



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

SCHOOL MENTAL HEALTH **DECISION SUPPORT TOOL:**

EVIDENCE-BASED MENTAL HEALTH
PROMOTION PROCESS



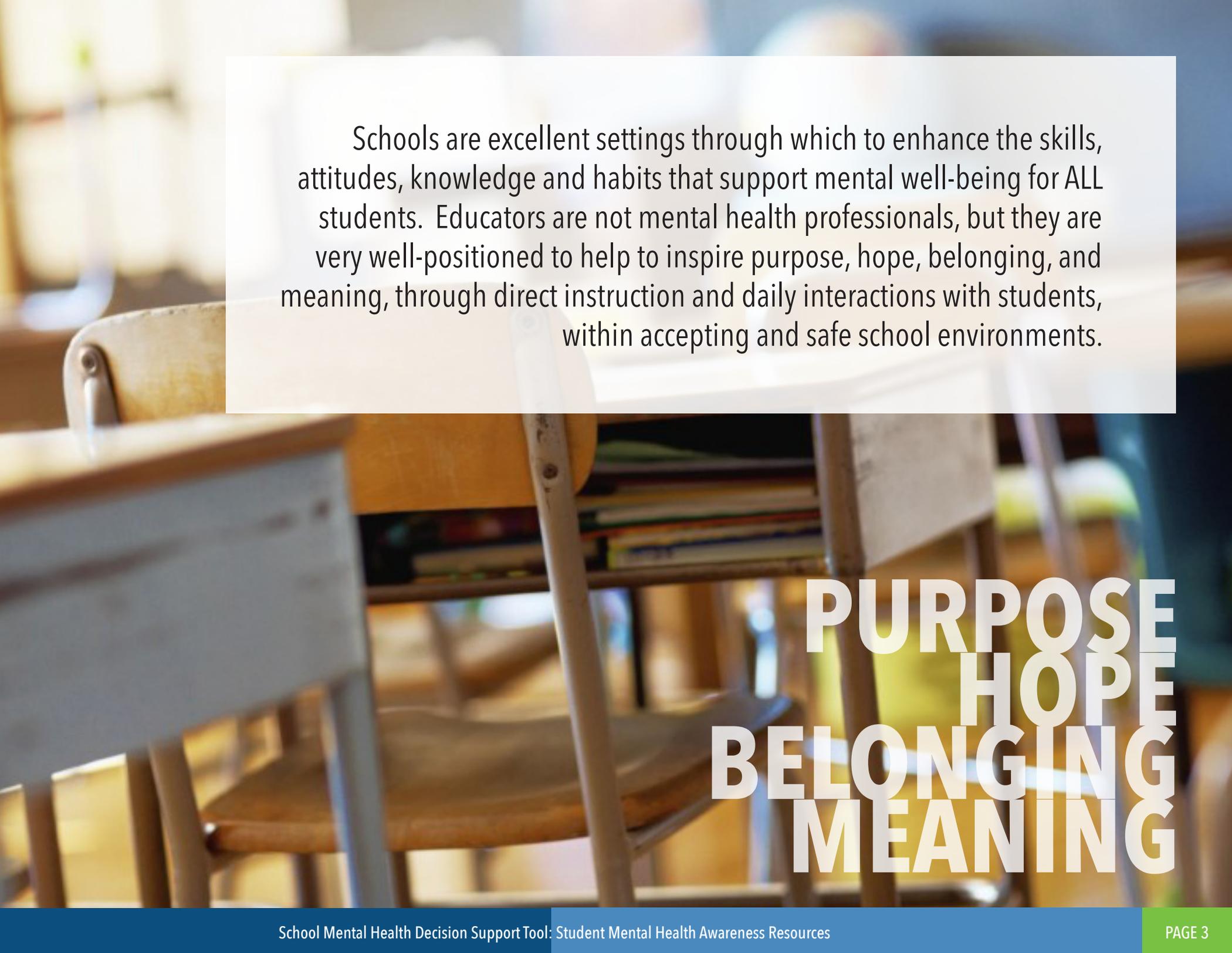
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SCHOOL MENTAL HEALTH-ASSIST ÉQUIPE D'APPUI POUR LA SANTÉ MENTALE DANS LES ÉCOLES





Schools are excellent settings through which to enhance the skills, attitudes, knowledge and habits that support mental well-being for ALL students. Educators are not mental health professionals, but they are very well-positioned to help to inspire purpose, hope, belonging, and meaning, through direct instruction and daily interactions with students, within accepting and safe school environments.

PURPOSE
HOPE
BELONGING
MEANING

BACKGROUND

This is part of a suite of School Mental Health Decision Support Tools

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!



EVIDENCE-BASED PRACTICE IN SCHOOL MENTAL HEALTH – PROPOSED VISION

1. Board Mental Health Leadership Teams in Ontario school boards will select high-quality evidence-based mental health promotion approaches that build on existing Tier 1 Ministry initiatives.
2. With support from school mental health professionals and community partners (e.g., Public Health) schools will implement evidence-based mental health promotion programs / strategies with fidelity and ongoing monitoring.
3. Ongoing communication about service integration across school, agency, and health settings will strengthen pathways to, from, and through clinical intervention and will present opportunities for cross-sector professional learning.
4. In serving high risk students, school mental health professionals will employ brief evidence-based prevention and intervention techniques that are complementary to those used in community mental health / health settings.
5. SMH ASSIST will provide support to school boards in their use of evidence-based practices through decision support tools, implementation and evaluation coaching, and expertise level training opportunities.

EBP = Evidence Based Practice (see glossary for full list of terms)

TIER 1: Universal – Mental Health Promotion - ALL

Schools may wish to develop strategies which address the UNIVERSAL mental health promotion needs of all students. Strategies in this tier focus on developing skills, attitudes, knowledge and habits, using school or class wide approaches.

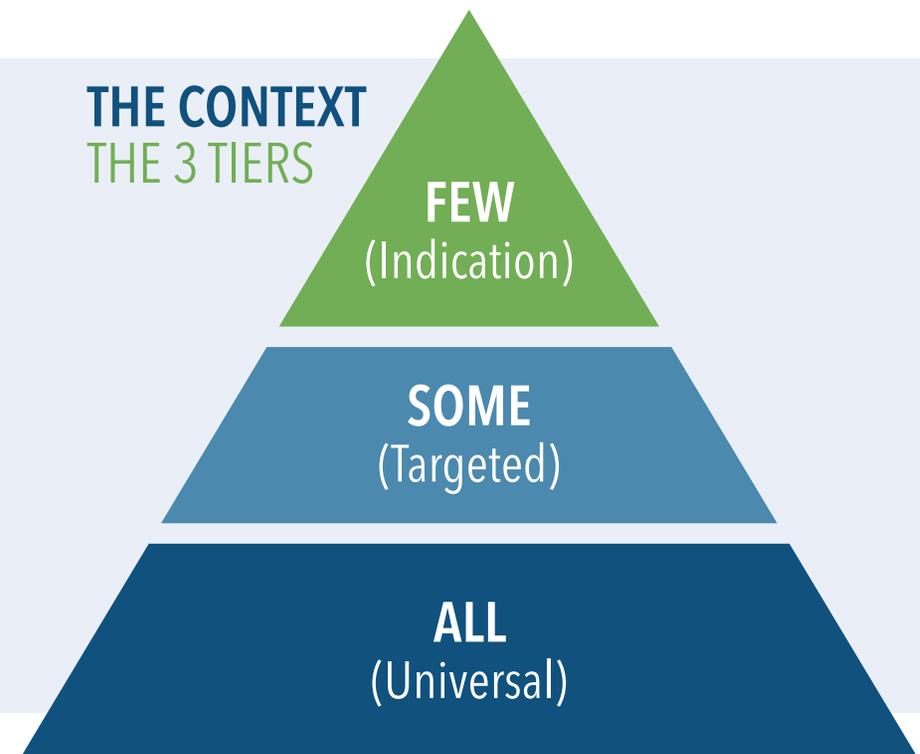
TIER 2: Targeted – Prevention - Some

Schools may wish to develop strategies which address the TARGETED mental health needs of SOME students. Strategies in this tier focus on the PREVENTION of mental health problems in a class wide or individual manner.

TIER 3: Indicated - Intervention - FEW

Schools may wish to develop strategies which address the INDICATED mental health needs of the FEW. Strategies in this tier focus on the INTERVENTION of mental health problems on an individual basis.

THE CONTEXT THE 3 TIERS



Promoting Mental Health



THIS DECISION SUPPORT TOOL FOCUSES ON THE SELECTION OF TIER 1 PROGRAMMING

Why...

There are an increasing number of Tier 1 mental health promotion programs available in the marketplace, and it is difficult to decide which, if any, is right for your board. The selection should consider alignment with the board and school mental health strategy and action plan, and related board and Ministry initiatives.

Boards need to consider not only the “fit” of the approach, and supporting evidence that the program works for the intended audience, but also related implementation and sustainability factors.

Our Inspiration...

Ontario school boards will embed evidence-based, implementation-sensitive, mental health promotion practices into the daily life of schools, rather than relying on costly programs that are difficult to implement and sustain.

In the Interim...

While resources to support these embedded practices are in development, we hope that this Decision Support Tool will guide your team in their decision-making process related to the selection of mental health promotion programming.

Many menus of recommended evidence-based programs exist (please refer to the WHERE section). Leadership Teams should refer to these lists, but also engage in further collaborative inquiry to determine relative fit with current school needs, offerings, and resources available to support implementation and scale-up.

We hope that this Decision Support Tool on Mental Health Promotion Programming will support your team in this process.



COMMON LANGUAGE: *Glossary*

Evidence-Based Practice (EBP) is the broad term used to describe an approach that considers and applies current and rigorous research findings in the selection and implementation of student programming.

Evidence-Based Programs (EBPs) are a set of practices that have been shown through research and evaluation to be effective when delivered according to the specific protocols outlined in a manual.

Evidence-Informed Practice (EIP) is the broad term used to describe an approach that balances research-based knowledge, with practice-focused information and clinical wisdom, in the selection and implementation of student programming.

Promising Practices or Practice-Based Evidence in mental health prevention, promotion and intervention are being developed on the front lines, often with the distinct advantage of being culturally and developmentally sensitive. Through the input of students and educators programs and practices are developed. We need to ensure the knowledge and resources needed to evaluate the effectiveness of these promising programs are addressed.

Best Practice is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark to provide a standard way of doing things that multiple organizations can use. In addition, a "best" practice can evolve to become better as improvements are discovered. Untested either there is no documentation that the intervention has been used, or it has not yet been evaluated

Adapted from PRIME (Planning Realistic Intervention Implementation and Maintenance by Educators; Sanetti, Kratochwill, & Long, 2013)

When...

SHOULD THERE BE CONSIDERATION OF AN EVIDENCE-BASED PROGRAM?

According to SBMHSA Consortium nation-wide scan findings, 75% of programs were introduced in response to an identified need.

To ensure that the selection process is done in a reflective manner rather than in a state of urgency, it is recommended that the Board Mental Health Leadership Team reflect proactively on the mental well-being needs in schools. Information from the Board MHA Scan, student surveys, and administrative data can be used to determine priority areas for action, and to begin to consider options for programming at the universal level.

WHY IS CHOOSING AN EVIDENCE-BASED PROGRAM IMPORTANT?

- EBP helps guide us by taking the guesswork out re: what works and with whom.
- We also know that effective programming/ treatment increases adherence
- EBP promotes helping make change through a systematic and unified approach.

A Word About Evidence...

Not all evidence is equal! There are different levels of evidence. To convincingly demonstrate the effectiveness of a program, the "gold standard" is a replicated randomized controlled trial conducted by researchers who are independent of the product development (typically summarized in a systematic review or meta-analysis). Less strong are programs evaluated with some form of pre/post measurement in an uncontrolled trial. But programs with this level of evidence have a more solid evidence-base than those that have been evaluated only using post-only surveys, anecdotal reports, or expert opinion.

Where...

TO FIND EVIDENCE-BASED PROGRAMS?

The following sites maintain an up-to-date listing of evidence based and promising programs across the tiers of intervention. Not all of these programs have been evaluated for use in Ontario schools.

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 (CASEL)

<http://www.casel.org/guide>

Institute of Educational Sciences, What Works Clearinghouse

<http://ies.ed.gov/ncee/wwc/>

Canadian Best Practice Portal, Public Health Agency of Canada

<http://cbpp-pcpe.phac-aspc.gc.ca>

Promising Practices Network (Archive 2014)

<http://www.promisingpractices.net>

Evidence-Based Intervention Network

<http://ebi.missouri.edu>

Intervention Central

<http://interventioncentral.org>



What to Keep In Mind?



THINK IN TIERS...

Is this a mental health promotion program? Will it address the needs of ALL students (universal – Tier 1); or is it designed more for SOME students at risk (targeted – Tier 2) or for a FEW students who are experiencing more significant mental health concerns (indicated – Tier 3)?

THINK ALIGNMENT...

Will the program align with the needs and priorities established through the Board Mental Health and Addictions Strategy and Action Plan? Does it complement other Board and Ministry initiatives?

THINK IMPLEMENTATION & SUSTAINABILITY...

Will this program “reach every student”? Can it be scaled up effectively? Can it be sustained beyond pilot phase? When reflecting on which program to select, it is important to have the long-term view in mind. Appendix A is a reminder of the Implementation Framework. NOTE: when selecting an EBP, you are at the Exploration phase.

What to Look For?



- Does the program clearly address a NEED/ GAP?
- What is the initial and ongoing COST (training, materials, release time, administrative supports...)?
- What is the TIME required initially and ongoing (training, re-certification and delivery of the program)?
- What TRAINING/ONGOING COACHING is needed for program delivery? Who will deliver this training? Is offering training / coaching of this nature part of their current role? What training with the trainers need?
- Who is responsible for PROGRAM DELIVERY? Is this part of their current role? Are they on-side? What type of support do they require/ prefer?
- How will the FIDELITY of program implementation be monitored, ensuring that evidence-based protocols are accurately delivered?

What are other considerations?

Other Considerations?



READINESS (staff/school/board)

- What is the current context?
- Where is the board/school in relation to the ten organizational conditions?
- Is there a perceived need for this program?
- Is there buy-in for this direction? Union support? Administrator support?
- Has foundational capacity in mental health literacy been achieved?

(See Leading Mentally Healthy Schools for tools to evaluate school readiness and progress related to the organizational conditions)

ENGAGEMENT

- Has the group that will be delivering the EBP been involved in the decision-making process?
- If the program involves specific populations, have key stakeholders provided input?
- Are there explicit links to Ontario Curriculum?
- Is this program compatible with current board and school practices, or will it be seen as an add-on?

HOW... TO CHOOSE AN EVIDENCE-BASED PROGRAM?

STEPS FOR THE SELECTION OF APPROPRIATE EBPs

Step 1:

IDENTIFY THE NEED/GAP AND DEVELOP GOALS

The GOALS should be related to the needs/gap. Steps to achieving the goals, with a clear timeline, should be articulated.

Step 2:

SEARCH THE SUGGESTED DATA BASES PROVIDED

To help gather the information, please refer to Appendix C

Step 3:

CONSIDER THE BENEFITS AND DISADVANTAGES OF THE LISTED PROGRAMS

Focus on your specific context

Step 4:

AS A TEAM, SELECT AN APPROPRIATE PROGRAM

NOTE: see Appendix B and F for key questions

Adapted from PRIME (Planning Realistic Implementation and Maintenance by Educators)

BROAD FACTORS TO CONSIDER WHEN CONDUCTING EARLY STAGE EXPLORATION OF EBPs

NEEDS/GAPS; and how well will the program or practices meet the identified needs/gaps?

FIT with current initiatives, priorities, structures and supports, and parent/community values.

RESOURCE AVAILABILITY for training, staffing, technology supports, curriculum, data systems and administration

EVIDENCE indicating the outcomes that might be expected if the program or practices are implemented well

READINESS FOR REPLICATION of the program (10 organizational conditions including coaching).

CAPACITY TO IMPLEMENT as intended and to sustain and to scale up over time

Refer to the National Implementation Research Network (NIRN): The Hexagon Tool: Exploring the Context (Appendix D)



KEY ELEMENTS TO CONSIDER

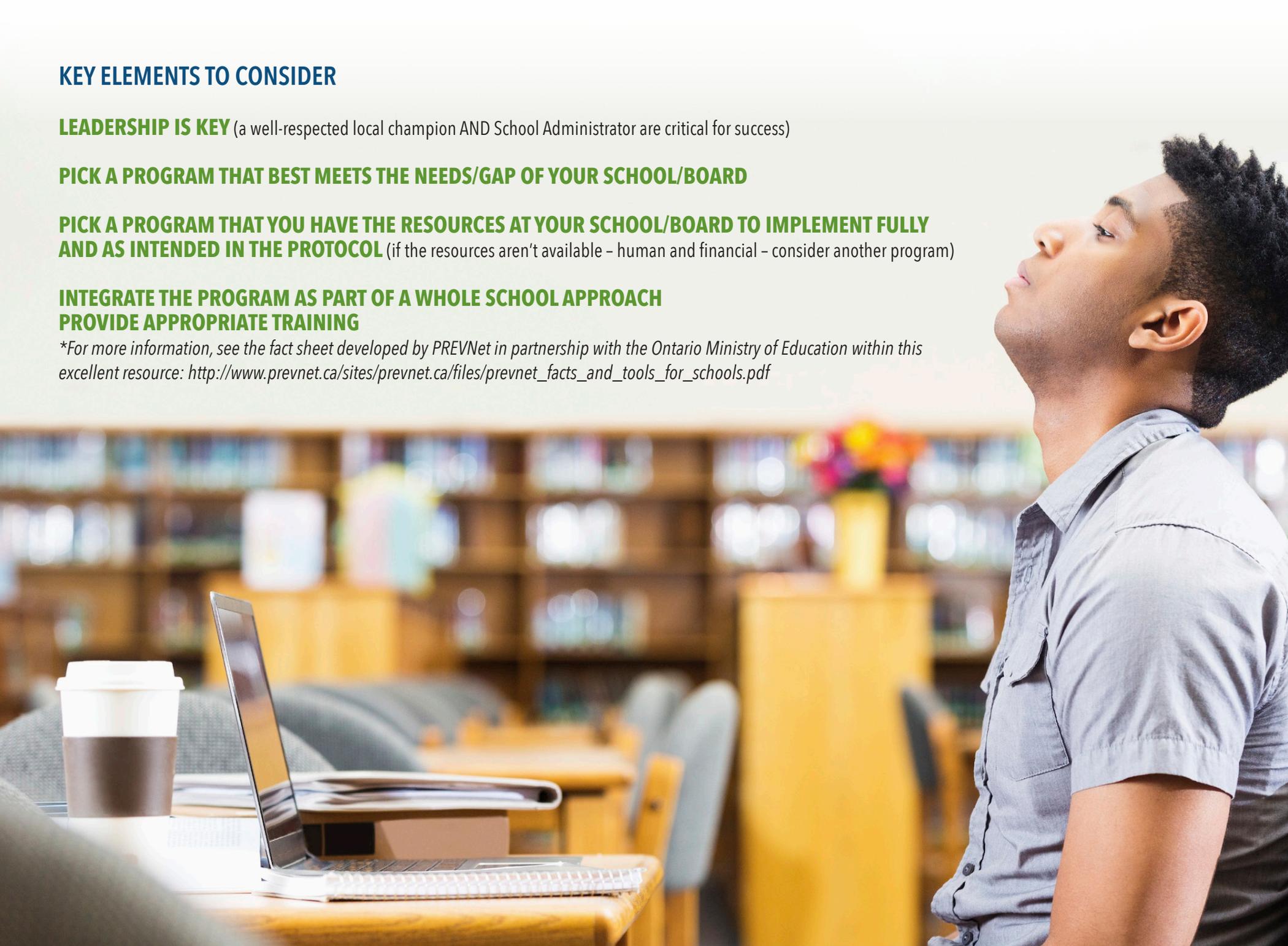
LEADERSHIP IS KEY (a well-respected local champion AND School Administrator are critical for success)

PICK A PROGRAM THAT BEST MEETS THE NEEDS/GAP OF YOUR SCHOOL/BOARD

PICK A PROGRAM THAT YOU HAVE THE RESOURCES AT YOUR SCHOOL/BOARD TO IMPLEMENT FULLY AND AS INTENDED IN THE PROTOCOL (if the resources aren't available – human and financial – consider another program)

**INTEGRATE THE PROGRAM AS PART OF A WHOLE SCHOOL APPROACH
PROVIDE APPROPRIATE TRAINING**

**For more information, see the fact sheet developed by PREVNet in partnership with the Ontario Ministry of Education within this excellent resource: http://www.prevnet.ca/sites/prevnet.ca/files/prevnet_facts_and_tools_for_schools.pdf*



SPECIAL CONSIDERATIONS...

PLANNED ABANDONMENT

WHAT TO DO WHEN THERE ARE PROGRAMS BEING OFFERED AT THE SCHOOL/ BOARD THAT AREN'T EVIDENCE-BASED?

Part of the decision-making process involves listing what is already being done in relation to Mental Health (at all 3 Tiers) in your board and in the schools.

It may be surprising to notice that many programs are created "In-House". In fact, according to SBMHSA, 47% of programs are original interventions, created internally and 30% are adaptations of existing programs (note: it isn't clear if these were adaptations from EBPs).

This important step (Awareness of what is currently being done/offered) might result in some interesting conversations! There might be a range of reactions that could arise (see Appendix E).

To help with this process, note that it isn't necessary to automatically discard any and all programs that aren't EBPs.

If you encounter a "historically preferred program" in your board, the decision-making team/ the board can determine if there is added value in keeping the program, but putting it through rigorous evaluation, to ensure that the desired outcomes are being achieved. However, in considering the above option, it is important to weigh the cost of the evaluation against the cost of adoption of an alternative EBP that has proven results for your target population.

If a historically-preferred program needs to be abandoned, communication about this decision needs to be thoughtful and comprehensive. Remember, people have invested time and energy into introducing this work, and hopefully much of the good learning from its implementation can be applied in other mental health promotion efforts in the future.

IN SUM...

CONSIDER THE FOLLOWING WHEN PLANNING TO ABANDON CERTAIN PROGRAMS/PRACTICES:

- Evidence is weak OR non-existent
- Program implementation is expensive and does not have value for its return (outcomes are questionable)
- Look for alternatives that have same goals, sound evidence, are less expensive to implement, and offer similar benefits to students



WHAT TO DO WHEN OPINIONS DIFFER?

- Provide education to decision makers about the importance of using evidence based programs
- Do your homework and review the evidence of the harm versus the benefits of the program/practice. Then share this information to the appropriate stakeholders.
- Develop an evidence based action plan which will layout the end results which should be measureable, show efficiency and effectiveness
- Adjust your message according to the reactions you encounter (refer to Appendix E)

BARRIERS TO EBP IMPLEMENTATION

- Having insufficient funding
- Lack of school/staff commitment
- The pressure of time and competing demands
- Insufficient capacity (resources, staffing, training)
- For partners outside the school board: Having difficulty negotiating access to student populations for implementation

ENABLERS OF EBP IMPLEMENTATION

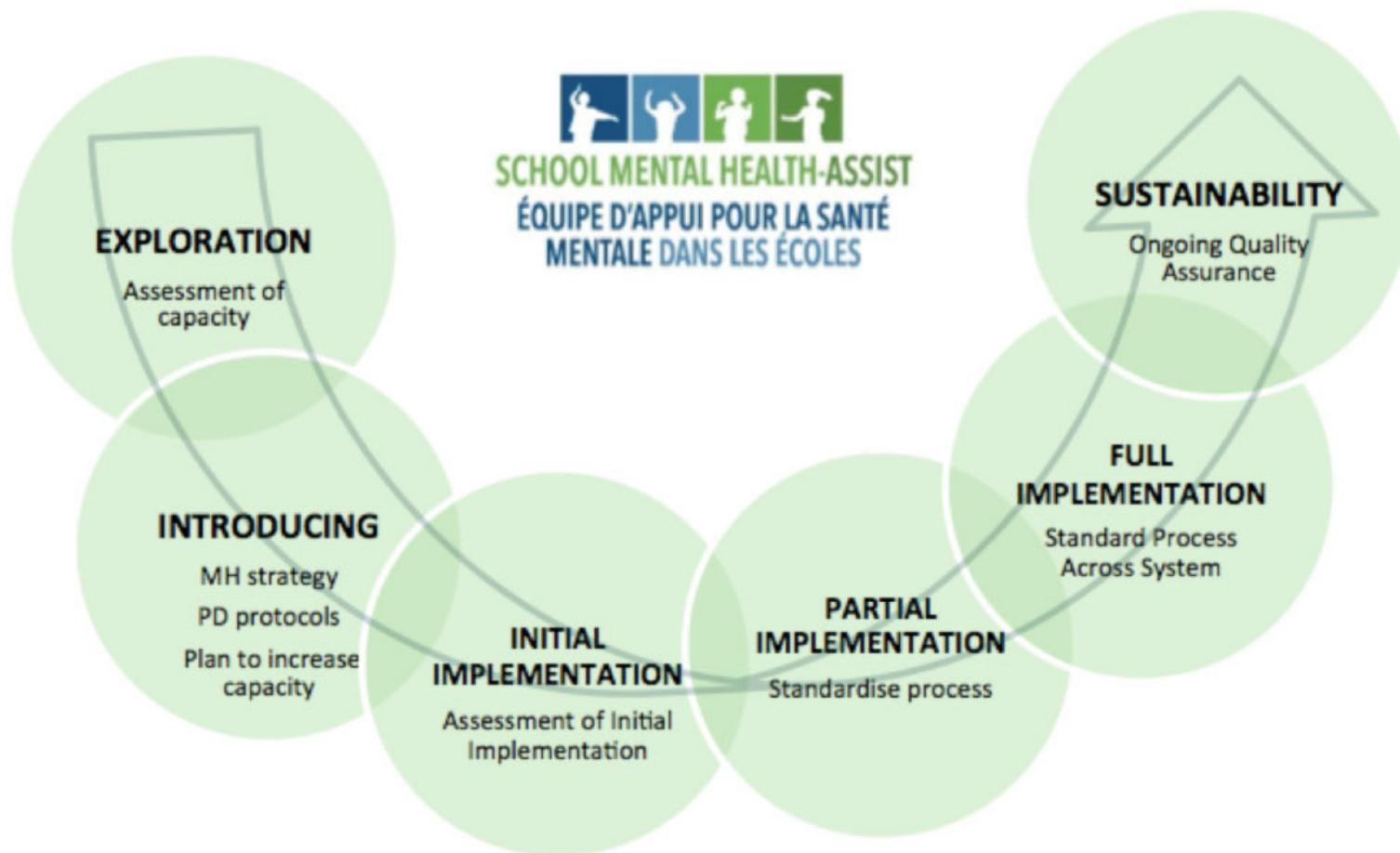
- School/staff commitment (80% or more staff agree with the approach)
- Partnerships (where there is solid communication and where there is a respect for what each partner brings to the table and such limits the potential duplication of service)
- Solid staff team work and creativity
- Funding
- EBP is directly link to the NEED/GAP identified and has evidence of success in the matter
- Tailored messages 'pushed' to the right individuals (e.g., decision makers), in an organization that was supportive of EBP's had positive outcomes
- Tools to support evidence informed decision making are required in order to support understanding in assessing trustworthiness of evidence, and applying evidence to decision making; (Appendix B and C)
- An action plan (logic model) should be a depiction of a systems approach that evidence based programs fit within the educational system and meets their core business goals (educational outcomes, better EQAO results, etc.)



Image from: Evidence-Based Practice in the Health Sciences: Evidence-Based Nursing Tutorial
Information Services Department of the Library of the Health Sciences-Chicago, University of Illinois at Chicago

IMPLEMENTATION FRAMEWORK SCHOOL MENTAL HEALTH ASSIST

COMMITMENT VISION BROAD COLLABORATION LEADERSHIP COMMUNICATION



APPENDIX B: BROAD STEPS FOR SELECTING APPROPRIATE EBPs

STEP 1: IDENTIFY THE NEED/GAP AND DEVELOP GOALS

What is the primary concern we would like to address?	
What are the contextual features of the problem (e.g., setting, conditions, context)?	
What are our goals for the intervention?	

STEP 2: SEARCH THE SUGGESTED DATA BASES PROVIDED – AND GENERATE A LIST (APPENDIX C)

Do the goals of the program match our identified needs/gaps?	
Is our setting similar to those who have previously benefitted from the program?	
Does the age, grade, gender, ethnicity, etc. of the students that the program was intended for match those of our target group? If not, can it be adapted to meet the unique needs of our students or to make it more culturally sensitive without significantly affecting the integrity of the intervention/program?	
Has the program been shown in rigorous evaluations to produce meaningful results in school settings that are similar to context in which it will be implemented?	
What is the Level of Evidence? (see Levels of Evidence pyramid)	
Are there adequate resources available to:	
a) Purchase materials initially	
b) Purchase materials ongoing	
c) Support professional development initially	
d) Support professional development ongoing (with coaching)	
e) Fund potential release time initially	
f) Fund potential release time ongoing	
c) Implement the program with fidelity, according to the proven protocol?	

STEP 3: CONSIDER BENEFITS AND DISADVANTAGES OF THE LISTED PROGRAMS?

What are the benefits and disadvantages of each program you are considering?	
Where do each of the programs fall in terms of both evidence and practicality?	
To what degree does each of the programs demonstrate characteristics of effectiveness? (i.e., comprehensive, varied teaching methods, sufficient dosage, theory driven, positive relationships, appropriately timed, socioculturally relevant, outcome evaluation)	

STEP 4: AS A TEAM, SELECT AN APPROPRIATE PROGRAM

Has all the necessary information been collected?	
Have all the options been considered?	

APPENDIX C: SUGGESTED TEMPLATE TO COLLATE INFORMATION ON POTENTIAL EBPs

WHAT IS THE NEED/GAP WE WISH TO ADDRESS WITH THE SELECTION OF AN EVIDENCE-BASED PROGRAM?						
WHAT IS THE EXPECTED OUTCOME?						
PROGRAM/ INTERVENTION	DESCRIPTION (HOW IT ALIGNS WITH THE NEED/GAP)	LEVEL OF EVIDENCE	INITIAL COST? (MATERIALS, TRAINING...)	ONGOING COST? (MATERIALS, TRAINING...)	TIME REQUIRED	ALIGNMENT (WITH BOARD/MINISTRY INITIATIVES, CURRICULUM, PRACTICE)



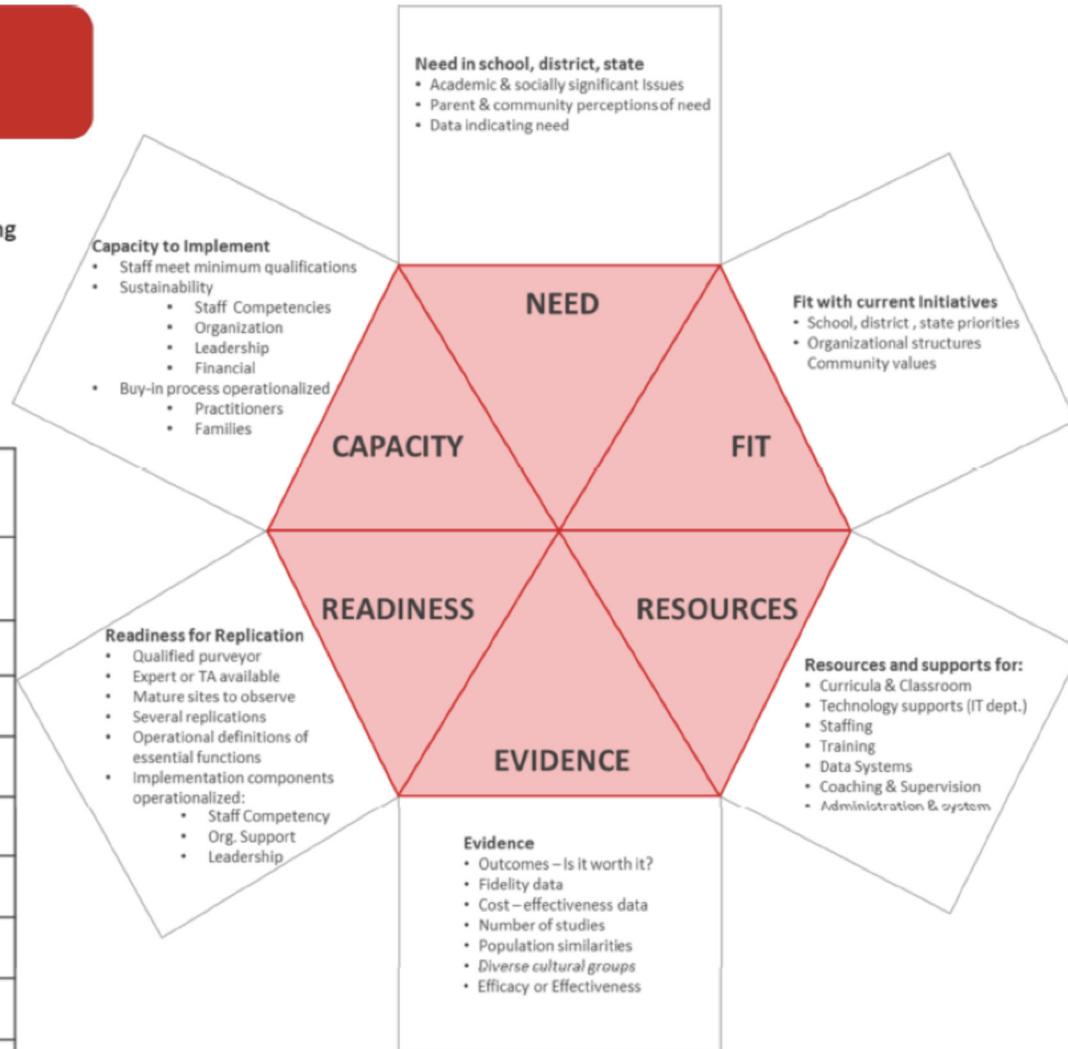
APPENDIX D: THE HEXAGON TOOL: EXPLORING CONTEXT (*NIRN)

The Hexagon Tool Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

See the Active Implementation Hub Resource Library
<http://implementation.fpg.unc.edu>

EBP:			
5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.			
	High	Med	Low
Need			
Fit			
Resource Availability			
Evidence			
Readiness for Replication			
Capacity to Implement			
Total Score			



©2013 Laurel Kiser, Karen Blase, and Dean Fixsen
Adapted from work by Laurel J. Kiser, Michelle Zabel, Albert A. Zachik, and Joan Smith (2007)



Leadership in Times of Complex Change



Adapted from Knoster, T. (1991) Presentation at TASH Conference, Washington DC
(Adapted by Knoster from Enterprise Group Ltd.)



APPENDIX F: DETAILED SELECTION CHECKLIST

The Mental Health Leadership Team may wish to use this more detailed checklist as part of the Mental Health Promotion Program selection process:

Selection Considerations - Alignment	
<input type="checkbox"/>	Does the resource align with your vision and goals for student mental health awareness in the school/board?
<input type="checkbox"/>	Does the resource align with your school improvement plan and/or the board's Mental Health strategy / Action Plan?
<input type="checkbox"/>	Is the resource complementary to your existing student mental health awareness efforts?
<input type="checkbox"/>	Does this resource add to your existing suite of strategies to support student mental health awareness (not a duplication of other initiatives)?
<input type="checkbox"/>	Does this resource fit with your strategy for introducing student mental health awareness in a systematic manner? (e.g., AFTER staff capacity building)
<input type="checkbox"/>	Does this resource fit with your school board culture, norms, regulations, etc.?
<input type="checkbox"/>	Does the resource align with provincial curriculum?
Selection Considerations - Evidence	
<input type="checkbox"/>	Is the resource research-based?
<input type="checkbox"/>	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?
<input type="checkbox"/>	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)
<input type="checkbox"/>	Are there evaluation tools or quality assurance procedures embedded within the resource?
<input type="checkbox"/>	Has this approach been known to cause harm?
Selection Considerations - Audience	
<input type="checkbox"/>	Has the resource been developed explicitly for a student audience?
<input type="checkbox"/>	Has the resource been used successfully with students in the grades you are targeting?
<input type="checkbox"/>	Has the resource been developed with input from practicing Canadian educators, mental health professionals, youth, and/or parent/family organizations?
<input type="checkbox"/>	Is the resource culturally sensitive and inclusive?

Selection Considerations - Content	
<input type="checkbox"/>	Does the program consider attitudinal factors (e.g. stigma)?
<input type="checkbox"/>	Does the program consider knowledge building (e.g. mental illness facts)?
<input type="checkbox"/>	Does the program consider skill development (e.g. how to help, refer for help)?
<input type="checkbox"/>	Does the resource include largely Canadian content?
Selection Considerations - Time	
<input type="checkbox"/>	Is the time required reasonable within a school board setting?
<input type="checkbox"/>	Can the resource be flexibly integrated into the school day?
<input type="checkbox"/>	Is the activity planned for a time other than Friday, Monday, or end of day?
Selection Considerations - Cost	
<input type="checkbox"/>	Are all resource costs specified (e.g., materials, printing, facilitator expenses)?
<input type="checkbox"/>	Are all resource costs within your budget?
<input type="checkbox"/>	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	
<input type="checkbox"/>	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?
<input type="checkbox"/>	Is all information about specific mental illnesses delivered in small groups with opportunity for debriefing and follow-up?
<input type="checkbox"/>	Is the resource supported by materials that can be effectively used in the classroom (e.g., videos, youth-friendly resources)?
<input type="checkbox"/>	Is the resource available in French and English?
<input type="checkbox"/>	Are key guidelines related to talking with students about suicide being followed in this resource?
Selection Considerations - Support	
<input type="checkbox"/>	Will parents/guardians be informed about this resource prior to its delivery?
<input type="checkbox"/>	Will mental health professionals be available to support this student mental health awareness resource?
<input type="checkbox"/>	Is there a plan for student distress and/or disclosures?
<input type="checkbox"/>	Is information provided about ways to seek help at school and in the community?
<input type="checkbox"/>	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?

Change is challenging to implement and support. It is complex for as we utilize EBP more frequently we must continue to develop and address the changing needs for programs and interventions. It will require increased knowledge and positive attitudes towards EBP as well as organizational structures to support their use. This must be designed to support the development, maintenance and commitment to new and innovative programs.



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SPECIAL THANKS TO:

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Christine Preece, B.A., M.H.S./Mental Health/Well-Being Lead, St. Clair Catholic District School Board

REFERENCES

www.prevnet.ca Fact sheet on: Choosing an Evidence-Based Bullying Prevention Program

School-Based Mental Health and Substance Abuse Consortium (SBMHSA): A Scan of Canadian Practices. An Overview of findings in context, April 2012

Margaret R. & al., PRIME (Planning Realistic Implementation and Maintenance by Educators): Selection of Appropriate Evidence-Based Interventions: A Guide

NIRN (National Implementation Research Network): The Hexagon Tool: Exploring Context

www.nirn.fpg.unc.edu

V. Prasad and J. PA Ioannidis Implementation Science 2014: Evidence-Based de-Implementation for contradicted, unproven, and aspiring healthcare practices

www.implementationscience.com/content/9/1/1

Stewart-Brown S (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; <http://www.euro.who.int/document/e88185.pdf>, accessed 01 March 2006).



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