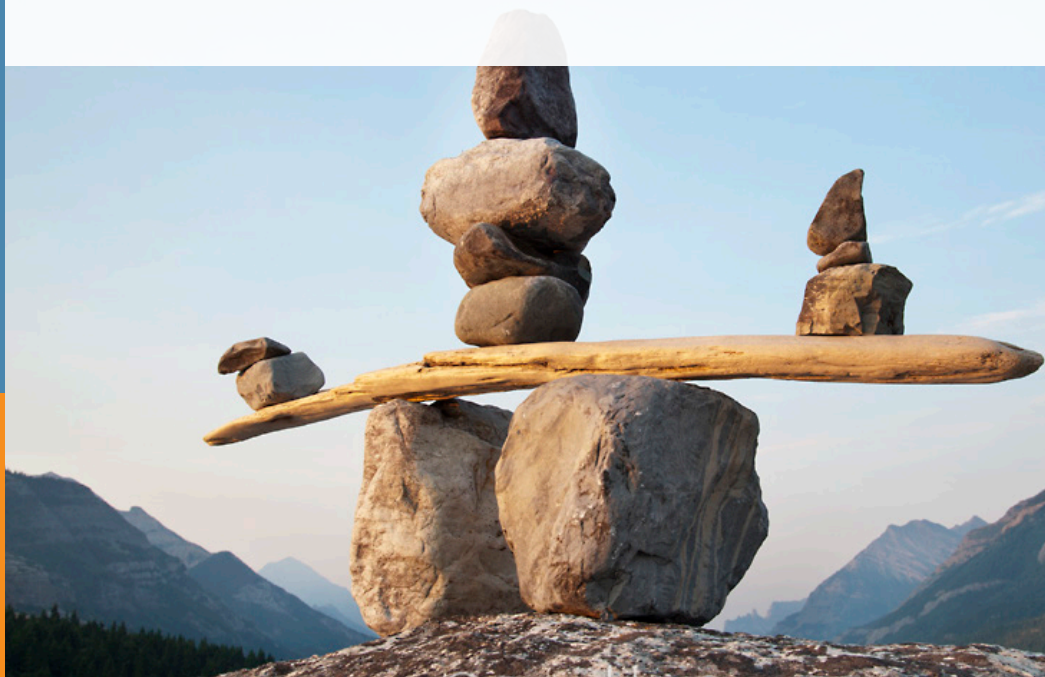**SCHOOL MENTAL HEALTH-ASSIST**
ÉQUIPE D'APPUI POUR LA SANTÉ MENTALE DANS LES ÉCOLES

SCHOOL PLANNING FOR SUSTAINABLE PRACTICES IN MENTAL HEALTH AND WELL-BEING

INTENTIONAL, SYSTEMATIC, EXPLICIT

SETTING THE STAGE WITH THE
TOP 10 ORGANIZATIONAL CONDITIONS

Setting the Stage

Schools are excellent settings through which to enhance the skills, attitudes, knowledge and habits that support mental health and well-being for ALL students.

Educators are also uniquely positioned to identify and provide appropriate support when students appear to be struggling with a social-emotional problem, or difficulties with addiction.

Educators are not mental health professionals, but they can help to inspire purpose, hope, belonging, and meaning, through direct instruction and daily interactions with students within accepting and safe school environments.

There is often great initial enthusiasm in introducing programming in support of student mental health and well-being at school. The marketplace is indeed flooded with programs, services, speakers and campaigns all created with a view to promoting student mental health and well-being, and/or preventing social emotional or addictions problems.

Unfortunately, it is often difficult to meaningfully adopt, sustain and scale up these efforts over the long-term. Setting the right foundations for high-quality evidence-based mental health promotion and prevention programming is a critical first step in setting the stage for effective practices.

TOP 10 ORGANIZATIONAL CONDITIONS

When school districts and schools attend to these foundational conditions, they are better able to sustain high-quality practices in school mental health and well-being!

1. Commitment
2. Mental Health Leadership Team
3. Clear and Focused Vision
4. Communication and Shared Language
5. Assessment of Need and Capacity
6. Standard Processes
7. Systematic Professional Learning
8. Mental Health Strategy and Action Plan
9. Broad Collaboration
10. Continuous Quality Improvement

Schools are excellent settings through which to enhance the skills, attitudes, knowledge and habits that support mental well-being for ALL students.

1. COMMITMENT

When school leaders demonstrate commitment to student mental health and well-being, others in the school follow their example. Activity in this area is seen as a priority, and effort is made to align this to the core work of the school. Commitment cascades – when school leaders demonstrate commitment, school staff are inspired to make this a priority.

To what degree do we have **COMMITMENT** in our school?*

As a school we:
☐ have an administration team that understands and enacts their role in supporting organizational conditions for effective school mental health and well-being practices

☐ have an administration team that brings alignment and coherence to mental health and well-being initiatives so that these pursuits integrate well with other school priorities

☐ have an administration team that understands the wider community mental health system and can articulate the role of the school district, and school district professionals, within the system of care

☐ have access to a senior administrator with dedicated responsibility for mental health and well-being

☐ have at least one school administrator that consistently attends school meetings on student mental health and well-being

You may wish to reflect on progress for each item using an implementation scale.
For example:

1 = initial awareness / contemplation
2 = active exploration
3 = initial implementation
4 = partial implementation
5 = full implementation / sustainability

2. MENTAL HEALTH LEADERSHIP TEAMS

It takes a village! Bringing effective mental health and well-being practices to life in schools requires a team effort. Districts and schools benefit from having a dedicated mental health and well-being team to develop and implement the Mental Health and Addictions Strategy and Action Plan. This may be a new team, or this focus could be attached to the work of an existing leadership team (e.g., Healthy or Safe Schools Team). Including the voices of key stakeholders on the Mental Health Leadership Team, including families and students, can be a helpful way to ensure that initiatives will truly make a difference.

To what degree do we have **MENTAL HEALTH LEADERSHIP TEAMS** or a mental health focus on our exisiting school leadership team?*

As a school we:
- ☐ have a multidisciplinary, multi-layered team that is focused on student mental health and addictions
- ☐ have established and adhere to clear terms of reference for the leadership team
- ☐ have all of the right people around the table (in terms of expertise, influence, relationships, representation)
- ☐ meaningfully engage family and youth voice at the leadership team level
- ☐ have meaningful liaison with district-approved community partners

3. CLEAR AND FOCUSED VISION

To what degree do we have a **CLEAR AND FOCUSED VISION** for mental health in our school?*

As a school we:

☐ collaboratively created a vision for student mental health and well-being, in consultation with key stakeholders within the school and community

☐ have kept the vision aspirational, but also focused, contextualized, and the basis for decision-making about student mental health and well-being in the school (i.e., when we aren't sure what to do, we remind ourselves of our vision)

☐ have administration team and school council endorsement of the vision for mental health and well-being

☐ have a vision for student mental health and well-being that is explicitly aligned with the Board Mental Health and Addictions Strategy

☐ have a plan for re-visiting the vision as part of the school improvement and strategy development processes, to ensure it remains relevant

"If you don't know where you are going, you will wind up somewhere else" Major League Baseball's Yogi Berra once said. In the area of school mental health and well-being, there are many possible directions and it is critical that school districts and schools keep the end in mind and avoid getting pulled into well-meaning but distracting initiatives that are inconsistent with the vision for student mental health and well-being. Alignment with the district / school improvement plan is critical for ensuring sustainability of initiatives.

4. COMMUNICATION AND SHARED LANGUAGE

Mental health and well-being is a complex and sensitive area. Thoughtful communication about the school vision, strategy, and related initiatives needs to be offered to key stakeholders throughout the school and community regularly, and using a variety of methods. Establishing shared language within and across schools, and with home and community, can be a helpful way to avoid misunderstandings.

SHARED LANGUAGE NOTE: In this document, we are using the term "mental health and well-being" to refer broadly to the full continuum of needs and supports in the area of mental health and well-being promotion for all students, prevention of mental health problems and addictions for those at risk, and mental health and addictions intervention for our most vulnerable students. Addictions, including substance misuse, are included as part of this broad continuum of need and support in this area.

To what degree do we have **COMMUNICATION AND SHARED LANGUAGE** in our school?*

As a school we:

- ☐ have a vision for school mental health that is aligned with the Board's vision and is communicated clearly across the school and community
- ☐ have a plan for student mental health and well-being that aligns with the Board's strategic plan
- ☐ convey fundamental knowledge about student mental health and its impact on student achievement
- ☐ provide opportunities for input related to the school's directions for student mental health from staff, parents/guardians, and students themselves
- ☐ consistently employ terms related to mental health that align with the board's language and key messages

5. ASSESSMENT OF NEED AND CAPACITY

Assessment data should form the basis for school action. Resource mapping at the local community and school level (e.g., programs and services currently in place), administrative data (e.g., attendance), office visits, referral data and perception surveys (e.g., student perceptions of school climate) can all be used to provide a snapshot of the strengths, needs and priorities in a school or district.

To what degree have we **ASSESSED THE NEED AND CAPACITY** in our school?*

As a school we:

☐ have collected school data to inform the mental health and addictions part of our school improvement plan

☐ have consulted with a range of school stakeholders to hear different perspectives about strengths, needs, and priorities in the area of student mental health and well-being (including youth and families)

☐ have consulted with community stakeholders, the Mental Health Leader and Superintendant for the board to hear different perspectives about strengths, needs, and priorities in the area of student mental health and well-being within the community

☐ have reviewed school, district, community, and provincial data to help to identify areas of focus

☐ have updated initial assessment data (resource mapping, consultation, etc.) to inform refinements to our improvement plan

Educators are not mental health professionals, but they can help to inspire purpose, hope, belonging, and meaning, through direct instruction and daily interactions with students, within accepting and safe school environments.

6. STANDARD PROCESSES

School mental health and well-being has, in the past, often been implemented on a staggered front. Developing standard processes and protocols with key stakeholders can help to enhance consistency of practice across schools, districts and communities, so that everyone knows what to expect. Having processes in areas like suicide prevention, risk management and postvention, pathways to service, and selection/implementation of evidence-based programming can be very helpful.

To what degree do we have **STANDARD PROCESSES** in our school?*

As a school we:

☐ have clear descriptions of roles and services available within the school district re: student mental health and well-being

☐ have clear pathways for vulnerable students to, from, and through care that are understood by staff, students, families and community partners

☐ have up-to-date protocols for suicide prevention, risk management and postvention

☐ have protocols in place for the selection of mental health promotion and social-emotional / addictions prevention programing in our school

☐ have protocols in place for the selection of youth and family engagement / mental health literacy strategies used in our school

7. SYSTEMATIC PROFESSIONAL LEARNING

All members of the school require some level of mental health awareness (e.g., office staff), those who work directly with students require more in-depth mental health literacy (e.g., teachers), and those who serve our most vulnerable students need to be offered expertise-level professional learning at the district level (e.g., school social workers). Ensuring a seamless cascade of professional learning throughout the school ensures that all adults are supported to help to promote student mental health and well-being in a way that is consistent with their role within the school.

To what degree do we have **SYSTEMATIC PROFESSIONAL LEARNING** in our school?*

As a school we:
- ☐ cascade professional learning in ways that ensure that everyone is supported with knowledge about mental health and well-being
- ☐ ensure that content provided in workshops, written materials, recommended websites, etc. is based on current research-informed knowledge
- ☐ ensure that content provided in workshops, written materials, recommended websites, etc. is inclusive and respectful of diversity in our community
- ☐ avoid one-off presentations from outside experts as the sole vehicle for knowledge sharing
- ☐ seek help from the board Mental Health Leader and/or district mental health professionals when we need additional learning for the school

Organizational Conditions

8. MENTAL HEALTH ACTION PLANNING

Getting from vision to action in school mental health and well-being requires a strong plan. Collaboratively developing a three-year Mental Health and Addictions Strategy, and a one-year Action Plan, provides a means to establish coherence and alignment across the school and local community. When these plans are rooted in an authentic assessment of local strengths, needs, and priorities, and aligned with the board Mental Health and Addiction Strategy and Action Plan, it is easy to communicate the direction and engage key stakeholders.

While it is tempting to begin work in school mental health by introducing mental health awareness and promotion programming, it is better to first build school conditions for effective practice (i.e., Top 10 Conditions), then build staff capacity for creating mentally healthy classrooms, prior to engaging students on this complex subject matter. This ensures that adults in the building are ready when students ask questions or need support.

To what degree do we have an ACTION PLAN in our school?*

As a school we:

- ☐ have reviewed the school board's 3-year Mental Health and Addictions Strategy, and a written a school Action Plan for the current year
- ☐ have the full support of the school leadership team, staff, students and school council for the Action Plan
- ☐ have a limited number of specific and achievable priority areas per implementation cycle
- ☐ focus first on organizational conditions, then staff capacity building, then on selection of mental health promotion and problem prevention programming
- ☐ consider the needs of specific vulnerable populations in our local community to inform our Action Plan

9. BROAD COLLABORATION

No one person, department, or setting can take full responsibility for student mental health and well-being. Strong partnerships with home, community, government, and across the district are required to ensure that school environments are mentally healthy and that students know where to turn if they experience problems with their well-being. Co-creating clear systems of care that ensure easy access to needed services is difficult work, resting heavily on trust, understanding and respect across partners.

To what degree do we have **BROAD COLLABORATION** in our school?*

As a school we:

- ☐ build respectful and trusting relationships within the school for collaborative discussions amongst staff
- ☐ build respectful and trusting relationships for mental health and well-being conversations with students and families
- ☐ build respectful and trusting relationships with local community partners, including those who serve specific populations
- ☐ use a co-creation and decision-making model that includes inviting key stakeholders into conversations about resources and services that affect them
- ☐ have done our part in supporting the board's Mental Health and Addictions Strategy by assessing internal strengths, needs, and roles and contributing to the community planning process

10. CONTINUOUS QUALITY IMPROVEMENT

Continuous quality improvement cycles with progress monitoring are widely used to measure student, school, and district academic performance. These same practices can be applied to monitoring of the Mental Health and Addictions Strategy and Action Plan, as a means for enhancing student well-being. Districts and schools can select process and outcome indicators to demonstrate progress in school mental health and well-being.

To what degree do we have **CONTINUOUS QUALITY IMPROVEMENT** in our school?*

As a school we:

☐   share administrative and perception data with the mental health leadership team and other key stakeholders

☐   review and share findings from other district, local, and national datasets (e.g., Ontario Student Drug Use and Health Survey from CAMH) that may be helpful in understanding student voice in the area of mental health and well-being

☐   include progress indicators in the annual Action Plan and within implementation cycles so we know the degree to which we are reaching our goals

☐   use sound measurement tools to monitor staff/student outcomes

☐   understand and use ethical guidelines for data collection at school

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