list the learning, supports and services available to students in our school board.	Why are these available to students in our school community?	How will we know that these learning, supports, and services achieve their intended purpose?	Who are they intended for and by whom are they delivered?

**Use the following guiding principles to select mental health learning, supports, and services for students and parents in your school community. Consider the additional principles your school board has identified.**

student and parent/caregiver centred	accessible, differentiated and identity affirming	offered by compassionate and knowledgeable multi-disciplinary school staff	aligned and integrated across a multi-tiered system of care	built on strengths of existing resources, processes, and local partnerships	evidence-informed, and responsive to student mental health goals
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**Tier 3**

**Intensive supports and service pathways**

e.g., Students presenting with mental health problems have access to responsive and affirming care pathways to community mental health providers. This includes continuity of care at school as part of a broader mental health care plan.

What	Why	How	Who
Describe or list the learning, supports and services available to students in our school board.	Why are these available to students in our school community?	How will we know that these learning, supports, and services achieve their intended purpose?	Who are they intended for and by whom are they delivered?

**Use the following guiding principles to select mental health learning, supports, and services for students and parents in your school community. Consider the additional principles your school board has identified.**

student and parent/ caregiver centred	accessible, differentiated and identity affirming	offered by compassionate and knowledgeable multi-disciplinary school staff	aligned and integrated across a multi-tiered system of care	built on strengths of existing resources, processes, and local partnerships	evidence-informed, and responsive to student mental health goals
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## Toolbox E. Thinking through the essential practices for Tier 2 & 3 school mental health supports and services

Optimizing the continuum of mental health supports and services in schools within an integrated system of care for child and youth mental health presents an opportunity for mental health leadership teams to examine and reinforce essential practices necessary for implementing a robust array of identity-affirming, evidence-informed prevention, and early intervention services.

Consider: To what extent your school board has these essential practices in place to support effective delivery of identity-affirming, evidence-informed mental health prevention and early intervention services in schools. Describe the current state and consider additional strategies and possible next steps to enhance consistency, capacity/competence, and support.

### Identity-affirming, evidence-informed mental health prevention and early intervention services in schools

#### Consultation, triage, and assessment

Referral process (access)	Practices and protocols (method)	Measurement-based care / progress monitoring (tools)	Professional development (capacity/competence)	Professional support infrastructures (supervision structure)

#### Consider strategies and next steps to enhance:

consistency:

capacity/competence:

support:

**Identity-affirming, evidence-informed mental health prevention and early intervention services in schools**

**Collaboration and planning with school teams and parents/caregivers**

Referral process (access)	Practices and protocols (method)	Measurement-based care / progress monitoring (tools)	Professional development (capacity/competence)	Professional support infrastructures (supervision structure)
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**Consider strategies and next steps to enhance:**

consistency:

capacity/competence:

support:

**Brief individual intervention**

Referral process (access)	Practices and protocols (method)	Measurement-based care / progress monitoring (tools)	Professional development (capacity/competence)	Professional support infrastructures (supervision structure)
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**Consider strategies and next steps to enhance:**

consistency:

capacity/competence:

support:

**Identity-affirming, evidence-informed mental health prevention and early intervention services in schools**

**Brief group intervention**

Referral process (access)	Practices and protocols (method)	Measurement-based care / progress monitoring (tools)	Professional development (capacity/competence)	Professional support infrastructures (supervision structure)
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**Consider strategies and next steps to enhance:**

consistency:

capacity/competence:

support:

**Crisis support and response to critical incidents**

Referral process (access)	Practices and protocols (method)	Measurement-based care / progress monitoring (tools)	Professional development (capacity/competence)	Professional support infrastructures (supervision structure)
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**Consider strategies and next steps to enhance:**

consistency:

capacity/competence:

support:

**Identity-affirming, evidence-informed mental health prevention and early intervention services in schools**

**Safety planning and monitoring**

Referral process (access)	Practices and protocols (method)	Measurement-based care / progress monitoring (tools)	Professional development (capacity/competence)	Professional support infrastructures (supervision structure)
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**Consider strategies and next steps to enhance:**

consistency:

capacity/competence:

support:

**System and care navigation with community mental health partners**

Referral process (access)	Practices and protocols (method)	Measurement-based care / progress monitoring (tools)	Professional development (capacity/competence)	Professional support infrastructures (supervision structure)
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**Consider strategies and next steps to enhance:**

consistency:

capacity/competence:

support:

**Identity-affirming, evidence-informed mental health prevention and early intervention services in schools**

**Other:**

Referral process (access)	Practices and protocols (method)	Measurement-based care / progress monitoring (tools)	Professional development (capacity/competence)	Professional support infrastructures (supervision structure)
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**Consider strategies and next steps to enhance:**

consistency:

capacity/competence:

support:

**Consider the regulated mental health professionals at your school board, their professional disciplines, and shared competencies.**

- Who are the regulated mental health professionals in your school board?
- What specific activities are they involved in that makes use of their specialized skills to reinforce Tier 2 and Tier 3 services?
- What competencies do they share across professional disciplines? What activities are different? How are they working together?
- How might you address duplication, gaps and redundancies in supports and services?
- How are mental health professionals mobilized to support the mental health needs of Black, Indigenous and marginalized students. Do they reflect the student population in your school board community? How do managers and clinical supervisors integrate an identity-affirming frame for reflection and action?
- What other areas of work are they engaged in to support the multi-tiered system of support that educators and school mental health staff may be better positioned to offer?
- What types of Tier 3 and 4 services might they be engaged in that could be better supported by community mental health providers, in alignment with the vision for Right Time Right Care?

## Toolbox F. Taking stock of our school board’s leadership, structures, and processes

To optimize and articulate a continuum of learning, supports and services for student mental health, solid leadership, structures, and processes are necessary. Begin by engaging mental health leadership teams in critical examination and review of existing school mental health support systems. Encourage iterative engagement and co-design processes throughout planning and implementation phases with key stakeholders across the school system. Dedicate time for respectful collaboration that fosters relationships to establish effective processes. Centre the perspectives of Black, Indigenous, and marginalized students, prioritize wellness and balance honouring past practices with openness to innovation.

Implementing a comprehensive school mental health continuum requires robust leadership, multidisciplinary teams, clear protocols, data-driven monitoring, and proactive engagement and communication strategies.

The following tool can help school mental health leadership teams take stock of the current state of their leadership, structures, and processes by considering progress status (beginning, in progress, sustained), identify barriers and enablers (potential and existing), and reflect on possible next steps for action (specific and actionable).

	Current state	Enablers & barriers	Next steps
<b>Strong, dedicated leadership</b>			
<p><b>Leadership team and guiding principles:</b></p> <ul style="list-style-type: none"> <li>Designate a leadership team that represents diverse perspectives and understands a range of worldviews on mental health.</li> <li>Foster a shared understanding and commitment to the vision for <b>Right time, right care</b> among team members.</li> <li>Understand and reframe personal and organizational biases towards the shift to a truly multi-tiered system of support.</li> <li>Collaborate on and commit to guiding principles that will drive and anchor decisions related to the selection of mental health learning, supports and services.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	

	Current state	Enablers & barriers	Next steps
<b>Strong, dedicated leadership (cont'd)</b>			
<p><b>Assessment and mapping:</b></p> <ul style="list-style-type: none"> <li>• Reflect on and identify the current strengths, needs and opportunities for growth within the school board’s current continuum of learning, supports and services.</li> <li>• Use multiple channels of existing data and student engagement opportunities to understand the mental health priorities of students in your school board and what matters to them.</li> <li>• Establish areas of focus to improve your school board’s continuum of mental health learning, supports and services that support the implementation goals of PPM 169.</li> <li>• Take stock of current existing school-based partnerships, agreements, and MOUs across the tiers of intervention and consider how they align with the vision for <b>Right time, right care.</b></li> </ul>	<p>Beginning</p> <p>In progress</p> <p>Sustained</p>	Enablers	
		Barriers	
<p><b>Vision and communication:</b></p> <ul style="list-style-type: none"> <li>• Communicate the vision and contextualize it with stakeholders.</li> <li>• Identify potential challenges that may arise across stakeholder groups within the school system.</li> <li>• Use differentiated strategies to promote the goals and objectives for a comprehensive continuum of school mental health learning, supports and services.</li> </ul>	<p>Beginning</p> <p>In progress</p> <p>Sustained</p>	Enablers	
		Barriers	

	Current state	Enablers & barriers	Next steps
<b>Multi-disciplinary teams</b>			
<p><b>Roles, responsibilities, and team structures:</b></p> <ul style="list-style-type: none"> <li>Clearly define and understand the roles and responsibilities for each level of school mental health learning, support, and service.</li> <li>Leverage the unique professional expertise, scope of practice and designations within the team to shape these roles and address tensions related to role confusion.</li> <li>Promote opportunities for regular team meetings for student support discussions, sharing insights, and revisiting how learning, supports and services are accessed and delivered.</li> <li>Establish systems for clinical supervision, consultation and coaching for school mental health professionals providing psychotherapeutic interventions.</li> <li>Facilitate alignment and coherence across teams in your school district, to foster a continuum of mental health learning, supports and services that is understood and integrated throughout the board's priorities – e.g., <i>school teams, special education teams, curriculum teams, Indigenous curriculum teams, safe and healthy teams, clinical teams, etc.</i></li> </ul>	<p>Beginning</p> <p>In progress</p> <p>Sustained</p>	<p>Enablers</p> <hr/> <p>Barriers</p>	
<p><b>Professional development:</b></p> <ul style="list-style-type: none"> <li>Develop a comprehensive, aligned and integrated professional development plan that supports staff roles in the delivery of school mental health learning, supports and services.</li> <li>Access current school board mechanisms to embed professional development opportunities so that they are relevant and sustained.</li> <li>Consider multiple entry points for professional learning and growth (e.g., in-person workshops, online courses and modules, on-going coaching supports and communities of practice).</li> </ul>	<p>Beginning</p> <p>In progress</p> <p>Sustained</p>	<p>Enablers</p> <hr/> <p>Barriers</p>	

	Current state	Enablers & barriers	Next steps
<b>Multi-disciplinary teams (cont'd)</b>			
<p><b>Differentiated identity-affirming support, tools, and resources:</b></p> <ul style="list-style-type: none"> <li>Examine and refresh staff supports so that they are culturally responsive and identity affirming.</li> <li>Model cultural humility and reflexivity across practices.</li> <li>Provide user-friendly tools for initial mental health assessments, like questionnaires to identify potential concerns.</li> <li>Develop a resource library with materials on coping strategies, stress reduction, and self-care.</li> </ul>	Beginning	Enablers	
	In progress	Barriers	
Sustained			
<b>School mental health protocols</b>			
<p><b>Access points and referral processes:</b></p> <ul style="list-style-type: none"> <li>Articulate your school board's continuum of learning, supports and services across the tiers that includes:                             <ul style="list-style-type: none"> <li>upstream mental health promotion, learning and supports.</li> <li>early identification and support structures and resources.</li> <li>a robust menu of brief, evidence-informed Tier 2 and 3 school mental health supports and services.</li> </ul> </li> <li>Co-create clear internal referral processes that are understood and can be accessed by staff, students, and their parents/caregivers.</li> <li>Select and implement screening tools to support consultation, triage and collaborative decision-making for care and support.</li> </ul>	Beginning	Enablers	
	In progress	Barriers	
Sustained			

	Current state	Enablers & barriers	Next steps
<b>School mental health protocols (cont'd)</b>			
<p><b>Suicide prevention/life promotion protocols:</b></p> <ul style="list-style-type: none"> <li>Regularly review and update the school boards' suicide prevention/life promotion protocols that help prepare staff to respond to students and their families with compassion and confidence across the tiers of intervention.</li> <li>Collaborate with community partners to enhance and reinforce these protocols that include a school-community approach.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	
<p><b>Pathways to care:</b></p> <ul style="list-style-type: none"> <li>Define multiple access points and pathways to school and community mental health supports and services that offer choices and reflect the needs of students and their parents/caregivers.</li> <li>Work alongside key community mental health partners to establish and communicate explicit pathways to, from and through services that align with the aspirational vision of <b>Right time, right care.</b></li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	
<b>Data collection, measurement, and monitoring</b>			
<p><b>Data-informed decision-making:</b></p> <ul style="list-style-type: none"> <li>Use data and guiding principles to inform decisions and assess the effectiveness of school mental health learning, supports and services.</li> <li>Collect identity-based data to inform a more responsive continuum of school mental health learning, supports and services, that includes identity-affirming programming and staff that reflect the student population.</li> <li>Consider emerging trends in student mental health to inform adjustments.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	

	Current state	Enablers & barriers	Next steps
<b>Data collection, measurement, and monitoring (cont'd)</b>			
<b>Measurement-based care:</b> <ul style="list-style-type: none"> <li>• Develop strategies that promote consistent measures to guide care decisions and treatment planning amongst school mental health professionals.</li> <li>• Include professional development, coaching/supervision, and adjustments to streamline paperwork and tasks related to documentation.</li> <li>• Co-created menu of brief measures with school mental health professionals that can be embedded across interventions.</li> <li>• Explore ways that measurement-based care can be differentiated to improve feasibility, acceptability and appropriateness of measures while preserving fidelity.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	
<b>Feasibility and feedback loops:</b> <ul style="list-style-type: none"> <li>• Develop iterative feedback loops for continuous improvement of data systems, collection, and applications.</li> <li>• Provide communication loops with school staff and mental health professionals for on-going adjustments and improvement.</li> <li>• Engage students, parents/caregivers to gather feedback on their experiences related to access and quality of learning, supports and services.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	
<b>Engagement, communication, and collaboration</b>			
<b>Differentiated communication plans:</b> <ul style="list-style-type: none"> <li>• Co-develop communication plans that reflect the inputs of key stakeholders.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	

	Current state	Enablers & barriers	Next steps
<b>Engagement, communication, and collaboration (cont'd)</b>			
<p><b>Students:</b></p> <ul style="list-style-type: none"> <li>Engage and consult with Black, Indigenous and students experiencing marginalization to co-create responsive and affirming materials and messages about the availability of school mental health learning, supports and services, where to access these and how.</li> <li>Connect with students across K-12 to explore differentiated methods and mechanisms for communication.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	
<p><b>Parents/caregivers:</b></p> <ul style="list-style-type: none"> <li>Co-create information sharing methods that help parents/caregivers understand, recognize, and respond to the mental health needs of their children.</li> <li>Receive feedback from parents/caregivers about the clarity, the availability, and the accessibility of the range of school mental health learning, supports and services.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	
<p><b>Educators and school staff:</b></p> <ul style="list-style-type: none"> <li>Review communication and professional development opportunities that equip educators and staff with the knowledge to access and understand the continuum of mental health learning, supports and services, including access to tools and referral mechanisms.</li> <li>Establish support mechanisms for ongoing communication and feedback loops with administrators, school mental health professionals and student support staff.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	

	Current state	Enablers & barriers	Next steps
<b>Engagement, communication, and collaboration (cont'd)</b>			
<p><b>Community:</b></p> <ul style="list-style-type: none"> <li>Collaborate with local organizations, service providers, healthcare providers, and community leaders to raise awareness on availability and access to mental health supports and services.</li> <li>Co-create regular communications for the school community that reflect an integrated system of child and youth mental health care, in alignment with the vision for <b>Right time, right care</b>.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	
<b>Continuous improvement and adaptation</b>			
<p><b>Iterative process:</b></p> <ul style="list-style-type: none"> <li>Incorporate an iterative process of engagement, co-design, planning, and implementation.</li> <li>Review and re-commit to the guiding principles.</li> <li>Take steps to dismantle structures that uphold oppressive and racist practices and build on differentiated and identity-affirming care.</li> <li>Ensure a range of voices and perspectives are included in decision-making processes.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	
<p><b>Identity-affirming engagement and collaboration:</b></p> <ul style="list-style-type: none"> <li>Foster and prioritize relationships to address sensitivities and differences of opinion that arise during the implementation process.</li> <li>Create spaces that centre Black, Indigenous and marginalized student perspectives to review and adjust the continuum of learning, supports and services.</li> <li>Keep student wellness at the centre of our conversations and decision-making.</li> </ul>	Beginning	Enablers	
	In progress		
	Sustained	Barriers	

	Current state	Enablers & barriers	Next steps
<b>Additional notes/comments</b>			

# Toolbox G. Communication strategies

**Considerations for communication:** Consider stakeholders for communication as well as methods and variation of communication. Remember that developing differentiated communications strategies should be considered across stakeholder groups as well as

within key stakeholder groups. For example, communication strategies for students will differ across developmental stages, grade levels and include adapted and responsive mechanisms to reach each audience.

	Students	Parents/caregivers	School staff & administrators	Student support staff & school mental health professionals	Community Partners	Other
<b>Language</b>						
<b>Style/Medium</b> (print, social media, oral)						
<b>Location/Vehicles</b> (newsletters, website, board vs school site)						

	Students	Parents/caregivers	School staff & administrators	Student support staff & school mental health professionals	Community Partners	Other
<b>Timing /Frequency</b> beginning of new school year, following a community/school issue (e.g., reminder of availability and access to supports and services)						
<b>Feedback loops</b>						

As you think about your differentiated communication strategies, keep in mind **what it is you are communicating about**. Integrate the reflections and the work your team is engaging in to articulate your continuum of mental health learning, supports and services. Connect with your communications teams alongside your different

stakeholders to imagine accessible and creative ways that will reach your intended audiences and specify their roles in supporting communication, delivery and access to the continuum of school mental health learning, supports and services.

SMH level services	Description of learning, supports and services	How does this enhance/support student mental health?	Who is it for and how can students and their parents/ caregivers' access these?	What is the role of each stakeholder to communicate, disseminate, deliver and access?	How can we follow-up, review and improve?	Other considerations?
System, school, classroom mental health leadership						
Strength-based mental health promotion						
Parent/caregiver, community connections and support						
Student leadership, participation, and agency						

SMH level services	Description of learning, supports and services	How does this enhance/support student mental health?	Who is it for and how can students and their parents/ caregivers' access these?	What is the role of each stakeholder to communicate, disseminate, deliver and access?	How can we follow-up, review and improve?	Other considerations?
Mental health literacy and stigma reduction						
Early identification and student support						
Prevention and early intervention support						
Intensive supports and service pathways						

# Additional resources: Appendices

## Appendices

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# Appendix I. Considerations for a Continuum of Mental Health Learning, Supports and Services

Tier 1		
System, school, classroom mental health leadership		
Example	Rationale	Students, parents, and caregivers may experience this through
e.g., Every student will learn within a caring, welcoming, and anti-oppressive school and classroom environment that is differentiated and identity affirming	Mentally healthy school and classroom learning environments promote a strong sense of belonging, safety, and validation. They foster meaningful conversations about mental health, reconciliation, equity and well-being and influence students' sense of agency and purpose in shaping their school community landscape. Differentiated spaces and ways to learn that affirm strengths and identities of every student, develop a foundation for healthy skill-building, learning and academic growth.	<ul style="list-style-type: none"> <li>• Intentional and integrated connections to reconciliation, equity, mental health, and well-being across the school community.</li> <li>• Culturally responsive staff and materials that are reflective of student population.</li> <li>• Identity-affirming, supportive safe spaces, student clubs and activities.</li> <li>• Regular opportunities for school/classroom well-being check-ins and conversations.</li> <li>• Opportunities for student engagement and leadership for school/ classroom mental health, equity, and well-being.</li> </ul>

Tier 1		
Strength-based mental health promotion		
Example	Rationale	Students, parents, and caregivers may experience this through
e.g., Every student is supported to explore and practice social and emotional skills that are identity affirming, reinforce help-seeking and facilitate help giving within their schools and classrooms.	Exploring and practicing these skills with students, equips them to recognize and navigate their emotions fostering a strong foundation for healthy self-awareness and interpersonal connections. Fostering a reciprocal exchange of culturally relevant wellness strategies contributes to both student and staff wellness. Introducing differentiated stress management and coping techniques can help validate and strengthen already existing skills and strategies, promoting resilience and emotional regulation. Cultivating help-seeking and help-giving behaviours encourages a culture of support and empathy within the school community. These skills support students to take charge of their mental health and to actively contribute to creating a positive and supportive learning environment.	<ul style="list-style-type: none"> <li>• Learning and practicing social-emotional skills from an identity-affirming perspective throughout the school day, at home and in the community.</li> <li>• Learning and practicing identity-affirming and differentiated stress management and coping strategies.</li> <li>• Help-seeking tools, mechanisms, and support</li> <li>• Healthy ways of help giving through peer support and school/ community-wide initiatives</li> </ul>
Parent, caregiver, community connections and support		
Example	Rationale	Students, parents, and caregivers may experience this through
e.g., Parents and caregivers are actively engaged to access tools/resources that promote meaningful dialogue on shared understanding of well-being, mental health awareness, literacy, and agency.	Students and their parents/caregivers, can carry these skills into their personal and professional lives, promoting and practicing identity and culturally affirming long-term well-being at home with their children and in the community. Opening spaces that foster opportunities for parents/caregivers to exchange and dialogue about mental health and well-being can enrich the school community's collective understanding. It further provides opportunities to learn about available support and pathways to access these, fostering a sense of hope and confidence that they will be well surrounded to support their children in case they may be struggling.	<ul style="list-style-type: none"> <li>• Opportunities to exchange, build and learn about mental health and well-being through culturally responsive engagement and dialogue.</li> <li>• On-going communication to reinforce supports as natural helpers.</li> <li>• Connection to community supports (social, cultural, religious, sports).</li> <li>• Common messages of hope and support, wrapping care around young people in identity-affirming ways.</li> <li>• Understand the supports and services available at school and access to pathways for additional supports.</li> </ul>

Tier 1		
Student leadership, participation, and agency		
Example	Rationale	Students, parents, and caregivers may experience this through
e.g., Every student can co-create and participate in differentiated and varied opportunities to practice leadership and agency in their school and community mental health.	Students who actively engage in decisions related to mental health initiatives, can contribute to an increased sense of belonging, purpose and meaning. This further contributes to learning environments that reflect and centre a range of student perspectives with support from staff. Engaging students leads to reduced stigma surrounding mental health problems and accessing support, while also increasing mental health literacy. For schools and systems, student engagement results in enhanced understanding of students' needs, better identification, and support for mental health challenges, and innovative solutions to address such issues.	<ul style="list-style-type: none"> <li>• Opportunities for student engagement and leadership for school/ classroom mental health, equity, and well-being.</li> <li>• Participation in student mental health champion clubs.</li> <li>• Opportunities to inform school/board action plans and directions.</li> <li>• Access to a variety of adapted engagement mechanisms through which students choose to participate (i.e., degrees of engagement: consultation, collaboration, partnership, leadership).</li> </ul>
Mental health literacy and stigma reduction		
Example	Rationale	Students, parents, and caregivers may experience this through
e.g., Every student receives instruction for differentiated and identity-affirming mental health awareness, literacy and instruction.	Student-centred mental health literacy provides important knowledge and skill building opportunities for both students and caregivers to support problem solving and decision making enhancing mental health and well-being for themselves and others. It helps to reduce stigma surrounding mental health and normalizes conversations about emotions, stress, and well-being. The skills and knowledge gained through classroom mental health literacy are not only relevant during school years but also throughout life.	<ul style="list-style-type: none"> <li>• K-12 developmentally responsive in-class school student mental health literacy.</li> <li>• Understand the learning, supports and services available at school and access to pathways for additional supports.</li> <li>• Learn the importance of and how to care for one's own mental health / well-being.</li> <li>• Learn how to contribute to the well-being of peers and of the school/community</li> </ul>

Tier 2

Early identification and student support (between the tiers and throughout the continuum)

Example	Rationale	Students, parents, and caregivers may experience this through
<p>e.g., Every student is supported by compassionate and responsive adults who understand the importance of mental health, notice when students are beginning to struggle and how to respond to help students reach for supports.</p>	<p>When students feel heard and understood, they experience the adults in their building as caring and compassionate and are aware of and open to their circle of support and various levels of support available to them. When caring adults notice when students are beginning to struggle, know how to respond, and can help students reach for appropriate supports we can ensure all students and families receive the appropriate help at the appropriate time. It ensures that wherever students are along the mental health continuum or skill building, there are caring adults looking out for them.</p>	<ul style="list-style-type: none"> <li>• Authentic listening and validation.</li> <li>• Individual and small group opportunities to bolster identity-affirming social-emotional skills and/or psychoeducation related to mental health.</li> <li>• Psychoeducation related to well-being and mental health.</li> <li>• Knowledge of and access to varied levels of support – including individual, small group, school, and community based – to expand their circle of support.</li> <li>• Student centred and strength-focused opportunities to build skills related to help-seeking.</li> <li>• Connection to community supports (social, cultural, religious, sports).</li> </ul>

Tier 2		
Prevention and early intervention		
Example	Rationale	Students, parents, and caregivers may experience this through
<p>e.g., Students presenting with mental health problems have access to brief, school-based early interventions. These include a wide range of identity-affirming psychosocial supports grounded in evidence-informed and psychotherapeutic processes and protocols.</p>	<p>Brief psychosocial support and intervention within schools provide timely response for mental health concerns with regulated school-based mental health professionals to help prevent problems from escalating. In addition to having access to a range of evidence-informed psychotherapeutic interventions, students are supported to define their mental health goals and access their existing internal and external strengths. This may include reinforcing coping strategies, additional school/classroom supports or family and community connections.</p> <p>Acknowledging individual identities and experiences, these supports not only destigmatize seeking help but also offer tailored solutions that resonate deeply. Consequently, students are equipped not only to navigate their current challenges but also to build on the skills they already have to cultivate resilience that extends well beyond their school years, contributing to their overall well-rounded development.</p>	<ul style="list-style-type: none"> <li>• Student-centred consultation, triage and mental health assessments.</li> <li>• Collaboration and problem-solving with school team learning and supports.</li> <li>• Access to a range of responsive brief individual and group interventions.</li> <li>• Referral and coordination with community mental health partners.</li> <li>• Crisis support and critical incident response.</li> </ul>

Tier 3		
Intensive supports and service pathways		
Example	Rationale	Students, parents, and caregivers may experience this through
<p>e.g., <b>Care management &amp; system navigation</b></p> <p>Students presenting with mental health problems and their caregivers, have access to responsive and affirming care pathways to community mental health providers. This includes continuity of care at school as part of a broader mental health care plan.</p>	<p>Students and caregivers may benefit from a coordinated, collaborative approach to care that includes community mental health partners. Focusing on affirming and timely referrals to align with the student’s level of need will ensure access to a broader mental health care plan, that includes continuity of care at school.</p> <p>Students accessing services in the community may also continue to benefit from other school learning supports and services to reinforce or bolster skills being learned.</p> <p>Ongoing monitoring and assessment of need and impact will help students move along the continuum of services – up or down. The ability to move amongst varying levels of support at school will ensure students feel supported and connected to their mental health and well-being goals.</p>	<ul style="list-style-type: none"> <li>• Safety planning &amp; monitoring.</li> <li>• Coordination with school board supports.</li> <li>• Coordination with community mental health partners.</li> <li>• System navigation.</li> <li>• Review access to and reinforce student mental health supports.</li> <li>• Ongoing collaboration and monitoring.</li> </ul>

# Appendix II. Digital Systems for School Mental Health Services: Factors to consider

**DIGITAL SYSTEMS FOR SCHOOL MENTAL HEALTH SERVICES**  
**IMPORTANT FACTORS TO CONSIDER WHEN EXPLORING OPTIONS FOR IMPLEMENTING DIGITAL SYSTEMS FOR SCHOOL MENTAL HEALTH SERVICES**

A 2017 systematic review by Aaron Lyons, Cara Lewis and colleagues evaluated 49 different measurement feedback systems, from different countries, in order to assess the capabilities and characteristics of these systems. The systematic review was published in a peer reviewed, academic journal. The review evaluated several features of these systems, including:

1. customizability;
2. ability to feedback data;
3. ability to track data over time; and
4. ability to capture data and generate reports at the individual and aggregate levels

**WHAT TO ASK SYSTEM DEVELOPERS**

The following questions can guide conversations when meeting with system developers and exploring options for implementation:

<b>CUSTOMIZABILITY</b>	<ol style="list-style-type: none"> <li>1. Can we input measures we think are most helpful for our school mental health services?</li> <li>2. Can the system do what is needed for our specific workflows (case notes, booking appointments, indicating what we are doing in a session, ingating referrals, etc.)?</li> <li>3. Can we add tools ourselves if needed?</li> <li>4. Can we customize alerts (high risk or severity on measures)?</li> <li>5. Can we make changes to the system after implementation based on our learnings and experiences with the system?</li> <li>6. Can we customize reports and how data are reported for our specific service needs?</li> </ol>
<b>FEEDBACK</b>	<ol style="list-style-type: none"> <li>1. Can the dashboard visually graph a student's progress during intervention?</li> <li>2. Can the dashboard/graph the progress in real-time once the measure is complete?</li> <li>3. Can the dashboard be colour coordinated and engaging for the student and the clinician (e.g., green improvements and red lack of progress)?</li> <li>4. Can any alerts that have been embedded within the system alert managers to cases or risk or other concerns deemed important by the school mental health system?</li> <li>5. Can the feedback from using measures be separated into different components (risk symptoms, functioning, goals, etc.)?</li> </ol>




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<b>REPORTING</b>	<ol style="list-style-type: none"> <li>1. Can the system quickly and accurately provide summary reports?</li> <li>2. Can the system provide summary reports at both an organisational and individual level?</li> <li>3. Can the reports only be accessed by those who need to review high level data (manager of service, superintendents, etc.)?</li> <li>4. Can the reports developed be visual (graphs, tables, charts) so service data can be better communicated to important stakeholders?</li> <li>5. Can the system allow access to managers and superintendents to view individual reports and data when needed?</li> <li>6. Can specific information be selected to generate different reports?</li> <li>7. Can the system prepare a report to be shared with the student or the student's family on their engagement with school mental health services?</li> <li>8. Can we sign our reports and documents in the system?</li> <li>9. Can we pull demographic information to</li> <li>10. self-populate reports?</li> </ol>
<b>TRACKING DATA</b>	<ol style="list-style-type: none"> <li>1. Can the system track telegraphic outcomes (e.g., goals or top problems)?</li> <li>2. Can the system track a specific intervention and sessions (e.g., BRTS, exposure therapy, goals)?</li> <li>3. Can the system indicate and track the occurrence of other important clinical events (e.g., fights with others, suicide attempts, self-harm)?</li> <li>4. Can the system track individual clinical and service hours?</li> <li>5. Can the system track when referrals are made to other, community agencies?</li> </ol>
<b>DATA LINKAGE</b>	<ol style="list-style-type: none"> <li>1. Can the system link data across different digital systems (i.e., attendance systems, academic systems)?</li> </ol>
<b>TRAINING</b>	<ol style="list-style-type: none"> <li>1. Is there training available for the use of the system (in-person, webinars, train the trainer model, etc.)?</li> <li>2. Are there online resources and manuals that clinicians can use as a personal resource?</li> <li>3. Is there ongoing support aside from any initial training?</li> </ol>




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<b>ACCESSIBILITY</b>	<ol style="list-style-type: none"> <li>1. Does the system have built-in availability for other languages (French)?</li> <li>2. Does the system have built-in support for populations who may need support using the system (e.g., dictation software)?</li> <li>3. Is there a client facing portal where students and caregivers/families can be sent measures and assessments to complete once they are referred to service?</li> <li>4. Can the system be used on other devices (Pad, iPhone, computer, etc.)?</li> <li>5. Is it a cloud-based system that can be used remotely on different devices?</li> </ol>
<b>PRIVACY</b>	<ol style="list-style-type: none"> <li>1. Is the system in keeping with PHIPA Regulations?</li> <li>2. How is the data stored on servers and where are these servers located?</li> <li>3. Does the system have dual authentication or other authenticators used for additional data protection?</li> </ol>
<b>PAYMENT</b>	<ol style="list-style-type: none"> <li>1. Is the system subscription based and dependent on the number of clinicians?</li> <li>2. Does the cost vary based on system additions and upgrades?</li> <li>3. Is there an initial implementation cost?</li> </ol>

**Other Important Factors to Consider:**  
 We also recommend drawing on the expertise and experiences of individuals who work within your school board. Specifically, forming a working group with members from different training backgrounds (school mental health clinicians, administrators, educators, information technology experts, managers of special education services, etc.). Having different individuals with different expertise can be particularly important when engaging in DEMOS with system developers, as it facilitates thoughtful and thorough questioning.

It may also be beneficial to draw on the knowledge and expertise of other school boards who have purchased or developed a digital system within their board. One approach may be to form a working group with other boards, where you can meet to discuss the process of engaging with system developers and the barriers and facilitators to implementing a digital system for school mental health services.

**For Further Information:**  
 Please feel free to reach out to our Advancing Youth Mental Health Team at the Offord Centre for Child Studies at McMaster University. E-mail us at: [georgie@mcmaster.ca](mailto:georgie@mcmaster.ca) or visit our website at: [www.yvm.mcmaster.ca](http://www.yvm.mcmaster.ca)




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[Download the entire document here](#)

# Appendix III. Clinical Supervisor's Quick Reference handbook

Protocol Uptake  
Clinical Supervisors' Quick Reference Guide



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Protocol Uptake • Clinical Supervisors' Quick Reference Guide

## About this Guide



As a clinical supervisor/manager, you have a critical role to ensure that students' mental health needs are met through the evidence-informed brief interventions provided within your board's service delivery model (as per PPM169). To effectively address these needs, protocol selection and staff capacity building efforts are essential. However, attending a workshop does not guarantee that the intervention will be used. Thus, this guide aims to help address this issue by providing implementation tips and tricks to maximize the uptake of evidence-informed prevention and early intervention protocols.

**Foundations: Capacity building to support cultural humility**

Self-reflective practice and humility are key parts of cultural competence. When deciding on a therapeutic approach, it is critical for the clinician to locate themselves within and acknowledge their social identity, power, and privilege in relation to the student they are serving. Additional interventions and supports grounded in culture, faith, identity, family and community, that include advocacy, relational approaches and/or cultural ways of knowing, need to be considered as part of treatment planning.

As the clinical supervisor/manager, it is important to support school mental health professionals to recognize the value of various ways of knowing and of the lived experience of every student and family they are supporting.

**Tips & Tricks**

Consider taking time during individual or team meeting to discuss case examples and provide space to reflect on how to the intervention can be culturally responsive and identity affirming.

**Progress Monitoring/Measurement-Based Care**

It is important to measure progress on interventions to ensure that each is helpful for the student. School mental health (SMH) professionals do this all the time by modifying an intervention based on how a student is responding. Measurement-based care (MBC) offers another tool to support clinical decision-making. In this approach, students are a partner in measuring progress through quick ratings that are done in each session.

**Tips & Tricks**

Setting the expectation that SMH professionals report on student progress using MBC helps reinforce its use in practice. As many protocols available through SMH-ON already include MBC (BDI, BRISC, FIRST), this practice can be adopted seamlessly.

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## Structures that Support Uptake

### What's Your Context?

Boards across the province are very different. They are situated in varied geographical areas (urban, rural, remote or a mix of these). Their access to community services differs, as does the size of the SMH professional team.

Because of these nuances, clinical supervision models can vary. In order to support the integration and uptake efforts of clinical protocols, first consider how **clinical support** is provided in your board.

**Reflection Questions: Meeting Format**

- Do you provide individual / one-on-one meetings with team members?
- Do you provide a team meeting approach (which can include full team meetings, communities of practice or peer-to-peer support)?
- Are your meetings administrative\* (i.e., logistical items are discussed, such as schedule, training needs, etc.)?
  - If meetings are currently only administrative in nature, consider how best to incorporate clinical support for the SMH professionals.
- Are your meetings clinical (i.e., case studies and various ways of knowing and intervening are discussed)?
- Are your meetings a combination of both?
- What is the frequency of these meetings?
- If clinical meetings are available, who leads these meetings? Is it led by:
  - Clinical manager?
  - Team members/peers?
  - External clinical supervisors

**Tips & Tricks**

Learning and adopting a new intervention can be challenging. No matter the type and format of clinical supervision at your board, to promote successful uptake of a new intervention, consider:

- Piloting the intervention with a few clinicians first.
- Creating implementation prompts (standing agenda item, case studies...)
- Providing a supportive space to share and co-learn about the implementation process.
  - Acknowledging implementation concerns (e.g., busy schedule, lack of confidence in the approach...)
  - Reinforcing team strengths (e.g., skilled clinicians, professional relationships...)
- Setting clinical goals for trained team members.
- Taking time – slowing down the process.

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## Supporting Uptake: General Considerations

### Consider your current context:

As a team, what is the current state of your School Mental Health Service Delivery Model? What services, supports and interventions are currently offered to students who are served by Regulated School Mental Health Professionals in your Board?

To facilitate the uptake of an intervention, there are strategies to adopt prior, during and after a training. This section provides you with a few of these common general considerations to take into account, no matter the protocol you've selected.

**Before the Training: Reflection Questions**

As a clinical manager, have you considered:

- How this protocol aligns with your model of mental health services and pathways to care?
- How this protocol will be integrated within your existing referral process?
- How progress monitoring/measurement-based care can be integrated into practice?
- How team members can be supported to report on the use of MBC in their practice?
- How to support your team in the implementation of this protocol?
- How to enhance your own comfort and familiarity with the key components of the intervention so you can support your team if they have practice-related questions?

Before asking staff to complete the training, do they know:

- Why the board is adopting this intervention?
- How this intervention will fit within your board's service delivery model?
- How this intervention can be used in their work with students?
- What the expectations are regarding data collection, reporting, and accountability?

**Training: Successful Practice**

Set clear expectations:

- No matter the training format (in-person, online or self-directed), explicitly ask team members to clear their schedule and set aside dedicated time to be fully present during in the training. Help the team to avoid leaving the training for periods of time to take work-related phone call or to answer their emails.
- Participate in role plays of the training. While role plays can feel challenging, they are a key ingredient in effective uptake of the protocol following the training. Role plays provide an opportunity to try the intervention in a supportive learning environment.

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## Appendix IV. Our School Mental Health Supports and Services – Desk Reference

Desk Reference			
I can consult with:	Our school supports are:	Our board supports are:	Our community supports are:
	Our school process is:	Our board process is:	Our community process is:
	I can contact:	Our Mental Health Leader is:	Emergency numbers: