



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

# **SCHOOL MENTAL HEALTH DECISION SUPPORT TOOL:**

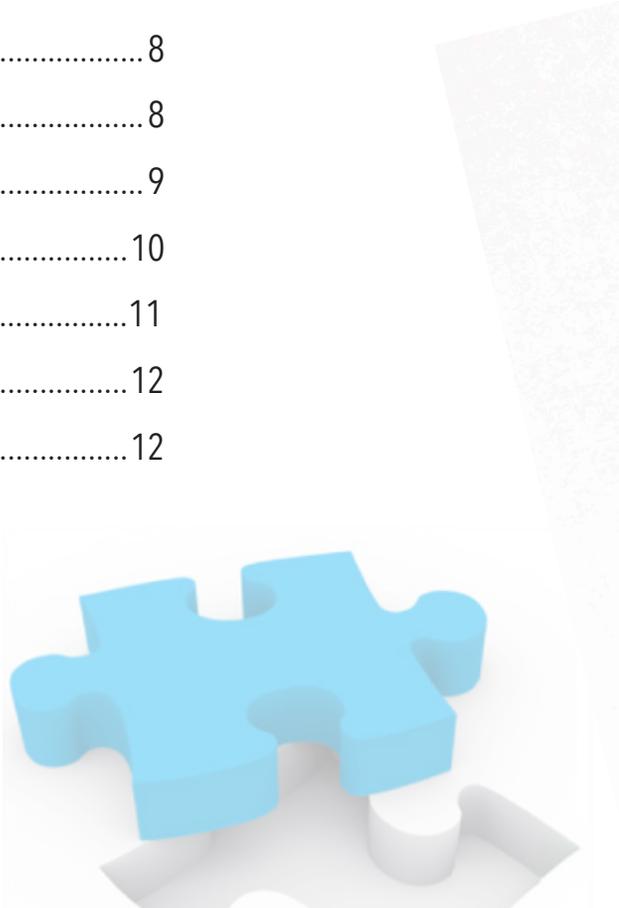
Student Mental Health Awareness Initiatives  
**VERSION FOR SCHOOL ADMINISTRATOR**



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## A. Background

School boards in Ontario are routinely 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.

This tool will help to support the school decision-making process related to particular mental health awareness products or services, and aims to ensure alignment with the board/school mental health strategy and action plan. See the flowchart in Appendix A for a suggestion about how the decision support tool might be used. Please contact your board Mental Health Leader or Superintendent with responsibility for mental health if you have questions or concerns.

## B. General Principles for Selection of Student Mental Health Awareness Initiatives

Mental health awareness 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.

### 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
- Follow up support / opportunity for debriefing

### 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)

### 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  
<http://ies.ed.gov/ncee/wwc/Topic.aspx?sid=15>

## C. 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.

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

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

#### 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.

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

Other considerations:

- Positive mental health and mental health promotion presentations are suitable for all audiences and can be delivered in a large assembly or class grouping. Presentations or videos that deal with specific mental illnesses should be delivered to smaller audiences to allow for dialogue and closer monitoring of student responses.
- Timing matters! Avoid holding sessions on Mondays (because returning to the school environment routine may be challenging for some) and on Fridays or at the end of the day (as you will want to monitor students to determine who requires assistance and support).
- Not all speakers are created equally! Before you bring a speaker to your setting, it is important first to observe his/her presentation, review his/her materials, and/or consult with trusted colleagues who have had experience with this speaker (see Appendix B for a sampling of interview questions for potential mental health speakers).
- Ensure that the speaker is drawing from evidence-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 gauge whether or not it is appropriate for their child. Students who may be triggered by the content should be (unobtrusively) excused from attending the presentation. It is important to make school mental health professionals aware of mental health awareness presentations so they can advise as to the need for a clinical support person at the event.

See Appendix C for additional planning questions.

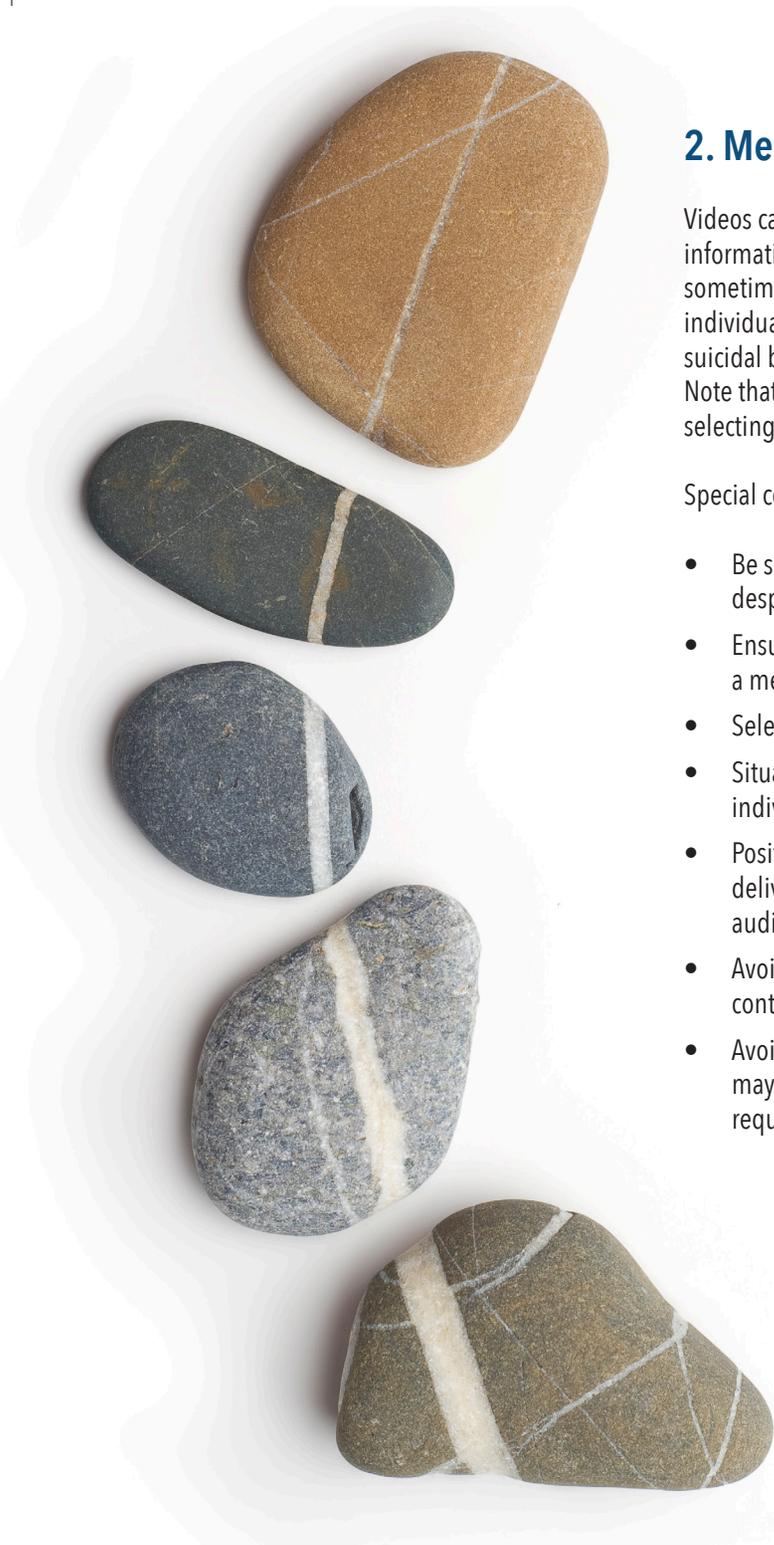


Mental health awareness is mainly focused on mental health, rather than mental illness. It is designed to enhance knowledge about well-being, nurture healthy attitudes and beliefs, reduce stigma, assist with identifying signs of mental health and substance use problems, and promote help-seeking behaviours.



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## 2. Mental Health Videos

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

*See Appendix C for additional planning questions*



### 3. Social Media Campaigns

- Social Media Campaigns should align with the board’s mental health plan and the board’s strategic direction and policies.
- Social media campaigns should be vetted by a mental health professional to ensure that they provide accurate information are de-stigmatizing, promote help-seeking behaviours, and provide information about high risk behaviours in safe ways.
- Examples of Social Media Campaigns include but are not limited to: fundraising, voting or endorsing a cause and engaging in social chat rooms.
- School leaders need to consider:
  - o How web-based information is controlled at their school
  - o Who has the responsibility for monitoring content
  - o Whether their web-based information is instantaneous/real time or if there are controls
  - o How often the information is changed and updated
  - o Ensuring security by having password protected sites

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

### 4. Written Materials – Print and Web Formats

There is an abundance of written material dedicated to mental health for young people, available in paper form (brochures, fact sheets) and 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 reliable 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 use only materials from reputable professional organizations that specialize in mental health (often aligned with a university or government office). Canadian (and ideally Ontario) sources are best for our context.

#### Special Considerations include:

- Select material that complements 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 trying to assert a political position in their literature).
- Note that the skills students learn for critical appraisal and authenticating on-line sources can generally be applied to their study of mental health information on-line.
- Seek out written material that is culturally appropriate for your student/family audience and that has been translated into relevant languages for your community.

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

#### A few screening questions:

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

## 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 and may also be helpful to decision-making. A Life Promotion / Suicide Prevention Framework to provide guidance in this complex area has also been released on the School Mental Health ASSIST website.

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 can serve 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 behaviour.
  - Avoid mentioning the names of specific individuals who have died by suicide.
  - Avoid images (e.g., pictures, videos) of people who have died by suicide.
  - Avoid mention of the method of death.
  - Avoid messages of “he’s better off”, “now we understand her”, “this is her legacy”.
  - Avoid organizations that sell merchandise with the name, picture, etc., of the deceased.
- Avoid holding sessions on Mondays (because returning to the school environment routine may be challenging for some) and on Fridays or at the end of the day (as you will want to monitor students to determine who requires assistance and support; see page 5: Timing matters!).

See Appendix C for additional planning questions.

## 6. Surveys about Mental Health

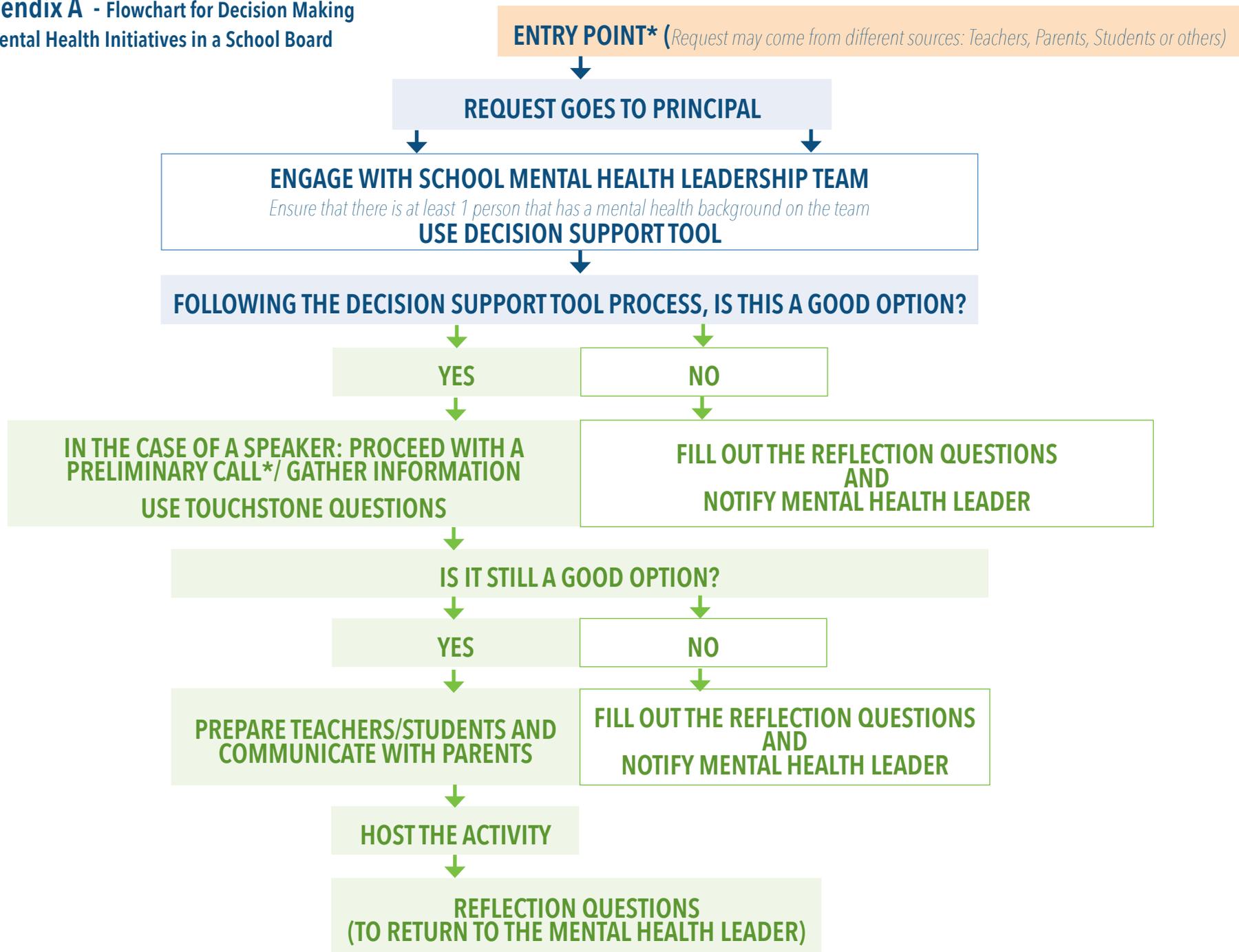
Occasionally, schools and/or boards are asked to participate in research related to mental health and well-being from an outside research group or to collect data about this topic as part of a board, school, or class initiative. While this is an important area of study, conducting research in this area 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 you receive guidance about research methods and ethics/privacy legislation. Contact your Board’s Mental Health Lead on this topic.

### Recommended Websites for Student Mental Health Awareness

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



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



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

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

PROMOTING  
mental health



## Appendix C. Decision Support Reflection for School Mental health Leadership Team Members

Proposed speakers/programs/videos/websites/other: \_\_\_\_\_

Referred by (entry point): \_\_\_\_\_

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

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

## Appendix D. Post-Activity Reflection Questions

NAME OF RESOURCE		
BRIEF DESCRIPTION		
What are some lessons learned (positive and/or negative) to be shared with other schools/boards?		
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:**

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Dr. Susan Sweet, Mental Health Liaison, Dufferin-Peel Catholic District School Board

