

## SCHOOL MENTAL HEALTH RESPONSE GUIDELINES

The ***School Mental Health Response Staff*** may consist of a variety of members of the school's SBSLT (School Based Support Learning Team), including but not limited to:

### Secondary School

- Guidance
- Principal/ Vice Principal
- Social Work
- Psychology staff

### Elementary School

- Principal/Vice Principal
- Guidance
- Social Work
- Psychology staff

School staff may observe behaviors or behavioral changes that may be indicators of mental health problems. Students may also choose to share/disclose concerns of a mental health nature to any number of school staff. This point of disclosure is considered a First Contact.

### First Contact:

- School staff becomes aware of a mental health concern through observations or student disclosure.

### Response to First Contact:

- Staff member receiving the information should consult with School Guidance Counselor and/or school Administrator. The school Guidance Counselor/ School Administrator will help direct the concern to the appropriate School Mental Health Response Staff.
- Course of action may include, but not be limited to: immediate direct consultation with appropriate School Mental Health Response Staff (telephone or in person), or consultation via SBSLT/Joint Team meeting or case conference. The school will complete the appropriate Case Conference Form to document this consultation.
- If the information shared is of an urgent nature, involving possible imminent risk to self, then the Response to First Contact will need to follow ***Suicide Intervention Protocol*** (see addendum)
- If the information shared is of a Child Abuse/Protection nature, then the Response to First Contact will need to follow the Suspected Child Abuse Reporting Policy. ( see link) <http://www.tcdsb.org/Board/Policies/Documents/Other/Procedures%20for%20the%20Investigation%20and%20Reporting%20of%20Child%20Abuse.pdf>

### Consultation via SBSLT/Joint Team:

- At SBSLT/Joint Team meeting or Case Conference, relevant School Mental Health Response Staff and parent /guardian are assembled to discuss the mental health Concern and determine an intervention strategy.
- If at any point during the consultation it becomes evident that the situation is of an urgent nature, please refer to appropriate protocol / policy.
- Intervention strategies may include, but are not limited to: Classroom accommodation / modification, schedule change, referral to one of the School Mental Health Response Staff. The SBSLT may determine that it is beneficial to collaborate with community resources which may

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enhance the support and services provided by TCDSB staff. Such community resources may include, but are not limited to, the Ministry of Health Mental health Nurses, the Ministry of Children and Youth Community Mental health Workers, and Community Outreach Workers.

### **Non- Crisis Related Referral to Mental Health Response staff of the SBSLT**

If Classroom level interventions have been attempted when appropriate then a referral to a member of the School Mental Health Response Staff may be needed. (See attached for referral guidelines)

## SCHOOL MENTAL HEALTH RESPONSE GUIDELINES

### School Psychology Referral Guidelines

Referral to **School Psychology** for counseling/consultation/intervention to be considered whenever a student or his/her family experience social, emotional or other life stressors or issues related to mental health/well-being as described below. Prior to completing the referral, it is essential to have a conversation with your **School Psychology Service Provider** to determine the appropriateness of the referral and plausible plan for support, when:

- there is some evidence of psychological adjustment and life span development difficulty (e.g. worry about family matters such as divorce, coping with illness, bereavement, stress management, coping with disabilities, learning difficulties, LD, ADHD<sup>1</sup>)
- there is some evidence of personality or individual difficulties (e.g. issues affecting relationships with self and others such as perfectionism, violence, or anger management)
- there is some evidence of possible psychopathology (e.g. depression, anxiety, thought disorders such as psychosis, eating disorders, and addictions)
- there is some evidence of traumatic experience in the student's life
- there is a need for formal assessment/psycho diagnostics (e.g. consideration of the diagnosis of a mental health condition may be beneficial to the student in assisting with treatment or programming; measurement of social emotional adjustment, or behavioral issues for placement purposes)

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<sup>1</sup>Students presenting with social-emotional or behavioural difficulty who already have a diagnosed ADHD and /or LD may be considered for psychological counselling to address the need for understanding and managing the issues related to ADHD /LD

## REASONS FOR REFERRAL FOR SOCIAL WORK

A referral to your School Social Worker may be appropriate whenever a student or his/her family experience social, emotional, other life stressors or issues related to mental health/well-being. Prior to completing the referral, it is essential to have a conversation with your School Social Worker to determine the appropriateness of the referral and plausible plan for support (see attached Request for Social Work Services Guidelines).

When social work services bridge from one academic school year to the next, a new permission form is necessary. In such cases, the social worker and the principal should determine the best person to contact the parent/guardian regarding continued intervention.

A request may be sent to the social worker without parent approval for situations which involve excessive absenteeism. Although in such cases the social worker may make contact with the parent/guardian, written permission remains necessary for the social worker to meet with the student at school.

1. To assist this student in developing strategies to compensate for learning interferences (e.g. attention difficulties).
2. To connect families, who have newly arrived to Toronto, with community resources.
3. To assist with improving this student's regular attendance at school.
4. To enhance knowledge and/or develop supports related to an identified or diagnosed special need for this student.
5. To assist student in developing positive behavioural strategies and/or conflict resolution techniques.
6. To assist student with issues related to bereavement.
7. To assist student with issues related to family change.
8. To assist the student and/or family with connecting to financial resources.
9. To assist the student with a transition to a new program or school following his/her acceptance.
10. To assist the student with accessing health related/medical supports.
11. To assist the student to develop a plan to achieve his/ her optimal wellbeing and mental health.
12. To facilitate and/or co-ordinate community counselling supports for this student/family.
13. To assist the family in fostering positive communication patterns.

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14. To assist the student in developing positive social interaction strategies.
15. To assist the student in realizing a balanced life style.
16. To participate in the development of safety plan including personal safety.
17. To participate in the development of a safety plan including personal safety and/or safety of others.
18. Other

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