



# Building and Scaling Effective School Mental Health Programming and Initiatives: The Importance of Global Collaboration and Leadership

September 12, 2023

10:00am PT / 11:00am MT / 12:00pm CT / 1:00pm ET

*Welcome! We will get started momentarily.*

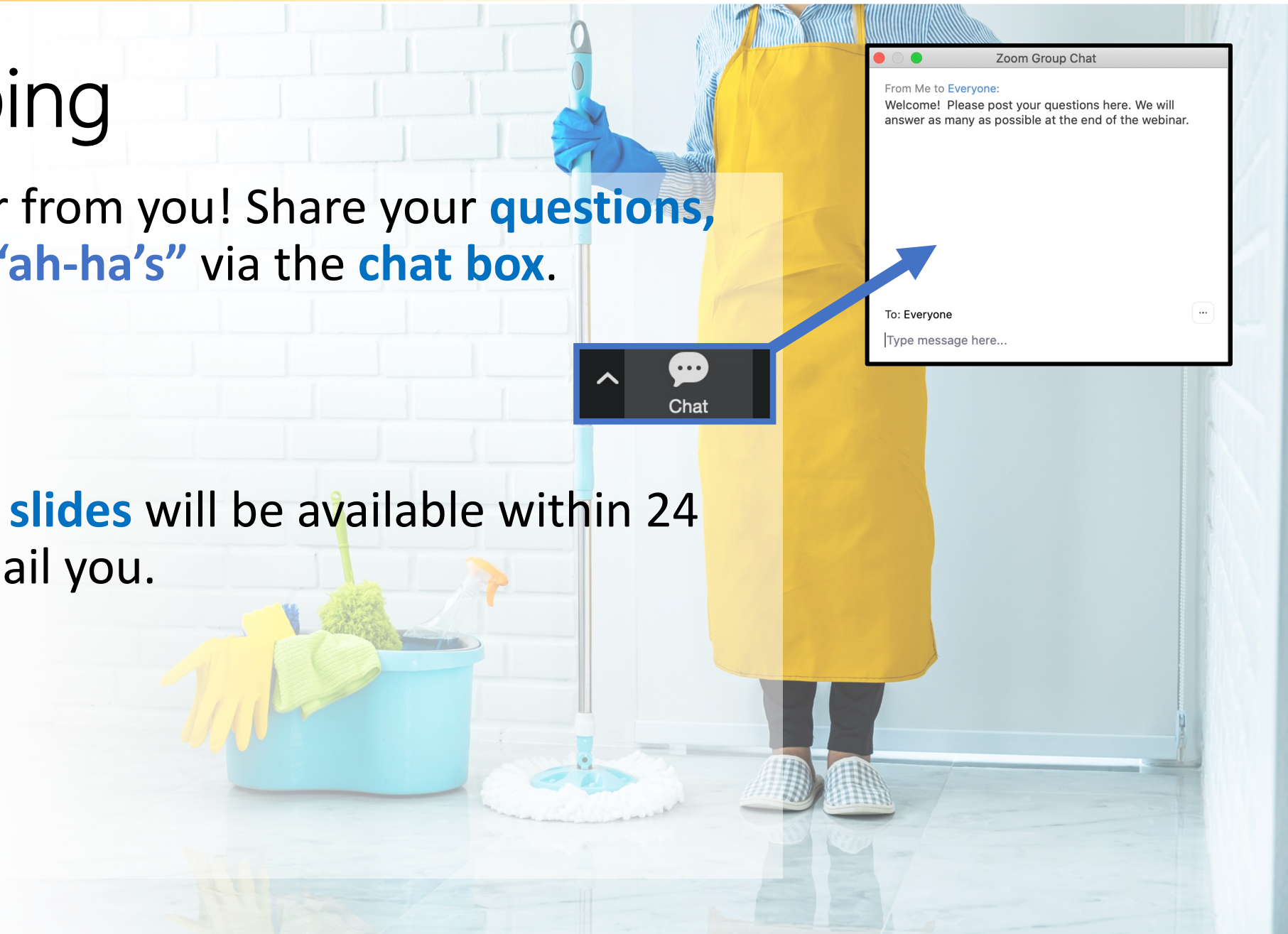
Please let us know who you are and where you are from in the chat box  
(click the chat icon at the bottom of your screen).

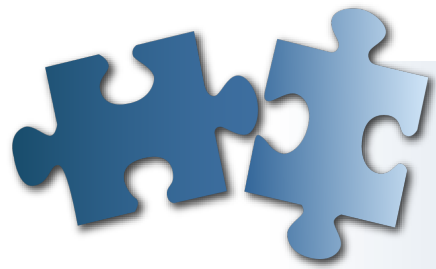
# Welcome



# Housekeeping

- We want to hear from you! Share your **questions, comments** and **“ah-ha’s”** via the **chat box**.
- A **recording and slides** will be available within 24 hours - We’ll email you.





# Roundtable Dialogue

- For CBHL, IIMHL & IIDL Members
- September 19 at 10am PT / 11am MT / 12pm CT / 1pm ET
- Deep dive conversation about what you learned today
- Register today!

# The Presenters



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Mental Health Ontario; Co-Chair  
School Mental Health  
International Leadership  
Exchange (SMHILE).



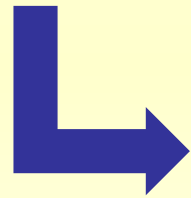
# Building and Scaling Effective School Mental Health Programming and Initiatives: The Importance of Global Collaboration and Leadership

# Session Outline

1. Context Setting - Overview of the SMH Match at IIMHL
2. Context Setting - School Mental Health Basics
3. Across the Tiers, Across the Globe
4. Key Themes for Leadership in School Mental Health
5. Comprehensive MTSS Approaches in Action
6. The Power of International Dialogue and Collaboration

# Context Setting

- School Mental Health International Leadership Exchange
- SMHILE in Sweden
- SMHILE in Washington
- SMHILE in New Zealand



IIMHL Leadership Exchange  
*Perinatal and Infant, Child, Youth and Family Mental  
Health and Wellbeing Supermatch*  
Virtual School Mental Health Match



# Context Setting

## Match Goals



1. Discuss current pressing practice, policy, and research issues, and spread innovation and best practices to improve mental health and addiction services around the globe.
2. Leaders involved in the Leadership Exchange are encouraged to continue connections and discussions in the months between the Exchanges.
3. The intent is that the benefits of such a collaborative effort will cascade to all staff and service users.

# Context Setting

## Participants



- Global emerging and established leaders in School Mental Health from over 10 countries (e.g., Australia, Canada, Germany, Ireland, Israel, Jamaica, New Zealand, Norway, Poland, UK, and USA).
- Persons with lived experience, family members, youth leaders, caregivers, community workers, executives, policy analysts, researchers, clinicians, and board members.

# Context Setting

## Agenda



- Day 1: focused on sharing strategies and best practices around school mental health promotion, prevention, and early intervention.
- Day 2: focused on sharing strategies and best practices for more intensive intervention efforts related to effective response to significant challenges such as natural disasters, school shootings, and war.

# Context Setting



## School Mental Health Basics

- *What is school mental health (SMH)?* SMH involves ***promotion, prevention, early intervention, on-going support***, and at times ***more intensive intervention*** in schools.
- *Why is it important for schools to be involved in youth mental health?* Schools provide low barrier access to care, and often are the first point of contact for a young person struggling with a mental health disorder (Duong et al, 2021; Georgiades et al., 2019).
- *Does it work?* SMH services have demonstrated positive impacts for academic (Durlak et al., 2011; Kase et al., 2017; Walker et al 2010) and psychosocial functioning (Fazel et al., 2014).

# Context Setting



## School Mental Health Advantages

- Improved access
- Improved early identification/intervention
- Reduced barriers to learning, and achievement of valued outcomes
- *WHEN DONE WELL*

# Context Setting

## Fourth tier

Intensive services: community-based and in-home treatment or in-patient/live-in treatment

## Third tier

Specialized consultation and assessment, family caregiver support, and therapy services

## Second tier

Targeted prevention and brief services

## First tier

Mental health promotion

Community based  
child and youth mental health

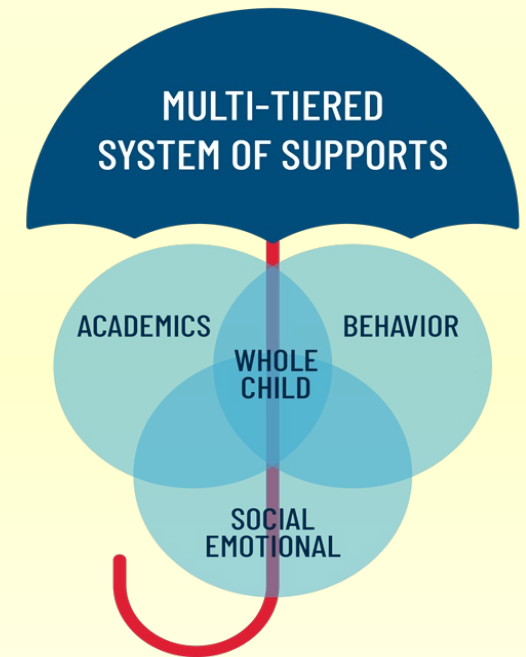
School based mental health

Schools are a critical part of a wider system of care for child and youth mental health

# Context Setting

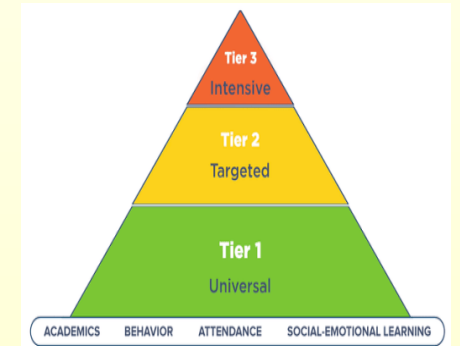
## Multi-Tiered System of Support (MTSS) Framework

- The MTSS framework offers a comprehensive system of social, emotional, and behavioral supports to promote student wellness and improve engagement in learning.
- One of the strengths of the MTSS approach is the focus on an effective, organized, and data-driven approach to mental health services in schools.



# Context Setting

## MTSS Framework



- Organized across “tiers” of Tier 1 – promotion/prevention for all students, Tier 2 – early intervention for students presenting early signs of problems or contending with conditions of risk, and Tier 3 involving more intensive intervention for students with established mental health challenges.
- Ideally, programming is aligned across tiers; for example, a community experiencing a high level of trauma would integrate mental health literacy strategies at Tier 1, more intensive classroom focused support at Tier 2, and evidence-based trauma focused therapy at Tier 3 (Kern et al., 2022).



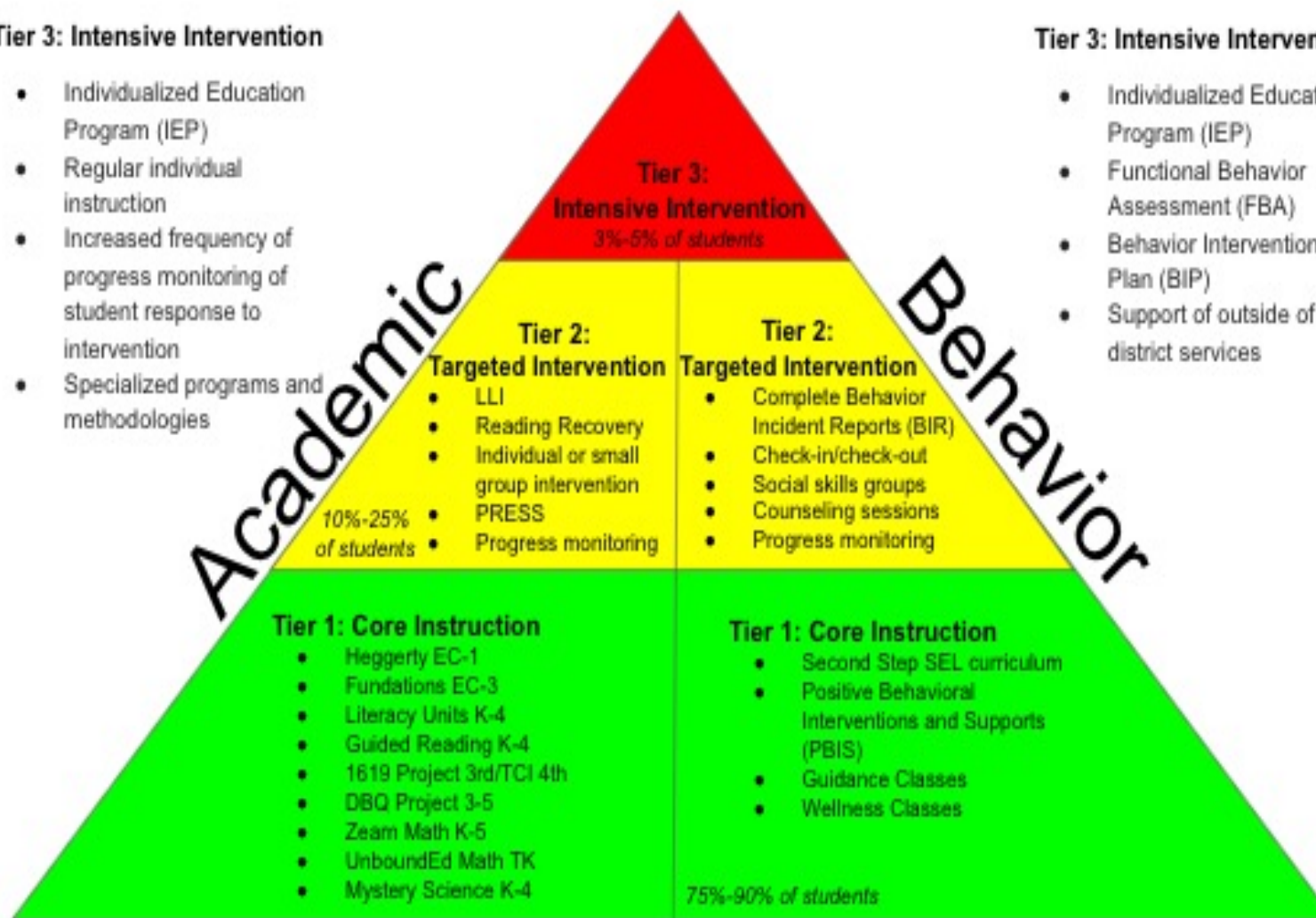
# Context Setting

## Tier 3: Intensive Intervention

- Individualized Education Program (IEP)
- Regular individual instruction
- Increased frequency of progress monitoring of student response to intervention
- Specialized programs and methodologies

## Tier 3: Intensive Intervention

- Individualized Education Program (IEP)
- Functional Behavior Assessment (FBA)
- Behavior Intervention Plan (BIP)
- Support of outside of district services

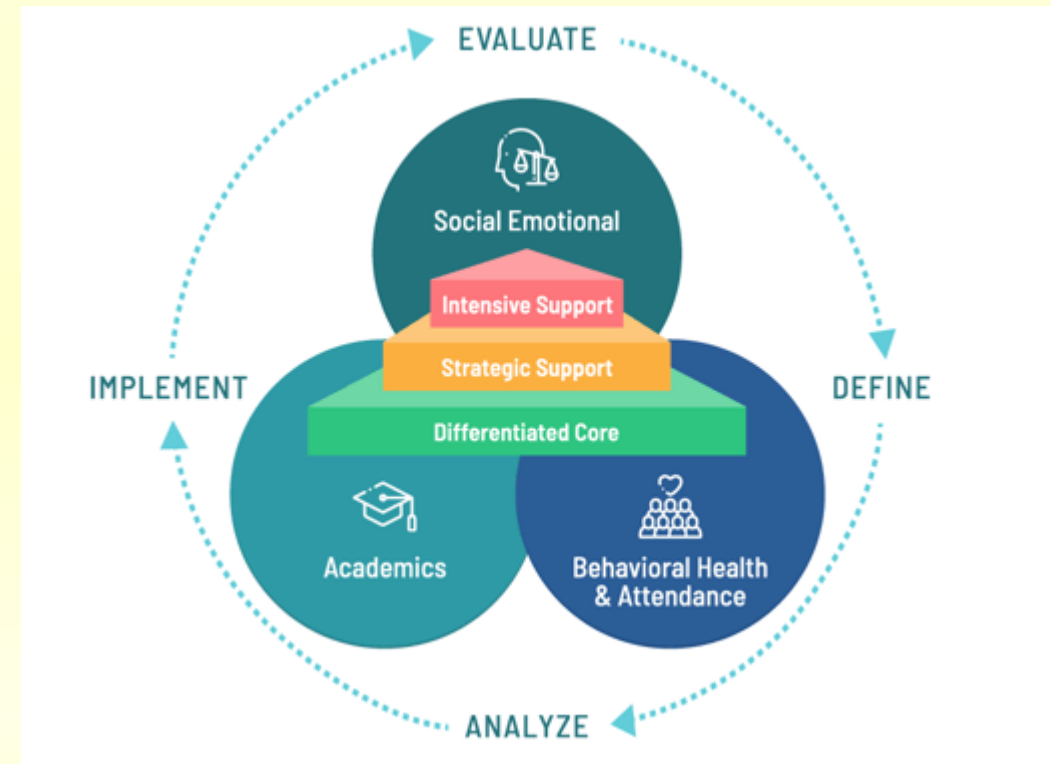


# Context Setting

## MTSS Framework

MTSS follow a “stepped care” approach: least intensive interventions are provided to students with less acute needs but can quickly pivot to advanced treatment intensity for students who are not improving or whose problems are escalating.

**Stepped care models** = guiding framework for intervention that relies on tracking outcomes for evaluation of student response to lower intensity treatment, pragmatic clinical decision making, and more effective and efficient services.



# Across the Tiers, Across the Globe

## Tier 1 Mental Health Promotion Examples

- Sparklers (New Zealand)
- Pause, Breathe, Smile (New Zealand)

## Tier 2 Prevention and Early Intervention Examples

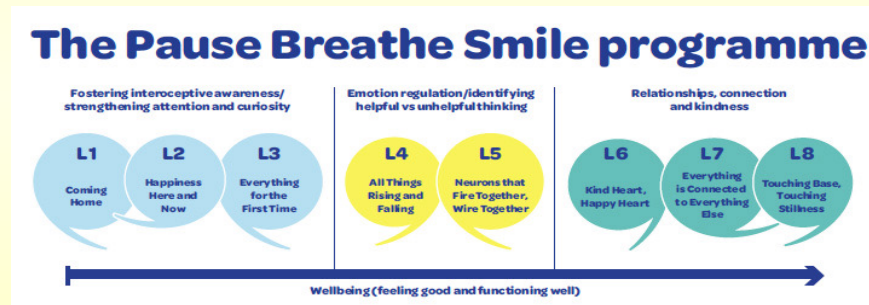
- Brief Digital Interventions (Canada and USA)
- Brief Intervention for School Clinicians (Canada and USA)

## Tier 3 Intensive Intervention and Crisis Response

- Disaster Recovery Triple P (Australia)
- Health Support Team and STRONG (Poland, Czech Republic, USA)

# Tier 1 Mental Health Promotion

- *Sparklers* is an example of a population-level program that is modular and contains wellbeing activities to support the New Zealand education curriculum for year 1-8 students.
- *Pause Breathe Smile* is a program that provides children with tools to manage the ups and downs of life and set them up for a healthy future. Delivered in schools, by teachers, to support the NZ education curriculum.



# Tier 1 Mental Health Promotion

## Key Takeaways

1. A whole class approach is a crucial component of multicultural practice, including: 1) enhancing the emphasis on wellness promotion, mental health literacy, and mental ill-health prevention in a class-wide manner; 2) creating culture change in a classroom by overtly using models to depict wellbeing/health as a wholistic construct; 3) taking a strengths-based approach; 4) affirming student identities and intersectionalities.
2. Ongoing problem-solving is needed for various challenges that include: 1) how best to advance educator buy-in and active use of innovative programming; 2) delivery of identity-affirming, culturally responsive programming, and 3) effective ways of demonstrating program impact.

# Tier 2 Prevention and Early Intervention

- *Brief Digital Interventions (BDI)*: innovative single-session digital intervention created during the pandemic in response to a rise in subclinical feelings of worry, loneliness, and sadness expressed by students (Weisz & Short, 2022).



## Other Tier 2 Protocols from SMHILE discussed in the Match:

Brief Intervention for School Clinicians (BRISC) (Bruns et al., 2022)

Supporting Transition Resilience of Newcomer Groups (STRONG)  
(Hoover et al., 2022)

# Tier 2 Prevention and Early Intervention – Key Takeaways

1. Schools are extremely well-situated for brief preventive interventions.
2. There are a range of evidence-informed protocols available. To achieve scalability and sustainability, prioritize those that are implementation-sensitive for SMH practice, and identity affirming for the students served.

EBPs are necessary but not sufficient in SMH prevention service delivery

3. Some positive enablers to uptake were noted, including **systematic guidance** and leadership in stepped approaches and measurement-based care at school, explicit implementation **coaching** support, and the use of influential **ambassadors**.
4. Research still struggles to identify what works for whom, when, and at what level of “dosage.” There is a need for more study, alongside cultural practitioners and researchers, to examine identity-affirming interventions and approaches.

# Tier 2 Prevention and Early Intervention

## Key Takeaways – Digital Interventions

1. Digital mental health interventions alone may be sufficiently helpful to some students while others would benefit from these interventions as supplementary to individual or family-based psychosocial interventions.
2. Literature reviews find that some mHealth apps are associated with significant improvements in youth mental health outcomes (e.g., decreased depression and anxiety), but too few well-controlled studies to draw firm conclusions.
3. Almost no mHealth apps have been designed with culturally sensitive adaptations and likewise there is scarce representation of racialized youth in research samples.



# Tier 3 Intensive Intervention and Crisis Response

- *Disaster Recovery Triple P*: a two-hour universal seminar designed to help parents be better informed about what to expect when children have been exposed to a community-wide potentially traumatic event (e.g., natural disaster).
- *Health Support Team, STRONG*: process of training school staff in Poland and the Czech Republic to be effective first responders for children and families displaced and impacted by the war in Ukraine.



# Tier 3 Intensive Intervention and Crisis Response

## Key Takeaways

1. Preparation work with parents whose children experienced a natural disaster can be reassuring even when the child does not meet any criteria for Post Traumatic Stress Disorder (PTSD).
2. Importance of translation and mobilization efforts to get resources to schools to support refugees. International collaboration featured as reach out from SMHILE colleague resulted in teams from the USA traveling to Poland to provide Health Support Team and STRONG training to local SMH leaders.
3. Importance of integrating these responses into multi-tiered systems of support, using strategies from trauma informed schools, and the "Asking is Caring" suicide prevention program.

# Key Themes for Leadership in School Mental Health

- Effective leadership in times of complexity and change,
- Meaningful engagement with diverse stakeholders,
- Workforce development,
- Strategies to advance uptake and sustained implementation,
- Interconnected measurement,
- Collaboration across sectors and disciplines.

# Effective leadership in times of complexity and change

1. Significant benefits of well-designed and comprehensive systems of supports for students and school personnel that are rooted in foundational infrastructure (teams, protocols, agreements, data systems, etc.) and responsive to emerging mental health needs and pressures.
2. Importance of maintaining and promoting staff and personal wellbeing to meet the complexities and inevitable changes associated with school and system leadership;
3. Conceptual frameworks of disaster response and recovery can be applied to support leaders whose schools and local communities are impacted by a disaster, crisis, or traumatic event.

# Meaningful engagement with diverse stakeholders

1. A co-design approach acknowledges that every school and every community have different priorities, strengths and challenges, and seeks to understand from them how best to contribute the skills and knowledge and ensure that they are provided in a way that works best for their context.
2. Leaders and practitioners must commit to an approach that is informed by relevant culture(s), inclusive of all interested parties and that it is ongoing, leading to continuously evolving responses.
3. Student and family voice is critical and should be prioritized.

# Workforce development

1. Offer mental health literacy learning to non-specialist service providers, like teachers and guidance counselors, so they are equipped for their important role in wellness promotion and are well prepared to help students with their mental health learning, and with early identification and support.
2. Prioritize ongoing professional learning for SMH professionals in evidence-based, implementation-sensitive protocols delivered with cultural humility and recognizing student identities and intersectionalities. Support practice that values student voice and choice in stepped care approaches.
3. Consider the need to begin building the workforce in high school, with emphasis on attracting more diverse young people to the SMH field. Support changes to training programs to graduate more practice-oriented professionals.

# Strategies to advance uptake and sustained implementation

1. Conduct a resource mapping assessment that helps to identify existing strengths, available resources, gaps, etc., drawing on inputs from a range of stakeholders.
2. Select programming that is evidence-informed, implementation-sensitive, and culturally responsive.
3. Ensure supportive infrastructure that facilitates scalability and sustainability (e.g., requisite investments to scale, implementation teams, etc.)
4. Co-design and adapt interventions to context.
5. Offer role specific education and training that is fit for purpose. Provide ongoing coaching support.
6. Use evaluative and iterative strategies to refine programming and implementation supports.

# Interconnected measurement

1. Measurement-based care (MBC) is the continuous collection of client-report data used to support clinical decision-making as part of standard care.
2. Best practices for MBC include routine progress monitoring.
3. In SMH, progress monitoring is used to quantify a student's rate of improvement or responsiveness to prevention or intervention, and to evaluate the effectiveness of interventions using valid and reliable measures.
4. Across all levels of the system sites monitor progress to provide feedback for improvement. With progress monitoring, teams use valid and reliable tools, and focus on fidelity of implementation for interventions, with consideration for cultural and linguistic responsiveness and recognition of student strengths.



# Collaboration across sectors and disciplines

1. The development and utilization of systems that promote cross-discipline and cross-sector collaboration is a critical component of establishing comprehensive and sustainable school mental health programming.
2. To sustain the impact of interdisciplinary systems of care, members should work together to establish a unified, child-centered vision, and to develop specific operational definitions to clarify the roles and responsibilities of all members within the system.
3. Cross-sectoral training in common evidence-informed interventions, consistent measurement, and stepped care approaches across a single system of care can provide seamless access and support for children, youth and families.

# Across the Tiers, Across the Globe

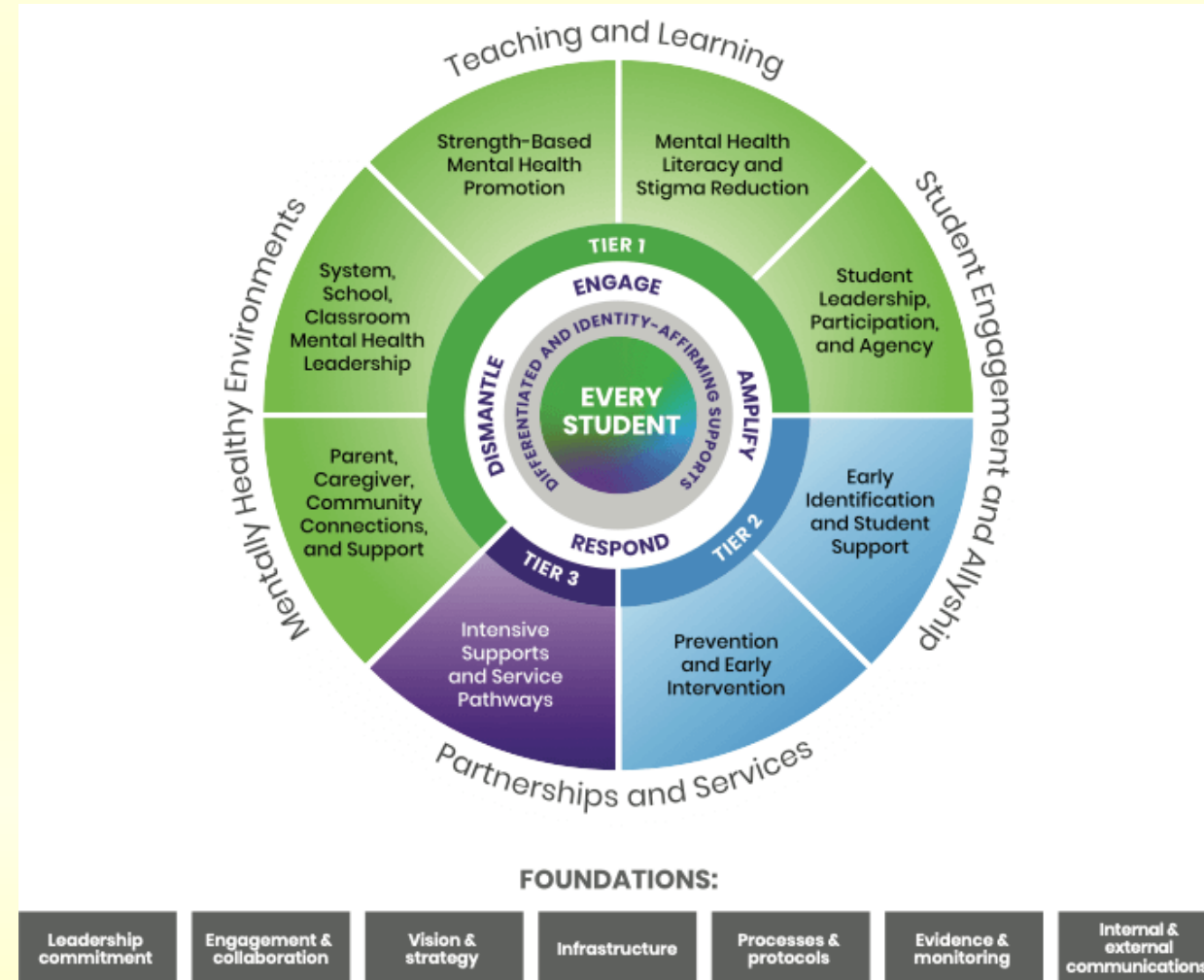
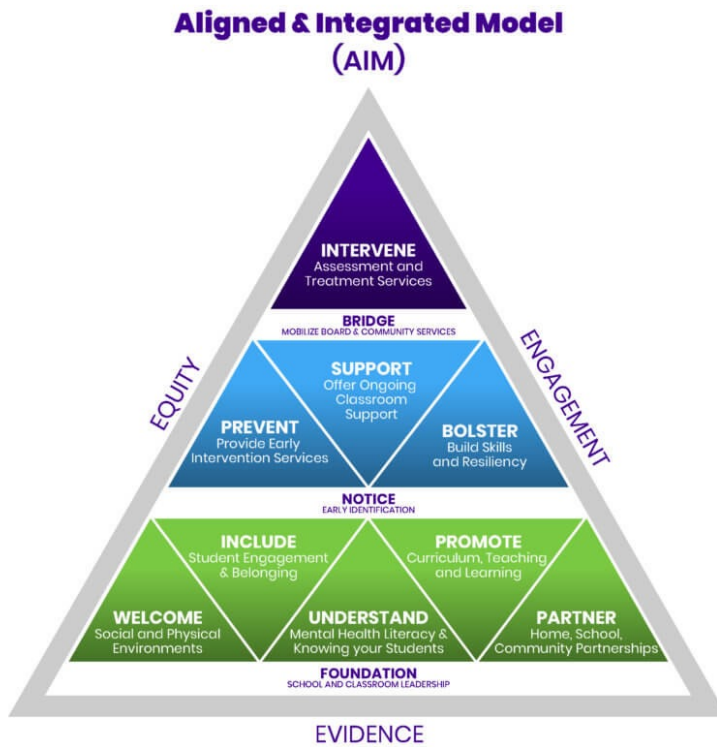
Comprehensive MTSS Approaches in Action! - *School Mental Health Ontario*

Goal is to enhance the uptake, scalability, and sustainability of evidence-informed, culturally-responsive and identity-affirming practices in school mental health across the province of Ontario

- ✓ 72 school districts; 4800 schools; 127,000 teachers
- ✓ 2 million students
- ✓ Urban, suburban, rural, remote
- ✓ 1000 social workers, 500 psychology staff, 1700 CYWs



# MTSS in Ontario



# Stepped Care Approach

## Tier One

### Mental Health Promotion

- Everyday mental health practices
- Class-wide IA-SEL lessons
- Class-wide mental health literacy
- Class-wide focused programming
- Student Support Staff connections

## Tier Two

### Prevention and Early Intervention

- PreVenture
- **BDIs**
- **BRISC**
- FIRST
- **STRONG**
- *ACT*
- *MATCH*

## Tier Three

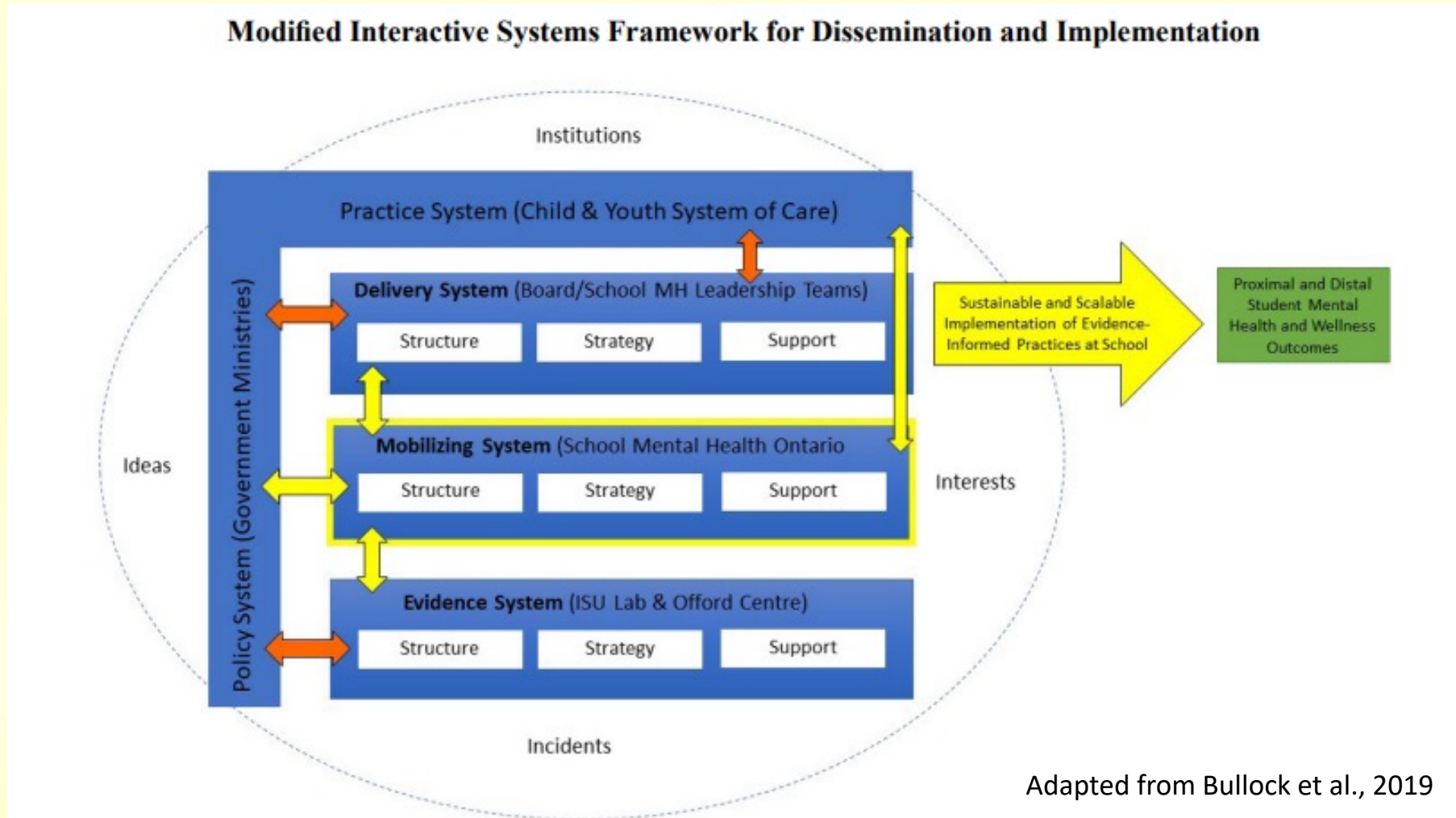
### Intensive Mental Health Supports

- Bridging to community supports
- Individual/group therapy
- Suicide/Threat Risk Assessment and Management

### Elements of SMH Stepped Care Approach:

- ✓ Array of lower-to-higher intensity protocols
- ✓ Systematic training and implementation support
- ✓ Measurement-based care
- ✓ Ongoing professional learning to support practice

# Intermediary Team Bridging Research, Policy, and Practice



Adapted from Bullock et al., 2019

# Key Implementation Supports

**P**rovincial leadership and guidance

**I**mplementation coaching

**C**o-created Classroom and targeted resources

**T**raining and professional learning

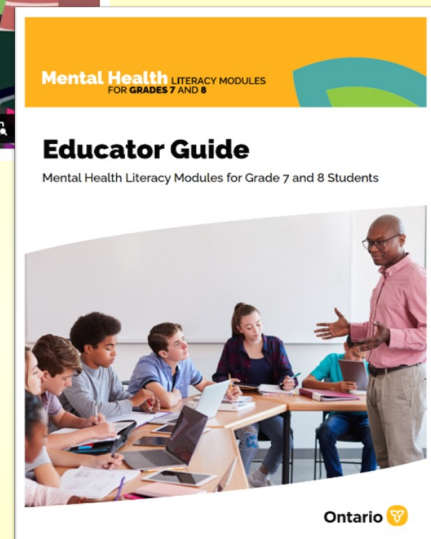
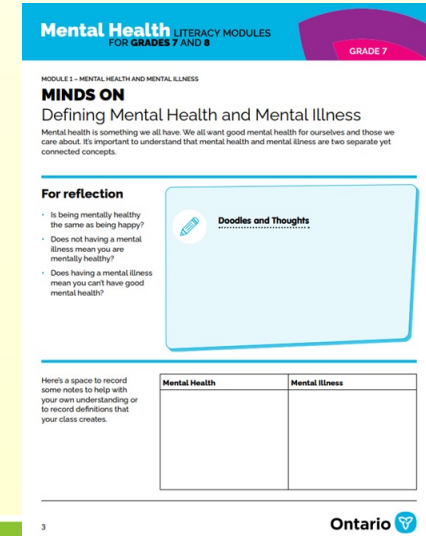
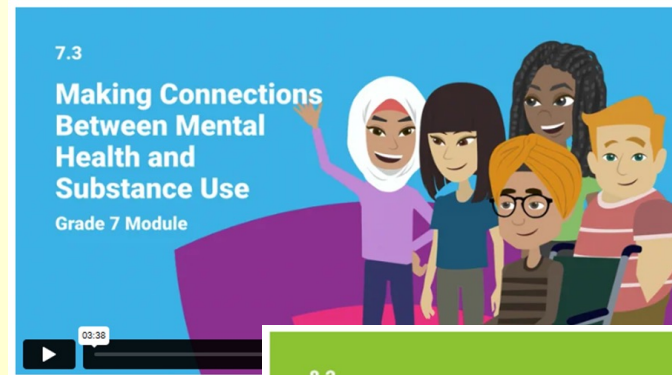
**U**ptake networks

**R**esearch, evaluation, and monitoring

**E**ngagement of student and parent/caregiver reference groups

# Tier 1 Example – MH78

- Provincial leadership and guidance
- Implementation coaching
- Co-created Classroom and targeted resources
- Training and professional learning
- Uptake networks
- Research, evaluation, and monitoring
- Engagement of student and parent/caregiver reference groups



## MH78 Board Implementation Teams

Orientation, Mobilizers Kit, Regional Planning and Implementation Meetings, Evaluation Tools

# Across the Tiers, Across the Globe

Comprehensive School Mental Health Systems – Examples from the U.S. (local and state)

*Advancing Comprehensive School Mental Health Systems: Guidance from the field*



**Local:** District of Columbia Public Schools (DCPS), Adams-Friendship Middle School in Adams, Wisconsin, Seneca Family of Agencies and Education for Change Public Schools (Seneca/EFC), Chapel Hill-Carrboro City Schools (CHCCS)

**Statewide:** The North Carolina School Mental Health Initiative (NC SMHI), The Wisconsin Department of Public Instruction's school mental health initiative, The Massachusetts School Mental Health Consortium (MASMHC)



# The Power of International Dialogue and Collaboration

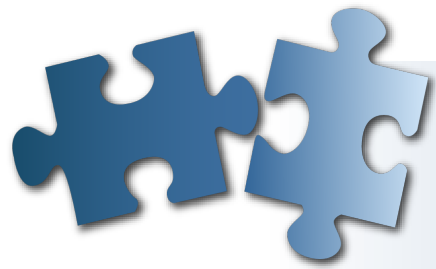
- Cross-jurisdictional perspectives on core themes in SMH
- Identification of common problems of practice, with platforms for sharing of enablers, innovations, and ideas
- Collaborative projects and testing of innovations across regions
- Strategic “borrowing” with adaptation and consultation
- Global spread of best practices
- Practical assistance across jurisdictions
- Shared contribution to the scientific literature



# Contact Us

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- Kathy Short; [kshort@smho-smso.ca](mailto:kshort@smho-smso.ca)





# Roundtable Dialogue

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# Additional Resources

- Dream School Program from Norway (SMHILE member, Torill Larsen)  
[https://link.springer.com/chapter/10.1007/978-3-030-70262-5\\_26](https://link.springer.com/chapter/10.1007/978-3-030-70262-5_26)
- Gamification work by Peter Paulus from SMHILE in Germany  
<https://pubmed.ncbi.nlm.nih.gov/32451596/>
- IMPROVA project by Rodrigo Lima for Spain: IMPROVA project (e-Intervention Enhancing Mental Health in Adolescents Project), an EU-funded project (European Commission: no. 101080934) that will co-design, pilot, evaluate, and facilitate the upscaling of a modular eHealth intervention platform that aims to promote mental health and wellbeing, early detect mental health problems and prevent common mental problems in adolescents in France, Germany, Romania and Spain.