

System Leadership in School Mental Health in Canada

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Our Collective Challenge...

Schools provide an excellent venue for enhancing the social-emotional skills and well-being of Canadian children and youth, and for identifying and supporting the 20% of students who struggle with a mental health problem. Moreover, the school mental health literature is clear in terms of both (1) **what** is needed to support student mental health, and (2) **how** these efforts must be initiated in order to bring evidence-based practices to scale in a sustainable manner across a province, territory or nation.

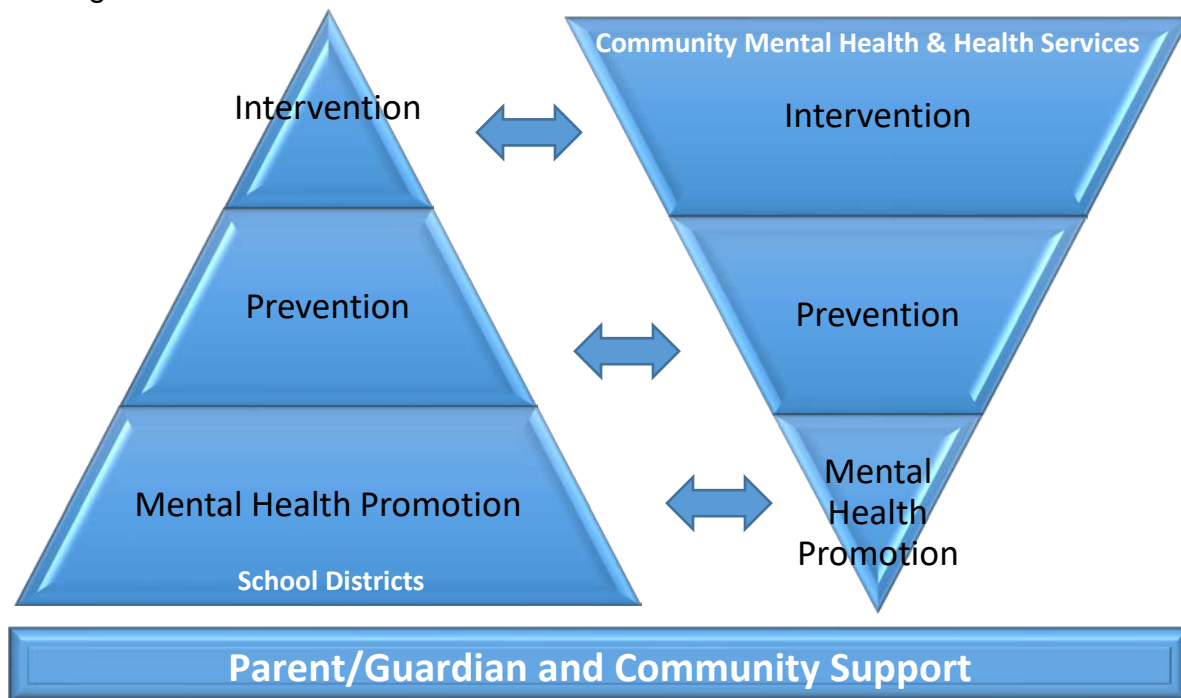
However, research has identified systemic, knowledge, and implementation barriers that prevent the promise of school mental health from reaching fruition in Canada. School system leadership has been identified as a critical mediating influence for addressing these challenges. While there is increasing interest and effort in building educator mental health literacy at the classroom level, less attention has been given to preparing and supporting school and system leaders for their important role in leading mentally healthy schools. In this discussion paper, the Canadian Association of School System Administrators (CASSA) asserts the need for concerted and coordinated support for system leadership in school mental health, and invites input from members and others towards the development of a collaborative capacity-building plan.

A. The Promise of School Mental Health

Mental health is a personal resource that can help individuals to grow and flourish, and to be resilient in times of difficulty. Within the First Nations Mental Wellness Continuum Framework (Assembly of First Nations and Health Canada, 2015), mental health has been associated with hope, purpose, meaning and belonging and is rooted in culture and community. Mental illness, on the other hand, can interrupt well-being and, like physical illness, can arise in response to a variety of biological and social-environmental factors. In Canada, estimates suggest that **one in five** students will struggle with a mental health problem that is serious enough to interfere with their academic and social functioning (Waddell, 2003). Just like physical health, to sustain and optimize mental health requires personal attention and self-care within a broader system of coordinated support.

Schools have an important role to play within this comprehensive system of support, in terms of (1) nurturing the skills, attitudes, knowledge and habits that promote positive mental health, (2) identifying signs of difficulty for students with social/emotional needs, and (3) supporting students to, from, and through mental health care when necessary (Short, 2016). Multi-tiered systems of support that are focused on simultaneously promoting positive mental health for all students, preventing social-emotional difficulties for students at risk, and supporting interventions for those experiencing significant mental health distress have been identified as the most promising model for school-based mental health services (Kutash, Duchnowski, & Lynn, 2006; Stephan, Sugai, Lever & Connors, 2015). To ensure that students receive the right level of service at the right time, these school-based multi-tiered systems must be nested within a broader system of care that includes community partners, as depicted in Figure 1. That is, the role of schools focuses primarily on promotion, prevention, and brief intervention services. Working closely alongside community and health care organizations ensures support for students who need more intensive clinical services (Short, 2016).

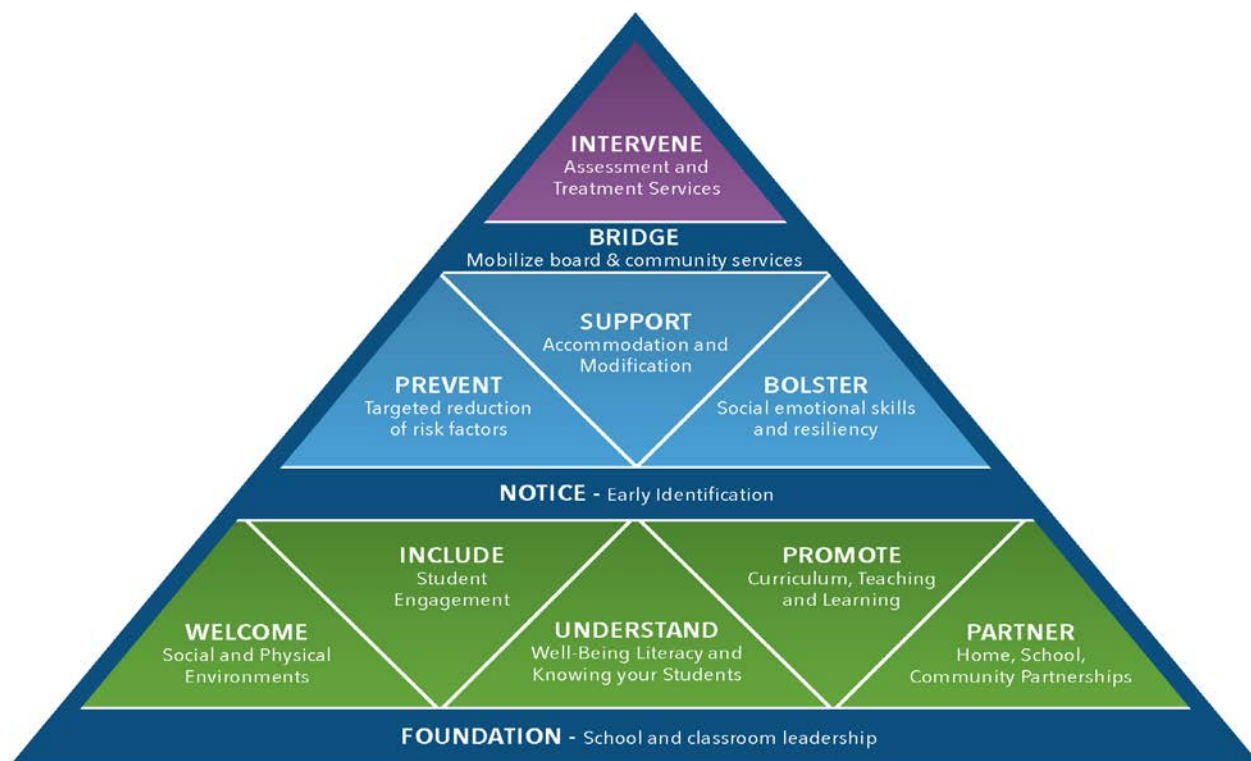
Figure 1.



To further elaborate the role of school and school districts in the system of care, the multi-tiered model outlined in Figure 2 is provided. This model highlights the ways in which schools can promote positive mental health at **Tier 1** (e.g., through creating welcoming and supportive school and classroom environments, engaging student voice and leadership, building understanding about mental health and reducing related stigma), prevent problems from escalating at **Tier 2** (e.g., by working to enhance protective factors and reduce risk factors in classrooms every day and through targeted preventive services led by school mental health professionals), and provide specialized brief assessment and intervention services at **Tier 3** (e.g., psychological and social work services, specialized support programs). This model echoes a comprehensive school health approach at Tier 1 (Joint Consortium for School Health, 2013), but extends this to include evidence-based prevention and intervention services for students at greater risk.

Figure 2.

Multi-Tiered System of Support in Schools



Models depicting multi-tiered systems of support are rooted in a strong evidence base. There is a rich literature on “what works” in school mental health (SBMHSA Consortium, 2013). For example, at Tier 1, recent systematic reviews have pointed to the important role of social emotional learning (SEL) for enhancing psychological and academic outcomes (Durlak et al., 2011). Systematic skills instruction for enhancing social relationships, coping with stress, and regulating behavior has also been shown to yield a substantial return-on-investment, with estimates from the United Kingdom suggesting that for every 1£ spent, an 86 £ yield can be expected (Knapp, McDaid, & Parsonage, 2011; Roberts & Grimes, 2011). Explicit SEL instruction is a key part of Tier 1 programming in support of student mental health and wellbeing.

In a similar manner, school-based prevention and intervention services at Tier 2 and 3 have received considerable research attention. Approaches that favour targeted cognitive-behavioral skill development have been shown to address mild to moderate internalizing and externalizing problems at school (SBMHSA Consortium, 2013; Santor, Ferguson & Short, 2010). There are many evidence-based programs available and in use across Canada to support prevention and intervention in schools (SBMHSA Consortium, 2013). Several research groups are engaged in studies related to assessing the impact of programs designed to build skills and reduce risk behaviors amongst Canadian students (e.g., Burke & Loeber, 2014; Crooks et al., 2015; Leadbeater & Sukhawathanakul, 2011; Schonert-Reichl et al., 2015). In addition, there are several intermediary groups that provide support to assist schools and school districts as they work towards bringing this aspirational multi-tiered model to life. Overall, Canada has a wealth of resource in the area of school mental health, and is increasingly being recognized as a leader in this work (Weist, Short, McDaniel, & Bode, 2016; Weist et al., in press).

Listing of Intermediary Groups and Related Resources

The following Canadian groups can be a resource for school system leaders:

The Joint Consortium for School Health has created a number of high quality resources that are focused on Tier 1 supports for enhancing positive mental health (e.g., [Positive Mental Health Toolkit](#)). Similarly, PHE Canada and Western University have recently launched a national on-line resource, [Teach Resiliency](#), to help to enhance teacher knowledge related to supporting mental health at school. Another on-line repository, the [Social and Emotional Learning Resource Finder](#) from the University of British Columbia, provides an excellent listing of Tier 1 resources for educators. Groups like [TeenMentalHealth.org](#), The [ABCs of Mental Health](#), [Centre for Addiction and Mental Health](#), and [About Kids Health](#) provide resources related to mental health and mental illness for educators and parents. There are also several intermediaries working in innovative and meaningful ways with young people to enhance mental health awareness (e.g., [jack.org](#), [The New Mentality](#), [MindyourMind](#), Registered Nurses Association of Ontario [Youth Mental Health Champion Toolkit](#), [Joint Consortium for School Health Youth Engagement Toolkit](#), and [Kids Help Phone](#)). Two provinces have also created implementation support teams to help school boards to design and enact comprehensive strategies for enhancing student mental health. In Ontario, [School Mental Health ASSIST](#) provides leadership, resources, implementation coaching, and a community of practice in an effort to build coherent and sustainable systems for evidence-based school mental health across the provinces 72 school districts. Similarly, the [Centre of Excellence for Mental Health](#) within Lester B. Pearson School Board was created to develop capacity among the ten English school boards across Quebec, assisting schools in the implementation of best practice approaches in prevention, intervention and research in the field of mental health. Finally, [WellAhead](#), an initiative of The J.W. McConnell Family Foundation, works to identify and mobilize best practices in well-being promotion in Canada. This organization tests innovations using social lab technology, and creates platforms for learning and exchange to advance excellence school-based well-being promotion. WellAhead has outlined key learnings from its first phase of work in British Columbia that can be instructive for other Canadian jurisdictions.

B. The Challenges We Share

In spite of this growth and momentum in school mental health in Canada, a national commitment and coordinated plan of action has been lacking. In the absence of a clear pan-Canadian strategy and systematic supports, it is difficult to leverage the pockets of excellence to ensure equal access of high-quality evidence-based school mental health promotion and prevention programming across all jurisdictions. Unfortunately, alongside the valuable contributions noted above, there are also many programs, resources, and services presented to Canadian schools that are not rooted in evidence (Manion, Short, & Ferguson, 2013; Short, Ferguson, & Santor, 2009). Purveyors routinely approach school boards and schools with products and speakers and it is difficult for busy education professionals to discern and select appropriate high-quality supports in this complex area of work. In addition, even when excellent evidence-based programs are selected, these are difficult to embed, scale-up, and sustain for a number of reasons. A national survey of schools and school boards revealed that there are specific impediments preventing the wide uptake and maintenance of school mental health promotion and prevention programming (Manion, Short, & Ferguson, 2013). These challenges fall into three main categories:

1. **Systemic Challenges** – insufficient organizational architecture to provide the necessary foundations for effective practices in school mental health at the district or school level (e.g., lack of common language, protocols, role clarity, leadership teams, strategy alignment, cross-sectoral collaboration).
2. **Knowledge Challenges** – shortcomings in mental health literacy and capacity within school boards across Canada (e.g., lack of educator knowledge, skills, and confidence related to identifying student concerns, providing ongoing support and/or offering student instruction related to mental health as part of curriculum).
3. **Implementation Challenges** – limitations related to access, alignment, and logistics that interfere with seamless uptake of evidence-based practices (e.g., as evidence-based manualized programs are costly to adopt, adapt, and implement with fidelity, they are rarely offered to scale in a sustainable manner).

To make a collective impact on these areas of challenge requires coordinated and systematic effort within and across districts and provinces. School system leaders have a critical role in supporting this work, but to date there has been a lack of national leadership and related resource development in this regard. As the Canadian organization representing school system leaders, the Canadian Association of School System Administrators (CASSA) is well-positioned to take a central role in assisting school board leaders to address the challenges that hinder the promise of school mental health in Canada.

C. The Role of the School System Leader

With the assistance of targeted resources and tools, school system leaders can develop the capacity for addressing systemic, knowledge, and implementation challenges in their district so that school mental health practices can be used optimally to reach every student. In response to systemic challenges, the school system leader has a critical role in establishing the **organizational conditions** that are foundational for effective practices in school mental health. A list of these conditions can be found in Figure 3, and more information about each of these elements can be found [here](#). A reflection tool is offered in Appendix A, to allow for self-assessment of each of these conditions.

Figure 3.

List of Organizational Conditions Foundational to Effective School Mental Health

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


All members of the district executive team can support the development and maintenance of these conditions, and can demonstrate their commitment to this agenda in their public discourse, support to school teams, professional development offerings, and school visit monitoring cycles. In many ways, this mirrors the facilitative and instructional leadership that is now recognized as essential for creating cultures for ambitious learning (Bryk et al., 2010; Fullan, 2015). As the thoughtful introduction of school mental health into academic life in many cases involves change and growth, systemic thinking, and systemic leadership, is critical for ensuring success for all schools, for all students (American Association of School Administrators, 2008; Fullan, 2006). Moreover, mechanisms for change uptake identified within the implementation science literature can be applied fruitfully to leadership in school mental health (Fixsen et al., 2005).

Applying this transformational leadership approach to school mental health is a natural step, but because many of the fundamental structures and processes for effective practice in this area are not consistently well-developed in Canadian schools and school districts, this may reach beyond the current expertise and comfort of system and school leaders. Further, while the organizational conditions outlined above are rooted in familiar constructs, there are nuances and essential elements that require special consideration (e.g., development of a district suicide prevention, intervention, and postvention protocol and related communication and training to ensure that all staff are adequately prepared if faced with a situation involving suicidal behavior). Mental health and mental illness are complex topics and while most education leaders recognize the importance of mental well-being to the achievement agenda, many feel ill-prepared to provide support and leadership in this area (Intercamhs and International Confederation of Principals, 2008).

In response to such knowledge challenges, there is a need to build system and school leader **capacity** for leading mentally healthy schools and districts. This includes (1) building basic mental health literacy, so that leaders can serve as a resource to staff on

What do all students need?

- A warm welcome
- A smile
- A chance to learn
- A safe place to risk
- A connection to a caring adult, every day




- Someone who notices when something is wrong
- Someone who reaches out when they notice
- Someone who listens, and tries to find help for them
- Someone who believes in them, and instills hope

this topic. Understanding ways to support student mental health, to recognize signs of difficulty, and to provide support to vulnerable students is essential for ensuring high-quality practices in schools. School system leaders need to have fundamental knowledge in this area so they can support effective decision-making at the system and school level.

This basic knowledge can also help system leaders to model and promote self-care and well-being amongst staff. There is data to suggest that school leaders are under considerable stress in their role, and that they are frequently inattentive to their own well-being (Riley, 2014). When system leaders signal a norm towards collective well-being, and model self-care and resiliency in their own practice, this can contribute to school leader wellness and their own modeling of self-care for school staff.

What do all staff need?

- A warm welcome
- A smile
- A chance to learn
- A safe place to risk
- A connection to a caring adult, every day



- Someone who notices when something is wrong
- Someone who reaches out when they notice
- Someone who listens, and tries to find help for them
- Someone who believes in them, and instills hope

In addition, school system leader capacity involves (2) demonstration of a set of leadership skills that are particular to supporting board and school-level organizational conditions for effective practices in school mental health. This skillset draws upon foundational leadership capacities related to vision-setting, team-building, communication, strategic planning, systemic professional learning, and progress monitoring. In addition however the school system leader is called upon to provide specific organizational guidance related to, for example:

- alignment of the mental health and well-being strategy with the overall board plan,
- integration with other provincial initiatives,
- role and team structures,
- meaningful collaboration with local community and health partners,
- evidence-based mental health investments, and
- progress monitoring, reporting and accountability.

At times, because families sometimes approach district leaders with concerns and questions, system leadership also extends to supporting parents and caregivers with high-quality information about mental health, mental illness, and related board and community services. Ensuring that the school and district pathways to, from, and through services is clearly articulated for staff and students and their families is a key part of the school system leader role. In summary, system leader capacity includes the development of a leadership skillset that facilitates effective school mental health practices, including deep knowledge of the organizational conditions and how best to tailor and implement these within the local context.

Further, in cascading fashion, system leaders have responsibility for ensuring access to similar levels of professional learning in this area for school leaders, to ensure basic mental health literacy across schools, and to support the strong foundation of conditions at the school level. School leaders are instrumental in establishing welcoming and inclusive school climates that are conducive to student social emotional learning and development and contribute to their sense of safety and belonging. They promote staff well-being and capacity, and often play a significant role in mobilizing supports for

students exhibiting a mental health problem. Ongoing professional learning for principals and vice-principals to support this foundational work ensures a confident and skilled school leader workforce.

It should not be presumed that system and school leaders have existing capacity related to mental health leadership. Professional learning opportunities are needed to ensure that all Canadian system and school leaders have access to high-quality training and coaching on basic mental health literacy and on mental health leadership skill development. Intermediary organizations with expertise in school mental health and system change can play a supportive role in ensuring consistency and coherence in the development of organizational conditions across Canadian school districts (Short, 2016). Resources like [Leading Mentally Healthy Schools](#) can offer a starting place towards leadership capacity-building.

Finally, in addition to supporting the development of conditions and capacity, school system leaders have a role in facilitating the **ongoing implementation** of effective school mental health practices. This may involve providing technical, policy, or financial assistance to support the uptake of evidence-based mental health promotion and prevention programming and services that are initiated by the district mental health and well-being leadership team. The school system leader with responsibility for mental health is well-positioned to oversee the initial assessment of needs and resources across schools, to become familiar with evidence-based, implementation-sensitive programming, and to determine the best places for investment to ensure that schools offer universal mental health foundations, and specific preventive supports for those students showing signs of difficulty. Adequate training and ongoing coaching to ensure implementation of high-yield programming to good levels of fidelity also falls within the portfolio of the school system leader. In some boards, leadership, capacity-building and ongoing coaching/supervision may require the use of technology and web-based supports because of a large geography. At the district level, monitoring and reporting progress is part of the continuous quality improvement cycle led by the system leader.

D. CASSA Review and Analysis

Recognition that schools can play a critical role in supporting student mental health requires that consideration be paid to how larger organizational structures such as school boards or districts can facilitate the delivery of mental health services.

Increasingly, school-based mental health has become an issue of national importance for school system leaders. In late 2015, CASSA identified school-based mental health as a national priority item and began to take steps to address this pressing need.

In February 2016, the CASSA Board of Directors met to discuss the current state of school mental health in Canada. The goals of this working session were to (1) gain an understanding of school mental health initiatives in progress in each province and territory; (2) learn about the system conditions for effective school mental health practice by studying the work done in one province to date (Ontario); (3) reflect on the implications of system leadership with regards to mental health and (4) create a series of recommendations for further action. Over the course of a day and a half, school system leaders from seven provinces and two territories shared ways in which school boards and districts are tackling matters related to youth mental health. At the close of these meetings, it was agreed that school mental health would continue to be a high priority item for CASSA.

In July 2017, CASSA's annual conference featured the theme: *Healthy Schools, Healthy Communities, Healthy Future*. A key feature of the conference was a panel discussion on the state of school mental health in Canada. This session provided an opportunity for system leaders from Prince Edward Island, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, and the Northwest Territories to share what policies, plans, and practices are in place in various jurisdictions.

From these discussions, a national portrait emerged to indicate that while it is clear that mental health is a stated priority in most provinces and territories, there are significant variations in the ways in which this issue is being addressed among children and youth in Canada. In some jurisdictions, there has been considerable attention paid to the

development of strategic approaches to bringing mental health services into the schools, such as the School Mental Health ASSIST initiative in Ontario and the position paper of the Manitoba Association of School Superintendents (2015) calling for the development of a comprehensive mental health framework for students. It was also clear from the dialogue that in many places across Canada, departments or ministries of education are joining forces with other departments or ministries overseeing health, social services, families and early child development services to create initiatives that respond to the mental health needs of youth. Consequently, at the moment there exists a patchwork of policies, strategies, and action plans that vary among and between Canadian provinces and territories.

CASSA has made a commitment to draw attention to these disparities and to begin a process that will build capacity throughout the country by focusing on what school systems can do to realize the promise of school-based mental health services. CASSA's next steps are to further define the scope of this work and create an action in this regard.

E. Summary

School mental health is a burgeoning area of emphasis in schools across Canada, and increasingly, school system leaders are asked to provide guidance and coherence to enhance student and staff well-being. There is, however, a gap in support for capacity building in this area. CASSA is interested in exploring how, as a national organization supporting school system leaders, it might offer related information and resources. This discussion paper was intended to stimulate a national dialogue and invite input so that system leaders can move forward in better responding to the collective challenge.

Appendix A.

A. Organizational Conditions for Effective School Mental Health

In 2011, School Mental Health ASSIST introduced the notion of **organizational conditions** for effective practices in school mental health and addictions. That is, there are certain system-level elements that, when in place, serve to accelerate high-quality work related to student mental health (e.g., having a board mental health leadership team, a clear and shared vision, protocols for supporting vulnerable students). Using the scale below, you may wish to reflect on your board's current stage of implementation within each of the ten domains listed.

- 0 **Awareness / Contemplation** (e.g., no work in the area, board may be considering action)
- 1 **Exploration** (e.g., reviewing the literature, scanning the work of others, considering options)
- 2 **Installation** (e.g., mobilizing people, getting approvals, vetting drafts)
- 3 **Initial Implementation** (e.g., piloting in a few places, trying out parts of the activity)
- 4 **Partial Implementation** (e.g., revising based on initial feedback, enhanced piloting)
- 5 **Full Implementation** (e.g., scaling up to board level, final versions, broad communication)
- 6 **Sustainability** (e.g., embedded in a district culture, extended to specific populations)

Note: The “fit” of the scale may not be perfect for each item. As a guide, a rating of 0 indicates that no work or activity in this area has taken place; 1 or 2 indicate initial stages of planning; 3 or 4 indicate that you are starting to put the ideas into effect in this area; 5 or 6 indicate that the area is well underway, has had some evaluation and is a practice integrated into the regular work of the Board.



As a School Board we...		0	1	2	3	4	5	6
Commitment	have a senior administration team that understands and enacts their role in supporting organizational conditions for effective school mental health practices							
	have a senior administration team that brings alignment and coherence to mental health and well-being initiatives so that these pursuits integrate well with other board priorities							
	have a senior administration team that understands the wider community mental health system and can articulate the role of the school board, and school board professionals, within the system of care							
	have at least one senior administrator with dedicated responsibility for mental health and addictions							
	have at least one senior administrator that consistently attends mental health leadership meetings and community mental health planning meetings							
Mental Health Leadership Team	have a multidisciplinary, multi-layered district-level mental health leadership team that is focused on student mental health and addictions							
	have established and adhere to a clear terms of reference for the board mental health leadership team							
	have all of the right people at the board mental health leadership table (in terms of expertise, influence, relationships, representation)							
	meaningfully engage family and youth voice at the leadership team level							
	have meaningful liaison with board approved community partners							

As a School Board we...		0	1	2	3	4	5	6
Clear and Focused Vision	collaboratively created a vision for student mental health, in consultation with key stakeholders within the board and community							
	have kept the vision aspirational, but also focused, contextualized, and the basis for decision-making about student mental health in the board (i.e., when we aren't sure what to do, we remind ourselves of our vision)							
	have senior administration team and trustee endorsement of the vision for mental health							
	have a vision for student mental health that is explicitly aligned with the Board Improvement Plan							
	have a plan for re-visiting the vision as part of the Strategy development process, every three years, to ensure it remains relevant							
Shared Language	have a consistent communication plan related to student mental health and addictions							
	communicate the Board's vision and strategy for school mental health across departments and schools							
	communicate the Board's vision and strategy for school mental health across the wider community, respecting diversity and knowledge needs							
	provide opportunities for input related to the board's directions for student mental health							
	resolve differences in use of terminology with schools and community partners in respectful ways							

As a School Board we...		0	1	2	3	4	5	6
Assessment of Capacity and Resources	have collected school by school resource mapping data to inform the district mental health strategy							
	have consulted with a range of board stakeholders to hear different perspectives about strengths, needs, and priorities in the area of student mental health and addictions (including youth and families)							
	have consulted with a range of community stakeholders to hear different perspectives about strengths, needs, and priorities in the area of student mental health and addictions within the community							
	have reviewed board, community, and provincial data to help to identify areas of focus (e.g., Safe Schools/School Climate Survey)							
	have updated initial assessment data (resource mapping, consultation, etc.) to inform refinements to the district mental health strategy and action plan							
Standard Processes	have clear descriptions of roles and services available within the school board re: student mental health and addictions							
	have clear pathways for vulnerable students to, from, and through care that are understood by staff, students, families and community partners							
	have up-to-date protocols for life promotion/suicide prevention, risk management intervention, and postvention							
	have protocols in place for the selection of mental health promotion and prevention programming in schools							
	have protocols in place for the selection of youth and family engagement / mental health literacy strategies							

As a School Board we...		0	1	2	3	4	5	6
Professional Learning	cascade professional learning in ways that ensure that all levels of the system are supported with knowledge about mental health and addictions							
	ensure that content provided in workshops, written materials, recommended websites, etc. is based on current research-informed knowledge and is appropriate and respectful of diversity in our community							
	Include emphasis on staff well-being and self-care in professional learning, and through ongoing support							
	avoid one-off presentations from outside experts as the sole vehicle for knowledge sharing							
	support board mental health professionals who serve our most vulnerable students with expertise level training							
Mental Health Strategy / Action Plan	have a written 3-year district mental health strategy, and a written mental health action plan for the current year							
	have the full support of the mental health leadership team, senior administration council, and the Board of Trustees for the written strategy and action plan							
	have a limited number of specific and achievable priority areas per implementation cycle							
	focus first on organizational conditions, then staff capacity building, then on selection of mental health promotion and prevention programming							
	consider the needs of specific vulnerable populations in our community in our mental health strategy and action plan							

As a School Board we...		0	1	2	3	4	5	6
Collaboration	build respectful and trusting relationships within the school board for collaborative discussions amongst staff							
	build respectful and trusting relationships for mental health specific conversations with students and families							
	build respectful and trusting relationships with community partners, including those who serve specific populations							
	use a co-creation and decision-making model that includes inviting key stakeholders into conversations about resources and services that affect them							
	have done our part in supporting system coordination by assessing internal strengths, needs, and roles and contributing to the community planning process							
Ongoing Quality Improvement	share findings of the board mental health surveys with the mental health leadership team and other key stakeholders to assist with decision-making about priorities and goals in the area of student mental health and well-being							
	review and share findings from other board, local, and provincial datasets that may be helpful in understanding student voice in the area of mental health and addictions							
	include progress indicators in the annual action plan and within implementation cycles so we know the degree to which we are reaching our goals							
	use sound measurement tools to monitor staff/student outcomes							
	understand and use ethical guidelines for data collection at school							

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