



The Association of
Chief Psychologists with Ontario School Boards



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Ontario Association of
Mental Health Professionals



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The Role of School Psychology in the Mental Health Care for Children and Youth in Ontario

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Association of Chief Psychologists with Ontario School Boards
Ontario Association of Mental Health Professionals
Ontario Psychological Association
Ontario Psychological Association, Section on Psychology in Education

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Preamble:

We strongly believe that the increasing need in mental health care for children and youth can only be addressed through a joint effort and intergovernmental collaboration; as well as coordination of and collaboration by a range of mental health professionals (psychologists, social workers, psychotherapists, mental health workers, etc.), operating in various sectors (health, children's mental health, education, etc.), and in private and government-funded services.

This document focuses on a specific sector of mental health care for children and youth, i.e., school based psychological services, in order to offer a solution in contributing to address this need.

The purpose of this document is

- to summarize relevant data (focus on Ontario and Canada, with the possibility of other provinces collecting and adding their own); and
- to offer contribution to addressing the need in mental health care for children and youth by keeping /expanding school psychology services.

Working Group:

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Executive Summary

The purpose of this paper is to describe how school psychologists and school psychology services can play an even more significant role in addressing the mental health needs of children and youth in Ontario. Data shows an increasing demand for mental health support for children and youth in Ontario and across Canada. Addressing this demand requires a joint effort and intergovernmental collaboration and coordination of a range of mental health professionals operating in various sectors.

1. Based on evidence, numerous professional and advocacy organizations have pointed to schools as the ideal, natural environmental settings for mental health services for school aged children and youth.
2. Strong evidence regarding school psychology services points to the significant role school psychologists¹ can play in addressing these needs, and in contributing to addressing the growing demand for children and youth mental health services. School psychologists:
 - a. Are highly trained mental health professionals with knowledge, skills and expertise in human learning and behavior; child development and mental health, applied to services such as assessment and diagnosis, prevention and intervention, as well as collaborative consultation, in the context of the learning environment and community school culture
 - b. Are regulated by the College of Psychologists of Ontario (CPO)
 - c. Are members of the Multidisciplinary School Teams, which provide a framework for service delivery; where team collaboration is based on each team member bringing unique and complementary knowledge, skills and perspectives to the consultative process
 - d. Provide a continuum of mental health services flexibly, and based on identified needs and availability of resources, including:
 - i. Mental health promotion, prevention and early identification at the whole school /whole class level,
 - ii. Targeted intervention for those at risk for developing difficulties,
 - iii. Intensive intervention/counselling for students with significant behavioural/mental health challenges,
 - iv. Comprehensive psychological assessment, including identification of strengths and needs; diagnosis of learning and mental disorders (LD, ADHD, ASD, depression, anxiety, etc.), with recommendations for evidence-based intervention/strategies; with consideration to cultural and linguistic diversity,
 - v. Collaborative consultation with educators, parents, community practitioners, school and system administrators,
 - vi. Crisis intervention, school safety including threat assessment, and suicide risk assessment, prevention, intervention and postvention.
3. Current employment infrastructure is engagement by school boards in a well-established organizational structure; making school psychology services the only publicly funded psychological service currently widely available to children and youth in Ontario.
4. Recommended adjustments to the presently existing “infrastructure” in school psychology services are:
 - a. To better meet the demand for services:

¹ In this document the term “school psychologist” is used to include registered psychologists and psychological associates with an established competence in school psychology.

- i. Reach the recommended ratio of school psychologist to students (1:700 to 1:1000) by the appropriate number of dedicated positions in school boards for school psychology.
 - ii. Ensure stability in positions/funding for continuity and reliability of services.
 - iii. Allow for expanding services to consistently include early preventative interventions to avert problems from becoming severe and requiring more intensive services.
 - iv. Allow for expanding services to consistently include knowledge translation and capacity building for educators and parents.
 - b. To increase the number of qualified school psychologists the following is required:
 - i. More opportunities for graduate training in school psychology
 - ii. More opportunities for paid residency programs in school psychology
 - iii. Retraining opportunities, including enhanced graduate training programs
 - iv. School board positions allowing for the full continuum of services
 - v. Compensation comparable to the health care sector.
- 5. With these adjustments to the currently existing “infrastructure” in school psychology services, a more comprehensive continuum of accessible and equitable mental health services for children and youth in Ontario can be achieved. This would lead to
 - a. Better accessibility of services
 - b. Equity of access to services
 - c. Continuity of care for individual students
 - d. Flexible adaptation of services to the specific school culture.

Context

The role of the school in supporting mental health and well-being

Schools are considered to be ideal settings for children and youth to receive mental health services, including mental health promotion, prevention and intervention (National Association of School Psychologists [NASP], 2016ⁱ; National Center for Mental Health Promotion and Youth Violence Prevention, 2009ⁱⁱ; National Research Council and Institute of Medicine, 2009ⁱⁱⁱ; Pan-Canadian Joint Consortium for School Health, 2013^{iv}; World Health Organization, 2005^v).

The Mental Health Commission of Canada's 2012 recommendations and strategic directions regarding prevention and intervention, aimed to increase mental health supports in schools by:

- Enhancing the development and delivery of school-based mental health services^{vi}
- School-based services need to
 - target the promotion of social and emotional development, and resilience, while reducing bullying and other risk factors
 - include targeted programs for children and youth who are at risk
 - provide onsite mental health supports and be supported with personnel trained to provide onsite mental health interventions^{vii}.

Since the introduction of Bill 82 in 1980 in Ontario, schools are mandated to provide special education services to students with special education needs. While these students present with significant learning challenges, they are also at a higher risk for mental health problems. Thus, their learning, mental health and social needs have to be addressed in order to help them succeed.

Canadian context

A research project funded by the Mental Health Commission of Canada aimed to determine the status of mental health supports in schools (School-Based Mental Health and Substance Abuse [SBMHSA] Consortium, 2013^{viii}). Findings from a national scan of 643 schools and 177 school boards indicated uneven and inconsistent programming, and numerous gaps in services, with challenges such as insufficient funding, services and staff; and need for more prevention, promotion, professional development and parent awareness.

Ontario context

Mental health professionals, such as psychologists and social workers employed by school boards in Ontario have traditionally been working under the umbrella of Special Education, supporting the boards' mandate under Bill 82 (1980). These professionals (along with speech-language pathologists and occupational therapists in some cases) have been providing consultation, assessment and intervention services to support students with special education needs, which very often include mental health needs. An example of collaboration between psychologists and the Ministry of Education is the successful Student Assessment Project^{ix}. It was delivered jointly by the Ontario Psychological Association and the Ministry in 2006-09, using the allocated funding of \$20 million to decrease assessment wait times, enhance teacher capacity and increase students' literacy and numeracy skills in all publicly funded school boards. This project resulted in many innovative practices focused on prevention and early intervention, through leadership by school psychologists and other members of the multidisciplinary team.

The need for providing mental health services on a more comprehensive scale in schools has intensified since the 1980s. A scan of Ontario school boards (Santor, Short & Ferguson, 2009^x) found the education sector unprepared to cope with the significant mental health needs of students, and identified a number of gaps to be addressed.

Open Minds, Healthy Minds was released by the Ontario government in 2011, describing a ten-year comprehensive multi-ministry strategy to promote mental health and well-being across the lifespan (Ministry of Health and Long-Term Care, 2011^{xi}). The first 3 years were focused on children and youth, and the Ministry of Education made commitments to the funding of one full-time dedicated Mental Health Leader in each school board in the province, as well as established School Mental Health ASSIST, a provincial implementation support team. By 2013, each school board was required to have a School Mental Health Strategy (Lean, 2016^{xii}). Collaboration with mental health professionals of other sectors in the community has been an important component of this strategy in school boards. Additional funding was dedicated for hiring more mental health professionals to support secondary schools in 2018.

In 2019, as part of its 10-year plan to invest \$3.8 billion in a comprehensive and connected mental health and addictions strategy, the government confirmed \$27 million in funding towards mental health supports in the education system (Ontario Ministry of Health, 2019^{xiii}), and the Ministry of Education (2019b^{xiv}) announced their continued commitment to working with School Mental Health Ontario (SMHO, formerly ASSIST) to improve mental health services in school boards.

Since 2019, the Ministry of Education has maintained its focus on student mental health and well-being as a critical priority (with additional funding directed to school boards), and together with SMHO, it continues to develop strategies, resources and avenues for expanding collaborative mental health services. Organizationally, mental health services have been typically offered under the umbrella of Special Education. School psychologists have been participating in the implementation of the mental health strategy in their various roles: as members of the SMHO team, as mental health coaches for boards, as Mental Health Leaders, and as front-line school mental health professionals, who play a critical role in the school system, alongside other school-based mental health professionals.

The Ministry of Education has been applying a multitiered instructional and service delivery model to describe the support for the academic and mental health needs of all students (Ministry of Education, 2013^{xv}; School Mental Health Ontario^{xvi}, Short, 2016^{xvii}). This model, used by many jurisdictions, relies on a continuum of services characterized by increasing the intensity of support in alignment with the increasing severity of concern. School psychologists are well poised to support needs across the continuum of the 3 tiers.

The Current Picture: Mental Health Facts

Mental Health Needs: Canadian Context

Note: the data below reflect pre-pandemic needs. Data from 2020 indicates that these needs have been and will be further increasing due to the stressors and trauma during the pandemic (Mental Health Commission of Canada^{xviii}).

General mental health statistics:

- Approximately 10-20% of Canadian youth are affected by a mental illness or disorder, considered to be the single most disabling group of disorders worldwide
- Mental disorders in youth are ranked as the second highest hospital care expenditure in Canada (Canadian Mental Health Association^{xix})
- More than 900,000 adolescents (ages 13 to 19) lived with a mental health problem or illness in Canada in 2016 (Institut national de santé publique du Québec, 2013, see Mental Health Commission of Canada, 2017^{xx}).

Anxiety and Depression:

- About 5% of males and 12% of females, age 12-19, have experienced a major depressive episode
- 3.2 million of 12-19-year-olds in Canada are at risk for developing depression
- Once depression is diagnosed, treatment can make a difference for 80% of people who are affected, allowing them to return to their regular activities (Canadian Mental Health Association^{xxi})
- Of all population groups, children and youth (ages 5–14 years) represented the biggest increase in service use for mood disorders and anxiety disorders between 1996-97 and 2009-10, according to a recent study by the Public Health Agency of Canada (McRae et al., 2016^{xxii})
- Children and youth with ASD experience higher rates of mental health conditions than children and youth in the general population, including anxiety (approximately 40% to almost 80%: Kerns et al., 2020^{xxiii}; depression four times the rate in the general population; i.e., approximately 7.7%, Pezzimenti, Han, Vasa & Gotham, K., 2019^{xxiv})
- Prevalence of mental health disorders of college students: According to WHO, 35% (in Aurebach, R. P., Mortier, P. Bruffaerts, R, Alons, J, Benjet, C et al , 2018^{xxv}).

Suicide:

- Canada's youth suicide rate is the third highest in the industrialized world, and is among the leading causes of death in 15-24-year-old Canadians, second only to accidents (Canadian Mental Health Association^{xxvi})
- Hospitalization rates associated with self-inflicted injury per 100,000 population in 2017-2018 for 10-19-year-olds were 49 for males and 210 for females (Government of Canada^{xxvii})
- Children and youth with ASD have higher rates of suicide: attempts: up to 35%, ideation: 11-66% (Hedley & Uljarevic, 2018^{xxviii}).

Attention Deficit and Hyperactivity Disorders (ADHD) and Comorbidities:

- Among youth under the age of 12, there have been significant increases in the diagnosis of ADHD and Anxiety Disorders (Institut national de santé publique du Québec, 2013, see Mental Health Commission of Canada, 2017^{xxix}). Diagnosed ADHD gender ratio is between 2.3:1 and 3:1 in favour of boys in elementary school, but decreases through adolescence and is approximately equal in adulthood. Girls with diagnosed ADHD were also identified as more likely to have anxiety and depression (Owens, Cardoos, & Hinshaw, 2015^{xxx}).

Mental Health Needs: Ontario context

Note: the data below reflect pre-pandemic needs. Data from 2020 indicates that these needs have been and will be further increasing due to the stressors and trauma during the pandemic (Center for Addiction and Mental Health, 2020^{xxxi} Children's Mental Health Ontario^{xxxii}, Henderson, 2020^{xxxiii}).

- 18-22% of children/youth are affected by mental illness at any given time
- 8% indicated they had suicidal ideation, and 4% reported suicide attempts in the last 12 months
- Prevalence has increased for depression and anxiety in boys and girls aged 12-16 (from 9.2% to 12.2%) compared to the same study 30 years ago; for ADHD in boys aged 4-11 (from 9% to 16%), and there was a decrease in conduct disorders in boys aged 12-16 (from 10% to 3%) (Ontario Child Health Study^{xxxiv})
- More students are struggling with mental health issues, and their challenges are beyond the training and capacity of educators according to Principals of publicly funded schools in Ontario (People for Education^{xxxv})
- Children and youth with learning disabilities (such as dyslexia) are two to three times more likely to experience mental health challenges (Wilson et al., 2009 in Integra, 2016^{xxxvi})

- It is estimated that 10-15 % of children repeatedly bully others, and 10-15% of children are being repeatedly bullied. Bullying is a global public health and social problem that needs intervention^{xxxvii}
- “School-based intervention to reduce bullying is estimated to accrue savings on the order of 14.35 to 1 in other public and private sectors” (OPA, 2018^{xxxviii})
- In a survey of students (ages 14-18 years) in British Columbia, Alberta, and Ontario, over one-third believed that violence had increased in schools over the previous five years (Criminal Justice^{xxxix}).

Mental Health Services: Canadian and Ontario Context

- Only 1 out of 5 children who need mental health services in Canada receives them (Canadian Mental Health Association^{xl}).
- In Ontario (Ontario Child Health Study^{xli}):
 - only 22-34% of children and youth with mental health disorders had mental health provider contact in the community
 - about 40-50% of children and youth had contact at school with a mental health professional
 - there has been a three-fold increase in the number of youth and caregivers identifying a need for professional help over the last 30 years.
- Principals of publicly funded schools in Ontario report (People for Education)^{xlii}:
 - There is a need for increased in-school supports by mental health professionals, “whether working with students directly, collaborating with educators, or running school-wide initiatives” (p. 5)
 - There is no capacity for necessary and cost effective prevention: “Existing mental health supports tend to focus on managing crisis situations rather than fostering positive mental health” when “upstream interventions geared towards younger learners” is also an important prevention strategy (p. 7)
 - A decline in regularly scheduled access to a psychologist: Only 30% of elementary schools and 36% of secondary schools had regularly scheduled access to a psychologist in 2019 (a decline since 2017).
 - The number of schools having NO access to a psychologist has increased: 22% of elementary and 21% of secondary schools had no access at all to a psychologist in 2019 (this nearly doubled since 5 years ago).
- Wait lists are increasing in Ontario’s mental health agencies (Children’s Mental Health Ontario^{xliii}):
 - 28,000 children and youth (under 18) are waiting as long as 2.5 years for mental health treatment, a number that has more than doubled in two years;
 - Funding to child and youth mental health agencies has decreased by almost 50% over the past 25 years;
 - About 200,000 children and youth with mental illness annually do not receive any service contact at all;
 - Since over 70% of mental health problems start before the age of 17, opportunity for critical early intervention will be missed, resulting in problems becoming more severe;
 - Untreated mental health problems negatively affect academic achievement, school attendance and behavioural adjustment;
 - Increased hospitalizations (almost 100,000 youth are seeking help in hospital emergency departments) lead to avoidable costs for the healthcare system.
- Other survey data:
 - Mental health resources and supports at their schools were inadequate according to a third of students surveyed by the Ontario Student Trustees’ Association (2017)^{xliv}
 - 88% of Ontarians support or somewhat support more funding for special education to provide mental health services for students and staff (Ontario Public School Boards’ Association, 2019^{xlv})

- Low-income families are much less likely to receive specialist mental health services by comparison to more affluent families (Canadian Association of Paediatric Health Centres et al., 2010^{xlvi}), which is an equity issue in diverse communities.
- The number of mental health professionals in schools and community needs to be increased for sufficient pathways to care across the province (Ontario Public School Boards' Association, 2019).

Special Education Services: Ontario

Principals of publicly funded schools in Ontario report (People for Education)^{xlvii}

- about 17% of students in elementary schools, and 27% of students in secondary schools received special education support in 2019
- psychological assessments and diagnoses are often required for the formal identification of students' special education needs (e.g. autism, learning disability including dyslexia, developmental disability, etc.), which lead to pathways for appropriate, evidence-based interventions
- 60% of elementary and 53% of secondary schools report a restriction on the number of students who can be assessed by school psychologists each year
- in 2019 "94% of elementary and 81% of secondary schools report having students on waiting lists for professional assessments, a slight increase from last year (93% and 79% respectively in 2018). On average, there are six students in each elementary and four students in each secondary school waiting for a professional assessment." (p.15), which is the first step towards the necessary appropriate interventions. This translates into a much higher number of students waiting in a number of schools, especially in settings with a high needs population.
- "Only 30% of elementary schools report regularly scheduled access to psychologists, down from 38% two years ago." (p.16)
- Despite the service needs, "In 2019, 22% of elementary schools and 21% of secondary schools report that they have no psychologist available" (p.17), up from 13% and 16%, respectively in 2016.

Ontario Auditor General's 2017 Report on Special Education^{xlviii} (4.5):

- About 25-33% of the students on the wait lists had been waiting for a psychological assessment for over a year, some for longer periods.
- In some cases, the number of external psychological assessments increased, possibly "due to parents paying for a private assessment of their child in order to avoid wait times or being able to have the assessment done by a specialist of their choosing." (p. 642). This has resulted in a two-tier system for students in our publicly funded schools. Demographic variables, and availability of community services in Ontario, further impact the SES gaps.
- "The wait times for specialist assessments can vary significantly based on the school the student attends." (p. 643)
- "To ensure all special-needs assessments are completed in a timely and equitable manner, we recommend that school boards: • establish reasonable timelines for completing psychological, and speech and language assessments;" (p. 643)

Shortage of School Psychologists

Despite growing and documented service needs, there has been a long-standing chronic shortage of qualified school psychologists in Ontario, and in other parts of Canada. Of the currently available post-secondary CPA-accredited training and residency programs in the country, there are very few that focus on/include school psychology. Those trained in other areas of psychology but wish to work in schools have no access to formal retaining programs

acceptable for licensing purposes. Periodically, those already trained in the area with acquired competencies may have to leave, due to budget cuts by the Ministry of Education and/or school boards. This resulted in some school districts further decreasing their psychology staff complements in 2019/20.

According to the Ontario Psychological Association (2018^{xlix}):

- There are not enough psychologists to fill positions in Canada according to the Canadian Occupational Projection System, with a labour shortage expected to persist into 2017-2026 (due to expansion, demand and retirements)
- 17% of licensed psychologist/psychological associates in Ontario work primarily in school settings (637)
- About 7% of school board psychology positions were unfilled in 2018 due to the shortage
- Average ratio of psychologist to students was 1:3448 in 2017, instead of the recommended 1:1000 (Saklofske, et al., 2007, Canada) or 1:700 (NASP, 2010, USA)
- Salaries of psychologists employed by school boards are lower in general compared to that of psychologists in primary care (even when adjusted for the 12-month time frame).

The challenge

1. **High and increasing demand for child and youth mental health supports and services** (including psychological assessments and diagnosis, which lead to pathways for appropriate, evidence-based interventions), that is due to the increase in both
 - Awareness of, and the prevalence of mental health problems, and
 - The perceived need for seeking mental health services.
2. **Insufficient access to holistic mental health services**, that is due to
 - the increase in the need and
 - the insufficient number of available mental health professionals (including the shortage of qualified school psychologists to be hired by school boards).

A way forward

Addressing the mental health needs of children and youth today in Ontario requires a joint effort and intergovernmental collaboration and coordination of a range of mental health professionals (psychologists, social workers, psychotherapists, mental health workers, etc.) operating in various sectors (health, children's mental health, education, etc.) in private and government funded services.

In the next section of this paper we are focusing on how school psychologists can play a significant role in addressing these needs.

Addressing the Challenge: The Role of the School

Schools are considered to be ideal settings for children and youth to receive mental health support, and have been targeted for recommendations and strategic directions by the Mental Health Commission of Canada. As psychologists are already employed by school boards, school psychology services have the potential to (along with school social workers and community mental health professionals) greatly contribute to the provision of broad mental

health services to school age children and youth across the age-groups, within the framework of equity, diversity and inclusion. Schools are often the first point of contact for students and families in the broader context of mental health services. For many families, accessing mental health services through the school reduces the stigma associated with receiving services in the community. Also, in the context of equity, publicly funded schools are the only places that provide free access to psychological assessment and mental health services to students on a wide scale.

School psychologists:

- Are highly trained mental health professionals with knowledge, skills and expertise in human learning and behavior; child development and mental health, applied to services such as assessment and diagnosis, prevention and intervention, as well as collaborative consultation, in the context of the learning environment and school culture
- Are regulated by the College of Psychologists of Ontario (CPO)ⁱ; registered with a declared competency in school psychology; the CPO provides a description of professional areas of knowledge and skills to be demonstrated (see Appendix 1)
- Are required to follow the Canadian Code of Ethics for Psychologists (Fourth Edition, 2017ⁱⁱ), including the expectation to “promote non-discrimination in all of their activities” with cultural competency and sensitivity
- Are members of Multidisciplinary School Teams, which provide a framework for service delivery, in the context of equity, diversity and inclusion. Team collaboration is based on each team member (including school psychologists and other school-based professionals, parents, as well as community mental health professionals as appropriate) bringing unique and complementary knowledge, skills and perspectives to the consultative process. This model of service, with administrative and leadership support, documents the following advantages (Cole & Kokai, 2021, in pressⁱⁱⁱ; Cole & Wiener, 2017ⁱⁱⁱⁱ):
 - effective mechanism for planning, problem-solving and coordinated educational and mental health services; coordinated care of complex needs; identifying specific care for racialized, marginalized and underserved students;
 - a greater number of approaches to presenting difficulties and problem-solving;
 - increased acceptance of recommendations made, and commitment to outcomes through active participation;
 - greater accountability through monitoring the impact of suggested interventions, and shared follow-up information;
 - heightened staff morale and positive climate due to consultative support;
 - professional growth for all involved through shared knowledge by team members;
 - cost-effective when they coordinate efforts of educators, support staff, and parents;
 - streamlined referrals for special education services; in-class recommendations; in-school counselling; community mental health supports.

The role of school psychologists^{liv}:

Prevention

- screenings for early signs of learning and mental health problems
- early preventive intervention (e.g. targeting coping, self-regulation, resilience, foundations of reading, etc.)
- whole class/whole school positive behaviour/mental health promotion, prevention and early intervention

Psychological Assessment and Diagnosis

- of learning and mental disorders (LD, ADHD, ASD, depression, anxiety, etc.) with recommendations for evidence-based intervention/strategies
- of neurodevelopmental disorders with specific expertise in mental health challenges of students with these diagnosed disorders
- to identify strengths and needs in learning and mental health, taking into consideration cultural and linguistic diversity to guide accommodations/instruction and evidence-based culturally responsive intervention.

Intervention

- targeting adaptive learning, coping strategies, mental health needs and social skills across the age-groups (e.g. through CBT approaches, supportive counselling, individual and or small-group interventions, etc.), for students at risk and with significant needs
- progress monitoring to determine program effectiveness for identified students
- program evaluation through data collection and interpretation of research to inform future planning and adaptation of services.

Consultation

- with educators about evidence-based strategies, including culturally relevant, anti-oppressive support, to meet the growing needs of diverse and changing demographics, including immigrant and refugee student populations,
- with educators about classroom management and positive behavior supports for student with behavioural and/or mental health challenges and/or trauma
- for the purpose of professional development and other knowledge translation activities to build capacity in school (understanding learning and mental health disorders and evidence-based recommended strategies)
- with parents to build relationships between home and school, support consistency of approaches to dealing with difficult behaviours; facilitate the understanding of assessments results
- with the school through participation on mental health and school climate teams to deliver school-wide and cost-effective strategies
- with the larger system concerning research outlining evidence-based practice
- with community partners, including mental health professionals.

Crisis intervention and school safety

- deliver evidence-based, culturally responsive mental health services during crisis-situations and after traumatic events
- support school safety (including participation in threat assessment)
- suicide risk assessment, prevention, intervention and postvention

By applying the full continuum of services inherent in the role of school psychologists with flexibility, and based on needs and availability of resources, the current challenges in addressing the mental health needs of children and youth can be significantly reduced through these supports within the school setting.

Tiered Model of Service Delivery

The full continuum of services inherent in the role of school psychologists described above is well aligned with the tiered model of service delivery: Tier 1 as universal prevention for the whole school/whole class, Tier 2 as targeted prevention/early intervention for groups of students at risk, and Tier 3, intensive intervention for students with significant needs. School psychology services at Tier 1, 2 and 3 may include academic, behavioural, and social-emotional/mental health prevention and intervention.

Employment infrastructure

In Ontario, school psychologists are typically employed by school boards (about 50 boards are listed as having these services^{iv}), in a well-established organizational structure. This makes school psychology services the only publicly funded psychological services that are widely available to children and youth in the province.

Psychologists being assigned to schools leads to:

- better accessibility of trusted services
- equity of access to services in communities
- continuity of care for individual and/or groups of students
- flexible adaptation of services to the specific school culture and its emerging needs.

Addressing the Challenge: How to do it

1. Addressing the high demand for service

(providing support to students in the areas of academic needs, mental health and special education)

- Reach the recommended ratio of school psychologist to student by the appropriate number of dedicated positions in school boards for school psychology. The recommended ratio ranges from 1-700 to 1-1000 (National Association of School Psychologists for the US; Saklofske et. al., 2007 for Canada). In 2017 the average ratio in Ontario was 1-3448.
- Positions/funding to be stable and reliable for continuity of services. The Ministry of Education would provide funding dedicated to these positions to enable sustainability of services.
- The high demand for assessments of dyslexia could be decreased through early intervention facilitated by school psychologists. More consistent staffing by school boards would allow psychology staff to provide ongoing collaborative consultation to support the implementation of proven evidence-based approaches and strategies in reading instruction for struggling readers, as well as monitoring the effectiveness of the intervention.
- The high demand for intensive mental health services could be decreased through systematic, organized and consistent mental health promotion and prevention (see SMHO^{vi}), facilitated by school psychologists, in collaboration with other mental health professionals in the school system. This can be achieved by school boards' resource allocation and role expectations for school psychologists, in alignment with their local needs and community mental health resources. School psychologists are uniquely positioned to provide

timely mental health services both to prevent problems from becoming severe, and to support students with mental health problems, while adapting readily to online platforms.

- School boards, through facilitating and allowing school psychologists (and other multidisciplinary team members) to provide professional development and training to educators and parents, could contribute to the prevention and early identification of learning, behavioral and mental health challenges. Thus, by building educators' capacity concerning developmental, learning and mental health needs of students, the demand for more intensive services could decrease.

2.Addressing the low supply of qualified school psychology professionals:

- **Training**

- more opportunities are required to be made available for graduate training at universities in the field of school psychology and its competencies (funded by Ministry of Colleges and Universities, and also through the creative use of existing resources)
- more opportunities are needed to be made available for paid residency positions in school boards (funded by school boards and/or the Ministry of Education)
- recruitment and training of future psychologists reflective of Canada's diverse population, by reaching out to diverse populations as well as equitable hiring practices
- organized programs and supports for retraining psychology professional with other areas of competency, etc.), through creative use of resources at universities and/or funding by Ministry of Colleges and Universities)
- enhanced graduate training programs within Ontario specifically for School Psychology are required (such a program is currently in the process of being offered through the Ontario Institute for Studies in Education, generating a high level of interest given the need to close the gap in this area).

- **Recruitment and retention**

- school board positions that allow for a wider range of professional activities and avoid a narrow "testing" role would attract more qualified applicants, who may currently be driven away.
- salaries/compensation need to be comparable to those of psychologists employed in the healthcare sector.
- establishing paid accredited internships and residencies at school boards would help with retention of well-trained professionals while adding to the complement of psychologists working at school boards during the residency year, as in the model of medical residents in hospitals.

Conclusion

Data shows a significant increasing demand for mental health support for children and youth in Ontario. Addressing this demand requires a joint effort and intergovernmental collaboration and coordination of a range of mental health professionals operating in various sectors.

Strong evidence regarding school psychology services points to the significant role school psychologists can play in addressing this need and in contributing to addressing the growing demand for children and youth mental health services, alongside other in-school and community mental health professionals. With appropriate adjustments to the currently existing “infrastructure”, and with coordination with other sectors and mental health professionals, a more comprehensive continuum of accessible and equitable mental health services in Ontario can be achieved and sustained.

ⁱ National Association of School Psychologists. (2016) School-based mental health services. Improving student learning and mental health. Retrieved from <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services>

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Appendix 1

School psychologists are regulated by the College of Psychologists of Ontario (CPO).

To be registered with a declared competency in school psychology, the following professional areas must be demonstrated: knowledge of intellectual, academic, social, behavioural and emotional assessment; knowledge of psychodiagnostics; knowledge of exceptional students and Ontario's current categories and definitions of exceptionalities; knowledge of normal lifespan development and cross-cultural differences in learning and socialization; knowledge of common developmental challenges and general psychopathology; knowledge of academic, instructional and remedial techniques; knowledge of interdisciplinary team approach for case management, program planning and crisis intervention; knowledge of consulting, counselling, and primary, secondary and tertiary intervention programs and techniques; knowledge of systems and group behaviours within, and related to, the school organization, including school climate and culture. Practitioners who provide services in School Psychology should be aware of the impact of medication and medical conditions on learning and behaviour. For members practicing School Psychology the following minimum skills are required: the ability to perform an appropriate psychological assessment; the ability to formulate and communicate a differential diagnosis; the ability to plan, execute and evaluate appropriate academic and therapeutic prevention and intervention programs the ability to work in interdisciplinary teams and to consult with parents, teachers and relevant others. (College of Psychology, Registration handbook: <http://www.cpo.on.ca/Templates/Default-Inner-Page.aspx?id=2124&itemId=2124&linkidentifier=id>)
