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

SCHOOL MENTAL HEALTH DECISION SUPPORT TOOL:

STUDENT MENTAL HEALTH AWARENESS INITIATIVES

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Mental health initiatives can be risky

1. If the intervention used produces unintended negative effects (e.g., substance use prevention programs found to increase the probability that students will use alcohol or drugs),

2. If the product is helpful or benign for most audiences, but can serve as a trigger for vulnerable young people or staff (e.g., large group suicide awareness campaigns), or

3. If the resource is introduced in such a way that it disrupts the board's mental health strategy or action plan (e.g., high intensity programming that demands considerable energy and fragments a coherent plan).

A. Background

Every day, school boards in Ontario are being asked to consider products and services related to supporting student mental health and well-being. Many such initiatives are excellent in quality, reflect the current evidence base in school mental health, and have been tested in our province with successful outcomes. Unfortunately, there are also many untested and/or misaligned mental health initiatives that cross the desks of Ontario educators. Though well-intentioned, these initiatives may not produce the intended outcome and, in fact, may cause harm.

There are many examples of mental health products and services that do not deliver on promised positive outcomes when subjected to rigorous evaluation. Several large-scale repositories have been created to document proven and promising practices in student mental health programming, and to caution against the use of techniques known to be harmful. It is important to consult these directories when making decisions about student social emotional programming. However, not all mental health products and services have been assessed in this manner (including, for example, many educator mental health literacy initiatives). Further, while the decision-making process must include reflection about the evidence base, there are other important considerations as well.

Working alongside the national School Based Mental Health and Substance Abuse (SBMHSA) Consortium, and in consultation with a work team of Ontario Mental Health Leaders, School Mental Health ASSIST has created this suite of decision support tools to help education professionals with critical appraisal and selection of school mental health initiatives. We hope that you find them helpful!

Sorting and Summarizing the Evidence Base

Helpful repositories for evidence-based information about mental health programming include:

Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP)
http://www.nrepp.samhsa.gov/

Collaborative for Academic, Social and Emotional Learning
http://www.casel.org/guide

Institute of Educational Sciences, What Works Clearinghouse

B. Audience for the Decision Support Tools

Board Mental Health Leadership Teams are often charged with coordinating and supporting the selection of particular mental health initiatives on behalf of the board. This decision support tool is designed to support their deliberations about particular programs and services brought to the board as a whole.

At times, school leaders and/or classroom staff are approached to consider particular mental health offerings. This tool may also be used at the school level, but it is highly recommended that school staff consult with the Mental Health Leadership Team, in particular the board Mental Health Leader, before making a final determination about a mental health product or service to ensure alignment with the board mental health strategy and action plan.

See the flowchart in Appendix A for a suggestion about how the decision support tool might be used within a school board.

C. Nature of Initiatives

The following main initiatives are considered in this Decision Support Tool, which is focused on **Student Mental Health Awareness:**

- One-Time Presentations and Guest Speakers (including contact-based education/lived experience)
- Mental Health Videos
- Social Media Campaigns
- Written Materials – Print and Web
- Suicide Awareness Activities
- Surveys

Special considerations for each of these initiatives are outlined below, in Section E. Note that this is an area that is not typically covered in published evidence repositories. Much of the guidance is pieced together from various research-based sources.

Coming soon: Companion decision support tool series:

School Mental Health Decision Support Tool – Educator Mental Health Capacity Building
School Mental Health Decision Support Tool – Universal Student Mental Health Promotion Programming
School Mental Health Decision Support Tool – Targeted Student Mental Health Prevention Programming
School Mental Health Decision Support Tool – Youth Engagement Practices

D. General Principles for Selection of Student Mental Health Awareness Initiatives

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

Ontario Curriculum expectations include a focus on these areas and educators are often looking for engaging ways to address this difficult subject matter.

There are many different vehicles for mental health awareness building at school. Increasingly, proposals for one-time presentations, videos, social media campaigns, written/web materials and/or surveys are suggested as ways to enhance mental health awareness amongst students. These suggestions may come through various entry points, at the school or board level. The guidelines offered below are provided to support high quality activities while avoiding harmful outcomes.

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Essential Ingredients of a Mental Health Awareness Activity

- ☑ Part of a comprehensive plan, not a one-off presentation
- ☑ Aligned with school and board mental health initiatives
- ☑ Evidence-based or evidence informed
- ☑ Delivered in the appropriate format for the audience
- ☑ Appropriate content for the audience
- ☑ Inclusive and culturally sensitive
- ☑ Parent/guardian awareness and consent
- ☑ Consideration of risks for vulnerable students
- ☑ Provides follow up support / opportunity for debriefing

E. Special Considerations

1. One-Time Presentations and Guest Speakers

Advantages:
It can be helpful to have an outside speaker with expertise in mental health speak to students about this issue. Often experts can:
- Bring knowledge and credibility to this difficult subject matter
- Have practiced ways to describe the topic in an engaging and accessible manner.

The greatest **disadvantage**
- There is relatively brief interaction with the expert with one-time presentations from outside speakers.
- There is usually limited follow up or continued contact with staff or students, which means that questions go unanswered and there is little opportunity for deeper learning. This can be mitigated somewhat when the speaker is external to the school, but not to the school board, allowing for greater chance of follow up activities.

Other considerations:

- **Positive mental health and mental health promotion presentations** are suitable for all audiences and can be delivered in a large assembly or class grouping.   Presentations or videos that deal with specific mental illnesses should be delivered to smaller audiences to allow for dialogue and closer monitoring of student responses.

- **Timing matters!** Avoid holding sessions on Mondays (because returning to the school environment routine may be challenging for some) or Fridays or at the end of the day, as you will want to monitor students to determine who requires assistance and support.

- **Not all speakers are created equal!** Before you bring a speaker to your setting, it is important to observe his/her presentation, review his/her materials, and/or consult with trusted colleagues who have had experience with this speaker.

- Ensure that the speaker is drawing from **evidence-based information** and that messages are consistent with those that would be endorsed within your school board. Note that different speakers may bring a professional orientation that, while valid and important, may be inconsistent with a typical school board approach.

- **Safeguards need to be taken for vulnerable students.** Parents should be informed about the nature of the presentation so they can help to gauge whether or not it is appropriate for their child. Students who may be triggered by the content should be (unobtrusively) allowed to miss the presentation.   It is wise to make school mental health professionals aware of mental health awareness presentations so they can advise as to the need for a clinical support person at the event

See Appendix B for a sampling of interview questions for potential mental health speakers.

Additional Notes for Lived Experience Education

Presentations from individuals with lived experience are a very powerful and effective strategy to increase awareness and reduce stigma (contact-based education). While tempting to have enthusiastic yet untrained students, parents or staff members 'share their story'; this is not advisable, as it may place the audience and speaker at risk. It is essential that speakers with lived experience be trained and supported through a professional speaking program to minimize risk for the speaker and audience. It is essential that the presentation be reviewed by a mental health professional before sharing with school community.

Sharing personalized experiences with mental illness is demanding work and hearing about someone else's experience with a mental illness can be triggering (an activating experience with an intense response resulting in increased emotional distress). Trained speakers have honed their message to ensure that it is accurate and informative and that risky topics such as eating disorders, suicide and self-harming behaviours are talked about in safe ways to avoid triggering audience members who are at-risk. In addition, the experience of presenting may be stressful resulting in an increase in symptoms for the presenter who may require support. It is imperative that trained speakers should not be from within their own school community as speakers, as this places them at high risk for increased stigma, victimization, and/or distress.

Opening Minds (interim Report, 2013), highlights a few lessons learned about contact-based education for stigma reduction and mental health awareness, summarized below:

http://www.mentalhealthcommission.ca/English/document/17491/opening-minds-interim-report

- **Not every program is successful** and some can do harm by concretizing negative stereotypes and provoking negative change.

- **Short one-off interventions don't allow** for the engagement and the active participation that is needed to **maximize change.** Programs need to think about sustainable change using the in-class portion as one component of a whole-school anti-stigma strategy, including booster sessions and other student-led activities.

- A cornerstone of lived experience education is a story told by someone who has experienced a mental illness, but we have learned that **not every story is a good story**. Stories have to have a consistent theme of hope and recovery.

- **Not every person is a good storyteller.** The best storytellers can engage their audience and allow for active participation through questions and discussion. They are psychologically ready to share their experiences and open to discussion. This takes considerable training and support.

See the Decision Support Tool C or D for additional planning questions.

2. Mental Health Videos

Videos can be a powerful method to increase awareness and compassion. The best videos provide factual information in an authentic, heart-warming manner, and thread hope throughout. They reach our hearts and minds together, sometimes in ways that other media cannot. Unfortunately, there are many examples of videos that contain risky content (e.g., individuals with lived experience who do not have the training noted above, sensationalized or glamourizing messages about suicidal behaviour, oversimplified connections, false or misleading information, disturbing images, fear tactics, graphic content). Note that individuals producing biographical videos run the risk of over-identification of themselves with their illness. Before selecting a video presentation to complement mental health awareness programming for students, careful thought is required.

Special considerations include:

- Be sure to view the video before sharing this with students. Watch for disturbing images, inappropriate music lyrics, tones of despair, etc.
- Ensure that the video you are presenting has been produced/sponsored by a reputable organization and/or has been vetted by a mental health professional.
- Select brief and concise video presentations, rather than those with long didactic messages.
- Situate the video in the context of learning (provide a preamble / advance organizer, define terms, allow for debriefing as a class (and as individuals, if needed)).
- Positive mental health and mental health promotion presentations and videos are suitable for all audiences and can be delivered in a large assembly. Presentations or videos that deal with specific mental illnesses should be delivered to smaller audiences to allow for dialogue and closer monitoring of student responses.
- Avoid videos about specific people as these lend to sensationalism and over simplification of suicide and can contribute to suicide contagion

See the Decision Support Tool C or D for additional planning questions.
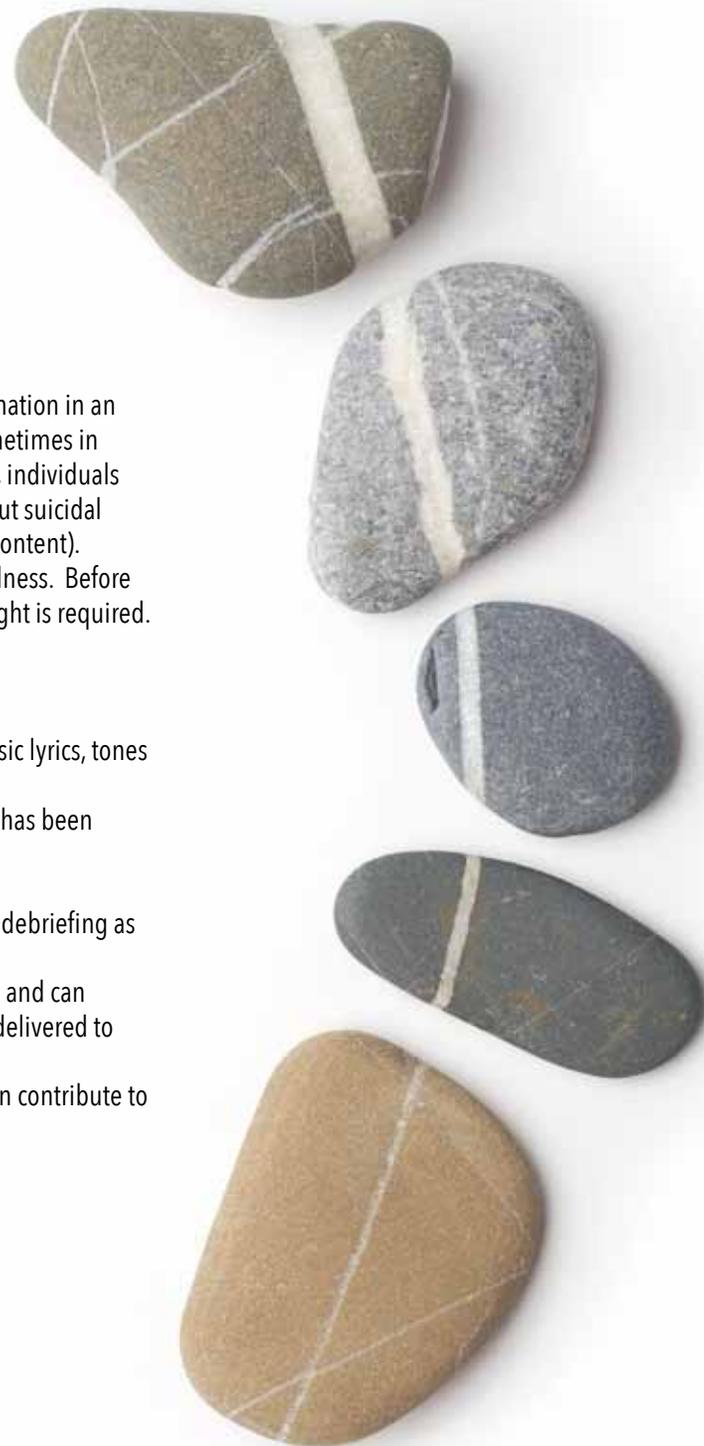
3. Social Media Campaigns

- As per section D, Social Media Campaigns should align according to the Boards Mental Health plan and the Board's direction/policies.

- Social media campaigns should be vetted by a mental health professional to ensure that they are providing accurate information, de-stigmatizing, promoting help-seeking behaviours and provide information about high risk behaviours in safe ways.

- Examples of Social Media Campaigns include but are not limited to: Fundraising, voting or endorsing a cause, engaging in social chat rooms…

- School leaders need to consider:
  - How web based information is controlled at their school
  - Who has the responsibility for monitoring
  - Whether their web based information is instantaneous/real time or if there are controls
  - How often is the information changed and updated
  - Ensuring security by having password protected sites

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

A few screening questions:

- Would I be confortable having someone come into the school and deliver the message/content in person to ALL students, parents, and community members? If no, it shouldn't be supported through social media.

- Would I be comfortable printing off all content and distributing it in hard copy to ALL students, parents, and community members linked to my school? If no, it shouldn't be supported through social media

Uploads and posts reflect not only on the principal, but the school and board. Should principals decide to provide materials electronically, a process is recommended to determine materials to be posted, a timeline for review and removal or renewal of materials. ***e.g. chatrooms for students should be avoided.***

4. Written Materials – Print and Web Formats

There is an abundance of written material dedicated to mental health for young people, available in paper form (brochures, fact sheets) and on-line. This can be helpful for punctuating key messages, deepening learning for those students wanting to explore more about this topic, and sharing knowledge with parents/guardians. Selecting the right material to share with students can, however, be challenging. While there is now ready access to excellent scientific knowledge, translated for a lay audience, there is also much "pseudo-science" available and it can be difficult to discern good from unreliable information. Further, although some of this information is written with a child or youth reader in mind, it is often framed in adult language and may be difficult for young people to understand. In selecting written materials to share with students, it important to only use materials from reputable professional organizations that specialize in mental health (usually aligned with a university or government office). Canadian (ideally Ontario) sources are best for our context.

Special Considerations include:

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

5. Suicide Awareness Activities

Careful thought must be given when considering the selection of suicide awareness activities within the school board. This area of work is extremely complex, and carries many risks. The Youth Suicide Prevention at School leadership document prepared by SMH ASSIST contains detailed information about this topic.

Briefly, special considerations include:

- It is important to avoid messages that oversimplify the cause of suicide.
- It is important to make sure the message ends in hope and explains how students can get help.
- It is essential to be mindful of the risk of contagion (i.e., a well-known suicide and/or which names a specific individual serves as a model, in the absence of protective factors, for the next suicide), which is why there is a need to restrict glamorization of suicidal behavior.

Recommended Websites for Student Mental Health Awareness

- mindyourmind.ca
- kidshelpphone.ca
- ementalhealth.ca
- cmho.org (Children's Mental Health Ontario)
- cmha.ca (Canadian Mental Health Association)
- psychologyfoundation.org
- www.mindcheck.ca
- anxietybc.com
- smh-assist.ca
- hincksdellcrest.org
- ophea.net
- www.excellenceforchildandyouth.ca

- Avoid mentioning the names of specific individuals who have died by suicide
- Avoid images (pictures, videos) of people who have died by suicide
- Avoid mention of method of death
- Avoid messages of "he's better off", "now we understand her", "this is her legacy".
- Avoid organizations that sell merchandise with name, picture etc. of deceased.

- Do not hold sessions on Mondays or Fridays or at the end of the day, as you will want to monitor students to determine who requires assistance and support (see page 6: Timing matters!).

See the Decision Support Tool C and D for additional planning questions.
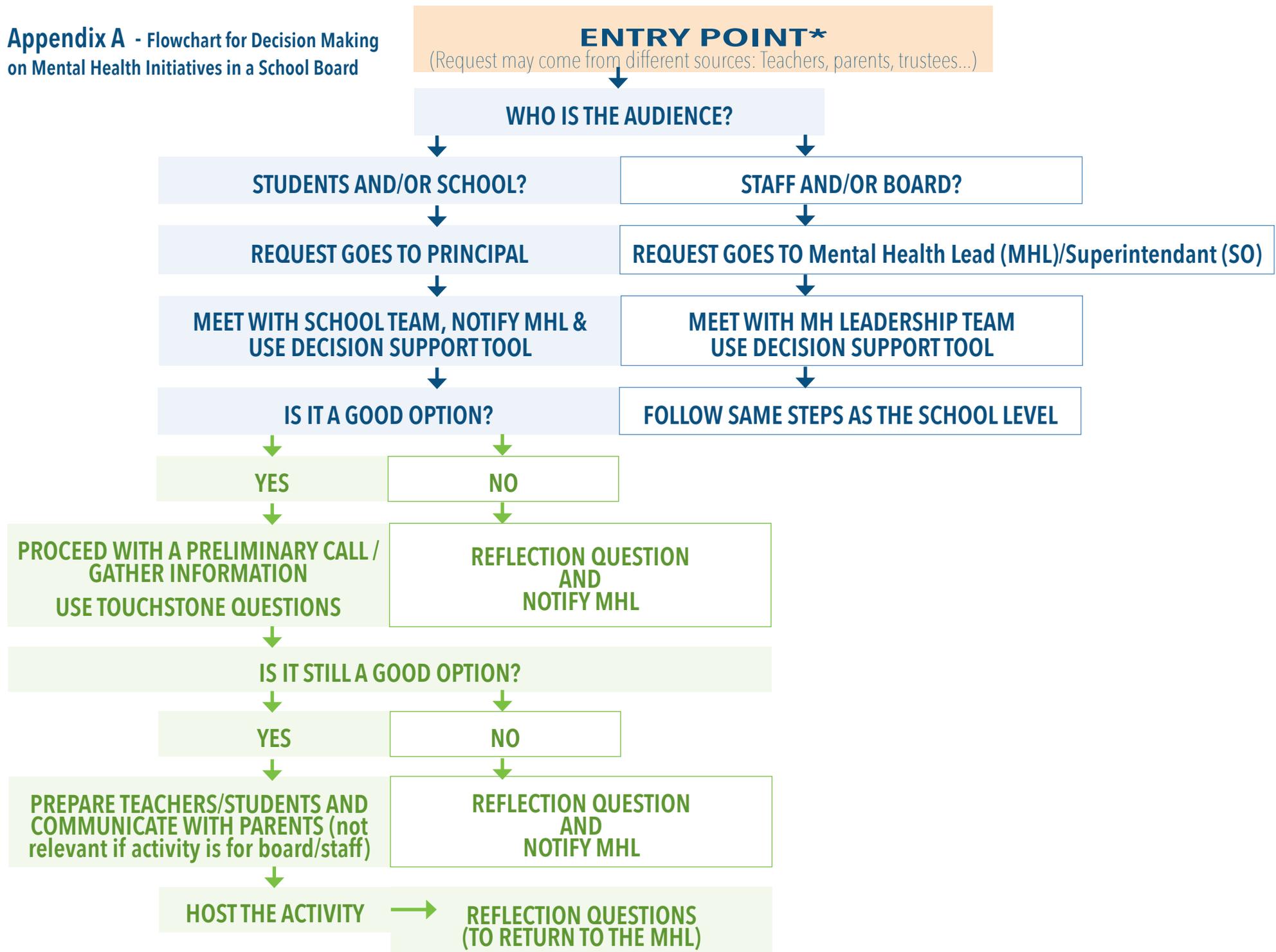
6. Surveys about Mental Health

Occasionally, schools and/or boards are asked to participate in research related to mental health and well-being from an outside research group or to collect data about this topic as part of a board, school, or class initiative. While this is an important area of study, conducting research in this area carries many challenges. It is important to work with your board research department or MiSA (Managing Information for Student Achievement) team when considering these activities so that you receive guidance about research methods and ethics. You may also contact School Mental Health ASSIST for guidance (info@smh-assist.ca).

Special considerations include:

- External research must have received approval from an institution that follows TriCouncil Guidelines for the Ethical Conduct of Research with Human Subjects
- External research must go through the board research review protocol
- Internal research should be subject to these same rigorous standards
- Issues of parent consent, student assent, confidentiality (and limits), data storage, data sharing must be carefully considered and decisions recorded and approved
- Note, in particular, that active parent consent is important in student surveys related to mental health so that vulnerable students can opt out (rather than running risk of being triggered by survey questions)
- Avoid conducting surveys that include anonymous questions about distress, and particularly suicidal behavior. If students leave anonymous messages of suicide intent you will not be able to connect / intervene

Appendix A - Flowchart for Decision Making on Mental Health Initiatives in a School Board

ENTRY POINT*
(Request may come from different sources: Teachers, parents, trustees...)

WHO IS THE AUDIENCE?

STUDENTS AND/OR SCHOOL?

STAFF AND/OR BOARD?

REQUEST GOES TO PRINCIPAL

REQUEST GOES TO Mental Health Lead (MHL)/Superintendant (SO)

MEET WITH SCHOOL TEAM, NOTIFY MHL & USE DECISION SUPPORT TOOL

MEET WITH MH LEADERSHIP TEAM USE DECISION SUPPORT TOOL

IS IT A GOOD OPTION?

FOLLOW SAME STEPS AS THE SCHOOL LEVEL

YES

NO

PROCEED WITH A PRELIMINARY CALL / GATHER INFORMATION

USE TOUCHSTONE QUESTIONS

REFLECTION QUESTION AND NOTIFY MHL

IS IT STILL A GOOD OPTION?

YES

NO

PREPARE TEACHERS/STUDENTS AND COMMUNICATE WITH PARENTS (not relevant if activity is for board/staff)

REFLECTION QUESTION AND NOTIFY MHL

HOST THE ACTIVITY → **REFLECTION QUESTIONS (TO RETURN TO THE MHL)**

Appendix B. Some Suggested Interview Questions for Potential Mental Health Speakers

- Please describe your previous public speaking experience with regards to Mental Health topics? (audiences, topics, number delivered, duration, feedback)

- Please provide the names of any individuals who have experienced your presentation(s) and might be willing to serve as a reference.

- What key messages do you hope to communicate?

- Will you be sharing any factual information about mental health? If so, please provide a sampling of sources that you draw on for your material.

- Will you be sharing a story of your lived experience? If so, have you done this before? Are you in a good place right now to be able to relay this story in a hopeful way for others?

- What sort of preparatory or follow up activities do you recommend?

- How will you communicate a sense of hope for the young people in the audience?

- Are you willing to abide by our school board's Mental Health Strategy and Policy? (e.g., Will you agree to limit your presentation by avoiding the mention of any gang related information?)

- Are you willing to direct any student questions of a personal / crisis nature to board MH staff?

- Does your presentation involve videos? If so, may we preview these?

- Are you promoting any materials during this presentation (books, resources, etc)?

Do the answers to these questions align with our system message and school/board plan?

Appendix C. Decision Support Tool for Mental Health Leaders

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

Referred by (entry point): _____

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

Selection Considerations – Alignment
☐	Does the resource align with your vision and goals for student mental health awareness in the school/board?
☐	Does the resource align with your school improvement plan and/or the board's Mental Health strategy / Action Plan?
☐	Is the resource complementary to your existing student mental health awareness efforts?
☐	Does this resource add to your existing suite of strategies to support student mental health awareness (not a duplication of other initiatives)?
☐	Does this resource fit with your strategy for introducing student mental health awareness in a systematic manner? (e.g., AFTER staff capacity building)
☐	Does this resource fit with your school board culture, norms, regulations, etc.?
☐	Does the resource align with provincial curriculum?
Selection Considerations – Evidence	
☐	Is the resource research-based?
☐	Is there evidence* to show that the approach enhances mental health awareness, knowledge, and/or skills amongst those for whom you are selecting the resource?
☐	Is there evidence to show that youth perceive a benefit, or are positively impacted, through the use of this resource? (e.g., increased help-seeking behavior, enhanced sense of belonging, perception of more caring adults, stigma reduction)
☐	Are there evaluation tools or quality assurance procedures embedded within the resource?
☐	Has this approach been known to cause harm?
Selection Considerations – Audience	
☐	Has the resource been developed explicitly for a student audience?
☐	Has the resource been used successfully with students in the grades you are targeting?
☐	Has the resource been developed with input from practicing Canadian educators, mental health professionals, youth, and/or parent/family organizations?
☐	Is the resource culturally sensitive and inclusive?

Selection Considerations – Content	
☐	Does the program consider attitudinal factors (e.g. stigma)?
☐	Does the program consider knowledge building (e.g. mental illness facts)?
☐	Does the program consider skill development (e.g. how to help, refer for help)?
☐	Does the resource include largely Canadian content?
Selection Considerations – Time	
☐	Is the time required reasonable within a school board setting?
☐	Can the resource be flexibly integrated into the school day?
☐	Is the activity planned for a time other than Friday, Monday, or end of day?
Selection Considerations – Cost	
☐	Are all resource costs specified (e.g., materials, printing, facilitator expenses)?
☐	Are all resource costs within your budget?
☐	Do you have the capacity that is needed to effectively implement the resource (e.g., specially trained personnel, technology)?
Selection Considerations – Delivery Method and Materials	
☐	Are the methods of resource delivery (e.g., on-line resource, face-to-face workshops, student curriculum, arts-focused methods, ongoing coaching) in keeping with the way that students in your board prefer to learn?
☐	Is all information about specific mental illnesses delivered in small groups with opportunity for debriefing and follow-up?
☐	Is the resource supported by materials that can be effectively used in the classroom (e.g., videos, youth-friendly resources)?
☐	Is the resource available in French and English?
☐	Are key guidelines related to talking with students about suicide being followed in this resource?
Selection Considerations – Support	
☐	Will parents/guardians be informed about this resource prior to its delivery?
☐	Will mental health professionals be available to support this student mental health awareness resource?
☐	Is there a plan for student distress and/or disclosures?
☐	Is information provided about ways to seek help at school and in the community?
☐	Is there a plan for helping staff to know where to find supports if they are triggered?
Selection Considerations – Readiness and Follow Up	

☐	Has staff received training/been informed of their role and what is expected of them?
☐	Are follow-up activities planned to embed the learning acquired from the presentation?
☐	Are there champions to ensure that there will be follow-up and on-going activities?
Selection Considerations – Additional Information	
☐	Are the topics/components covered in the resource described clearly in promotional material?
☐	Is there an information/support line that you can reach for more information?
☐	Is the information presented in a professional and polished manner?
☐	Do those associated with the resource have adequate credentials to do this work?

Appendix D. Decision Support Reflection for School Staff *(ex: SMH Team where one exists…)*

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

Referred by (entry point): _____

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

ALIGNMENT		
How does this align with our school improvement plan and the board's Mental Health strategy (i.e. avoid one-off events)?		
What tier support does this address: Tier 1 (promotion), Tier 2 (prevention) or Tier 3 (intervention)		
In what ways is the presentation culturally sensitive and inclusive?		
CREDENTIALS		
What are the professional credentials of the presenter/author/video/campaign?		
Is this Evidenced Based or Evidence Informed? Refer to the following links: http://www.excellenceforchildandyouth.ca/what-we-do/evidence/where-to-find https://www.childwelfare.gov/preventing/evidence/ebp_registries.cfm		
IMPACT		
Have we avoided Mondays, Fridays and end of the day?	YES	NO
If we have a specific mental illness topic, are we providing this in small groups?	YES	NO
Are we following Guidelines for Talking with Students about Suicide?	YES	NO
SUPPORT (NOTE: Mental Health presentation although beneficial, often carry associated potential risks)		
How will the families and other pertinent stakeholders be informed?		
Have you considered holding the event when there are MH professionals on site (either in-house or community partners)? – This is strongly suggested.		
How will we handle student distress and/or disclosures?		
How will we let students and families know where they can seek help at school and in the community?		
How will we let staff know where to find supports if they are triggered?		
READINESS		
Has staff received training/been informed of their role and what is expected of them?		
Do we have champions to ensure that there will be follow-up and on-going activities?		
What follow-up activities are planned to embed the learning acquired from the presentation?		
COST		
Are there any costs or obligations for the school/board?	YES	NO

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Appendix E. Reflection Questions

NAME OF RESOURCE	
BRIEF DESCRIPTION	
What are some lessons learned (positive and/or negative) to be shared with other schools/boards? What key messages from our system"s Vision does this presentation support?	
Moving forward, would you recommended this resource to others?	YES NO
Why or why not?	

NOTE: To be completed by school or board team.

Please send this completed document to your Mental Health Lead.

Special Thanks to:
Michelle Bates, MSW, RSW, Senior Manager, Professional Support Staff – West, Halton District School Board
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Patricia Marra Stapleton, M. Sc., C. Psych. Assoc. Psychological Associate / Mental Health Leader, Toronto Catholic District School Board
Dr. Susan Sweet, Mental Health Liaison, Dufferin-Peel Catholic District School Board