

# Focusing on Uptake: The Evolution of an Evidence-Informed Classroom Resource for Student Mental Health

Geneviève Mák

*Social Research and Demonstration Corporation*

Alexandra Fortier

*School Mental Health Ontario*

Heather Smith Fowler, Andrea Bobadilla, and Jennifer Rae

*Social Research and Demonstration Corporation*

## ABSTRACT

It is widely recognized that the most effective student mental health interventions, tools, and resources are those that are solidly grounded in theory, evidence, and practice. But developing interventions in this way can be a time-consuming, challenging process. This article describes the process of developing a classroom resource to build social emotional learning skills among high school students in Ontario. The resource was informed by the latest research evidence while also being sensitive to the implementation context and needs of educators and students. In creating, evaluating, and revising these resources over several years, lessons have emerged about what it takes to navigate inherent challenges, balance competing needs and priorities, and ultimately develop an intervention that is both evidence-informed *and* implementation sensitive. Flexible funding, effective partnerships, and a commitment to contextual responsiveness are key.

**Keywords:** social emotional learning, youth mental health, school-based mental health interventions

---

Geneviève Mák is a Senior Research Associate at SRDC, Montréal, Québec; Alexandra Fortier is Research Liaison Team Lead & Innovation and Scale Up Lab Lead at SMH-ON, Toronto, Ontario; Heather Smith Fowler is a Research Director, Andrea Bobadilla is a Research Associate, and Jennifer Rae is a Senior Research Associate at SRDC, Ottawa, Ontario.

This research was supported by grants from School Mental Health Ontario and a private foundation. The authors would like to thank Corrine Langill at CHEO for development of the original *Healthy Transitions* and *Healthy Transitions from High School* programs, and Cathy Renfrew and Jenny Chen at Ontario Secondary School Teachers Federation (OSSTF) for their contributions to the revised *Skills for Life* resource.

Correspondence concerning this article should be addressed to Alexandra Fortier, Hamilton Wentworth District School Board office, 20 Education Court Hamilton, ON L9A 0B9 Email: [afortier@smho-smso.ca](mailto:afortier@smho-smso.ca)

## RÉSUMÉ

Il est connu que les interventions, les outils et les autres ressources les plus efficaces en santé mentale auprès des étudiants sont solidement ancrés dans la théorie, les données probantes et la pratique. Mais la conception de telles interventions demande du temps et de la rigueur. Cet article vise à établir la façon de concevoir des ressources sur l'apprentissage socioémotionnel pour les étudiants du secondaire (*high school*) en Ontario. Pour y arriver, les données de recherche les plus récentes ont été utilisées, en plus de considérer le contexte et les besoins des éducateurs autant que ceux des étudiants. La création, l'évaluation et la révision de ces ressources sur plusieurs années ont mené à la découverte de nombreux défis, du besoin de garantir l'équilibre entre les besoins et les priorités et, ultimement, de la nécessité d'une intervention fondée à la fois sur les données probantes et d'une mise en œuvre adaptée à chaque situation. Les clés du processus sont un financement souple, de solides partenariats et la volonté de s'adapter au contexte.

**Mots clés :** apprentissage socioémotionnel, santé mentale des jeunes, intervention en santé mentale en milieu scolaire

In many jurisdictions, the issue of youth mental health has become a pressing public policy issue. Adolescence is known as a period of heightened vulnerability for the onset of various mental health disorders (Government of Canada, 2006; Kessler et al., 2005; WHO, 2020), which are the leading cause of mortality and morbidity among adolescents and young adults (Jones, 2013; Mokdad et al., 2016).

In addition, adolescence and young adulthood is a time of transition, which can have both positive and negative implications for mental health (Zimmer-Gembeck & Skinner, 2008). In the transition from high school, youth may move from one academic setting to another or directly to work; many also leave home for the first time and have more freedom to experiment with risky behaviours (Aseltine & Gore, 2005).

At present, there is evidence that rates of distress and more serious mental health problems are increasing among Canadian youth (Findlay, 2017; Wiens, 2020). Moreover, there are early indications that youth have experienced increased distress because of the ongoing Covid-19 pandemic, both in Canada (Courtney et al., 2020) and elsewhere (e.g., Creswell et al., 2021; Sampogna et al., 2021). Yet most youth do not pursue or receive services for mental health concerns (Jones, 2013; Merikangas et al., 2011; MHASEF, 2017; Rickwood et al., 2014; Waddell et al., 2002).

There is also growing recognition that even in the face of protective cultural resources, different groups of marginalized youth experience mental health concerns amidst reduced access to care (Abramovitz et al., 2015), culturally unresponsive care (Fante-Coleman & Jackson-Best, 2020), and longstanding mistreatment because of racism, transphobia, and other forms of discrimination in the healthcare system and in society in general (Kirmayer & Jarvis, 2019).

Together, these issues point to an urgent need to promote and protect young people's mental well-being. There is emerging—albeit limited—evidence that psychoeducation and skills training to enhance mental health could mitigate risks against the development or worsening of mental disorder symptoms (Fusar-Poli et al., 2021). This article describes one approach to doing so: the creation of a classroom resource called *Skills for Life (S4L)* to support development of Ontario high school students' social emotional learning (SEL) skills. The purpose of this article is to describe the process of developing and continuously refining the *S4L*

resource, with a specific focus from the beginning on aligning with the research evidence base while also fostering future uptake.. Our aim is to ensure the *S4L* resource is applicable and relevant to the school context, and that schools have what they need to adopt and scale the resource.

By offering insight into what it takes to move SEL research into practice, this article aligns with the implementation science field, which is dedicated to bridging the gap between research and practice by unpacking the complexities and “how to” of implementation (Meyers et al., 2012). Experts have noted “there are more questions than answers about how to integrate preventive interventions in schools” (Domitrovich et al., 2008, p. 22), and that more research needs to be done to inform all stages of the process of adopting and implementing SEL programs, including preparatory phases that serve as a critical first step toward high-quality implementation and sustainability (Domitrovich et al., 2008; Thierry et al., 2022). There is also increasing recognition of the importance of keeping implementation outcomes in mind when developing interventions, and to continuously consider the factors that influence implementation success, including both intervention-specific and contextual factors (Thierry et al., 2022; Wanless & Domitrovich, 2015).

In the case of *S4L*, our project leadership team (described below) focused on future uptake at every turn of the resource’s development, seeking to create what Wanless and Domitrovich (2015, p. 1,041) have referred to as a “readiness-related” initiative sensitive to the unique contextual factors of school-based settings (Thierry et al., 2022). In sharing the story of *S4L*’s development, this article is intended to support other researchers and practitioners with the shared goal of moving evidence-based programs into practice, including SEL programming and other related interventions conducted with youth in school-based settings (Domitrovich et al., 2008; Wanless & Domitrovich, 2015).

## SEL

At the individual level, adolescence is a time to establish social and emotional habits for well-being for a lifetime to come (WHO, 2020). At the societal level, this period is an opportunity to improve mental health outcomes in both the short and long term through prevention and early intervention strategies (Fusar-Poli, 2019).

Supporting the development of SEL skills is one way to promote and protect youth mental health and well-being through times of transition, by building life-long coping skills. SEL is defined as “the process of acquiring core competencies to recognize and manage emotions, set and achieve positive goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions, and handle interpersonal situations constructively” (Payton et al., 2008, p. 5–6). A 2017 review by the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health identified the following common elements or “active ingredients” of evidence-based SEL programs:

- stress management and coping
- healthy relationships
- positive motivation and perseverance
- identification and management of emotions
- self-awareness and sense of identity
- critical and creative thinking (executive functioning).

SEL skills such as those enumerated above are seen as an important foundation for healthy child development, including mental health and well-being (Atwell & Bridgeland, 2019; Denham, 2018; Durlak et al., 2011; McClelland et al., 2017; OECD, 2015). While much of the research evidence on the effectiveness of SEL programs focuses on younger children instead of late adolescents and the *mechanisms* by which SEL affects outcomes (Durlak et al., 2011; Heckman & Kautz, 2013; Williamson et al., 2015), there is a growing body of research indicating a consistent and positive relationship between high school SEL and positive youth development outcomes. In fact, SEL has increasingly become a focus of the school-based mental health movement in Canada, the US, and internationally (mostly in high-income countries), in keeping with the mandate of schools to promote both learning and social emotional development (SBMHSA, 2013). Schools represent the ideal setting for teaching SEL skills given their capacity to identify students in need, their role in facilitating service delivery such as health promotion, and the feasibility of doing so in a universal manner (Short & Manion, 2012; SBMHSA, 2013).

Several meta-analyses and systematic reviews conducted in the past few years have summarized mounting evidence of the effectiveness of school based SEL programs for children and youth for predicted positive indicators of future academic, occupational, and social outcomes. These outcomes include positive social behaviours, academic achievement, fewer conduct problems, and less emotional distress and substance abuse (Taylor et al., 2017; Sancassiani et al., 2015; Corcoran et al., 2018).

However, many of the SEL programs being delivered in schools vary widely in their evidence base, focus, method of delivery, content, and intended outcomes (Sklad et al., 2012). This variability becomes a barrier for an aligned provincial approach when working towards a common goal. Additional barriers include the cost of purchasing programs (where applicable) and the time required for training.

### **Culturally Responsive SEL**

In recent years, the research community, practitioners, and parents have raised important questions about how SEL education can exacerbate educational and economic inequities. This has led to the development of SEL interventions with more explicit incorporation of equity principles (Jagers et al., 2019). Integrating culturally safe and responsive approaches to SEL skill-building is a key first step to enhancing students' social emotional development and ameliorating health and educational disparities (Mahfouz & Anthony-Stevens, 2020). Culturally responsive SEL interventions aim to put in practice cultural safety principles by both developing capacity for cultural competence throughout institutions and acknowledging historical and relational power imbalances (Curtis et al., 2019; Lavery et al., 2017).

Evidence suggests that development of social emotional competencies and self-awareness is strongly linked to emotionally engaging youth through their cultural experiences (Rodriguez-Izquierdo, 2018). A young person's learning and identity are shaped by cultural practices, situated life experiences, and many other variables that converge in any given social interaction (Gutiérrez & Rogoff, 2003). Indeed, the social and emotional needs of students who are marginalized on the basis of ethnicity or socioeconomic status can be especially influenced by positive school experiences (Castro-Olivo et al., 2018).

Through reflection, dialogue, and exchange of different understandings of well-being, educators can draw on students' familial and cultural strengths to support mental health and address systemic educational

inequities (Mahfouz & Anthony-Stevens, 2020; McCallops et al., 2019). It is important for teachers to understand how students of diverse backgrounds and experiences—including Indigenous, Black, minoritized, 2SLGBTQIA+ students, and students with differing abilities—may experience discrimination. Encouraging dialogue through a variety of SEL skill-building activities can also create opportunities for cultural learning for both students and teachers (Wallace, 2016). In this context, enhancing culturally responsive SEL education presents a significant opportunity to improve the well-being, sense of identity, and resiliency of all students.

### **SEL and School Mental Health in Ontario**

In Ontario, SEL is now integrated into the elementary Health and Physical Education curriculum as of 2019 and the new Math curriculum as of June 2020 (Government of Ontario, 2020). The Ontario government has also taken steps to support youth mental health and well-being more broadly. Not only did the first phase of the government’s cross-ministry mental health strategy, *Open Minds, Healthy Minds* (Government of Ontario, 2011), focus on children and youth, but its top three priorities were (1) early intervention, including promoting healthy development and good mental health and building school-based capacity; (2) closing critical service gaps, including for youth at “key transition points” such as from secondary to post-secondary school settings; and (3) providing fast access to high quality service.

In support of *Open Minds, Healthy Minds*, the Ontario Ministry of Education also committed to funding School Mental Health Ontario (SMH-ON),<sup>1</sup> an implementation support team that helps all Ontario publicly funded school boards with the implementation of their board’s *Mental Health and Addictions* strategy (Short et al., 2022). Supports include leadership, resource development, training, and implementation coaching. Specifically with respect to SEL, SMH-ON commissioned the 2017 PSSP review of evidence-based SEL programs to provide guidance to school boards about selecting appropriate SEL programs from among the myriad of offerings.

## **DEVELOPMENT AND EVALUATION OF THE S4L SCHOOL-BASED INTERVENTION TO SUPPORT SEL**

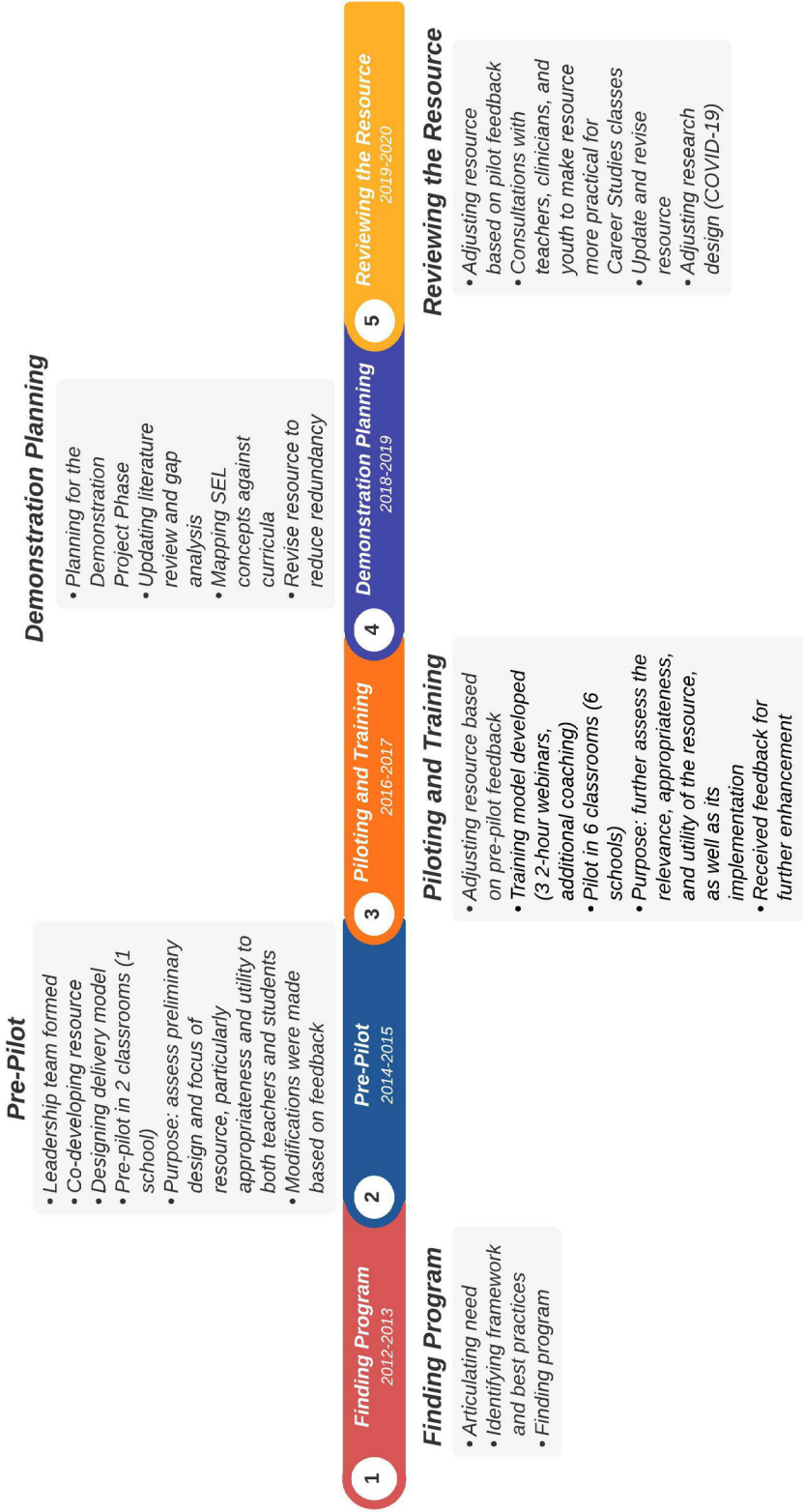
### **Initial Development Process**

While there are several program options to choose from for teaching SEL to children in elementary and middle school, there are fewer resources available for high school students,<sup>2</sup> particularly with a focus on positive mental health and coping during transitions (Williamson et al., 2015). It is in response to this broader context that SMH-ON has led development of the *S4L* resource to strengthen SEL skills among Ontario high school students. Figure 1 presents a timeline of the main activities involved in the development and evolution of the *S4L* resource to date.

1. SMH-ON was formerly named School Mental Health ASSIST.

2. For a list of SEL programs for high-school students, see the Program Guide, published by the Collaborative for Academic, Social, and Emotional Learning (CASEL) at <https://pg.casel.org/>.

**Figure 1**  
**A Timeline of the Main Activities of the S4L Initiative**



The process began in 2014, when SMH-ON started collaborating with the Social Research and Demonstration Corporation (SRDC)<sup>3</sup> to develop, implement, and evaluate *S4L*. To support the work, a *S4L* leadership team was established; membership, which evolved over time, included the executive director of SMH-ON, two SMH-ON implementation coaches, researchers from SRDC, and representatives from the Children's Hospital of Eastern Ontario (CHEO), the Ontario Ministry of Education, and Mind your Mind.

The *S4L* leadership team built their work upon SRDC's 2012–2013 review of the literature on student mental health and a scan of related interventions, which aimed to understand how youth making the transition from high school could best be supported. At that time, SRDC identified a comprehensive school program for Grade 7 students developed by CHEO and identified as promising by the Canadian Institutes of Health Research (CIHR, 2011). Given its explicit focus on SEL and transitions, SRDC determined it would be fitting to adapt the program for high school students. It was from this starting place that the *S4L* leadership team developed the *S4L* resource.<sup>4</sup> The *S4L* leadership team decided to align the *S4L* resource with the Grade 10 Career Studies course because this course curriculum focused on the concept of transitions, and as a mandatory course, was an opportunity to reach all students, including those who might leave high school early.

### The *S4L* Classroom Resource

The *S4L* resource consists of eight lessons designed to be delivered by high school teachers during regular class time as part of the Grade 10 Career Studies course. The *S4L* resource focuses on a subset of SEL skills based on common elements identified by the PSSP team at CAMH. These include student awareness of and knowledge about the distinction between mental health and mental illness; increased student sensitivity to, understanding of, and support for those struggling with mental health problems; student knowledge of strategies to maintain and improve mental health and well-being; and student willingness to adopt practices that support their mental health. The *S4L* resource is also meant to increase teachers' knowledge of SEL concepts and self-efficacy in teaching SEL skills. The *S4L* lessons are summarized in Table 1.

### Early Evaluation Efforts

The *S4L* leadership team conducted a pre-pilot evaluation in spring 2015 of the first two *S4L* lessons. The purpose of the pre-pilot study was to assess the preliminary design and focus of the *S4L* resource, particularly its perceived appropriateness and utility to both teachers and students. The pre-pilot study took place in two Civics and Career Studies classes at one Ontario high school. This school was selected because the school board's mental health lead (MHL)<sup>5</sup> identified two teachers at the school willing to try the *S4L* resource. These two teachers and their students provided feedback through interviews and focus groups. Research ethics board approval was obtained for this and all subsequent stages of the *S4L* evaluation.

3. SRDC is a charitable non-profit organization in Canada that conducts research and evaluation in education, mental health, and other areas of social policy.

4. The CHEO program for Grade 7 students is called Healthy Transitions. The leadership team adapted this program for older students, calling it *Healthy Transitions for High School*, and later, changed the name to *Skills for Life (S4L)* after a series of consultations with youth advisors.

5. Mental Health Leaders are senior mental health clinicians who have responsibility to develop and enact their school board's *Mental Health and Addictions* strategy.

**Table 1**  
**Overview of S4L Lessons**

Lesson	Core Content	SEL Skill
Lesson 1 <i>S4L in Career Studies</i>	Exploring the importance of mattering, belonging, and a sense of community to overall well-being and an introduction to the <i>S4L</i> Toolkit.	Self-awareness and sense of identity
Lesson 2 Mental Health and Mental Illness	Understanding mental health, mental illness, and enhancing help-seeking behaviours.	Self-awareness and sense of identity  Critical and creative thinking (executive functioning)
Lesson 3 Exploring Identity and Acknowledging Strengths	Exploring how a sense of identity and a focus on strengths support students on their career journey.	Self-awareness and sense of identity  Social awareness
Lesson 4 Strategies for Personal Wellness	Introducing a range of self-care and relaxation techniques that students may consider for their personal <i>S4L</i> Toolkit.	Stress management and coping  Positive motivation and perseverance
Lesson 5 Identifying Thoughts and Managing Emotions	Learning to manage thoughts, emotions, and actions can help students be more successful in school and other settings.	Identification and management of emotions  Stress management and coping  Positive motivation and perseverance
Lesson 6 Communication and Conflict Resolution	Learning effective communication and conflict resolution skills can help students be successful at school and in the workplace.	Healthy relationship skills
Lesson 7 Managing Controllable and Uncontrollable Stressors	Learning strategies to cope with controllable and uncontrollable stress help equip students for future challenges.	Stress management and coping  Positive motivation and perseverance  Critical and creative thinking (executive functioning)
Lesson 8 Road to Resilience	Bringing it all together! Helping students review the tools they selected for their personal <i>S4L</i> Toolkit can equip them for future resilience.	Review of all SEL skills

After receiving useful and generally positive feedback on the two *S4L* lessons in the pre-pilot, a pilot study of the full *S4L* resource was conducted in six additional Ontario schools (five English schools and one French school), across all six regions of the province in the 2016–2017 school year. These six schools were identified by MHLs as having superintendents, school principals, and teachers interested in both the topic of SEL and mental health promotion. This targeted approach ensured a commitment to pilot the resources as planned and participate in evaluation activities. Participating schools represented a broad range in terms of geographic location, community context, board type and language, and students' demographics and educational pathways.

To help prepare teachers to feel confident to deliver the *S4L* resource, the *S4L* leadership team developed a training model consisting of three 2-hour “how-to” webinars plus additional coaching support available from both the teachers who were involved in the pre-pilot and members of the *S4L* leadership team. The purpose of the pilot was to further assess the relevance, appropriateness, and utility of the *S4L* resource, as well as its implementation feasibility. Evaluation data were gathered from teachers, administrators, MHLs, and students, through delivery checklists, surveys, interviews, and focus groups.

At the conclusion of the pilot study,<sup>6</sup> participating teachers indicated the *S4L* resource was highly relevant and appropriately designed, though they also recommended structuring the resource to align more closely with teachers' lesson plans and visually represent a greater diversity of youth in resource materials. Feedback on the teacher training model was also positive but indicated it would be too time consuming for principals to coordinate and teachers to participate in at a larger scale. A sub-group of 33 students who received the *S4L* resource also participated in three focus groups, one of which was held in French, and the other two in English; teachers recruited students on a voluntary basis. Findings from both the focus groups and survey conducted with students were positive in terms of preliminary outcomes and acceptability but indicated that some young people found the tone and content of the initial *S4L* resource to be too juvenile—they wanted more in-depth and advanced exploration of the SEL topics.

### ***S4L*'S CONTINUED EVOLUTION FOCUSED ON UPTAKE**

From the beginning, the *S4L* leadership team set out with the intention of developing a resource that would be *implementation-sensitive* in that it would respond to the realities of educators working in classrooms and thereby facilitate future uptake, while also remaining grounded in the most up-to-date research evidence. Spanning multiple iterations and implementation cycles, the *S4L* leadership team put this guiding goal into practice. Doing so required considerable time, commitment, flexibility, and above all, collaboration amongst partners. This section of the article describes some of the specific ways the leadership team worked to evolve the design, implementation model, and evaluation of *S4L* to align with the latest research and practice-based knowledge, while furthering the ultimate goal of future uptake.

6. English and French summaries of pilot study findings (featuring the previous name of the *S4L* program— *Healthy Transitions from Highschool*) are available at [https://www.srdc.org/publication-search-results.aspx?&keywords=healthy&policy=&start\\_date=1%2f1%2f1994&end\\_date=11%2f1%2f2021](https://www.srdc.org/publication-search-results.aspx?&keywords=healthy&policy=&start_date=1%2f1%2f1994&end_date=11%2f1%2f2021).

### Connecting SEL to the Careers Studies Curriculum

The *S4L* leadership team recognized early on that to facilitate uptake by educators and students, it would be vital for the *S4L* resource to closely align with and integrate into the classroom curriculum. At the same time, research indicates that SEL skills should be taught by teachers in an intentional and explicit way (Durlak et al., 2011). Furthermore, while the *S4L* leadership team had initially considered developing a stand-alone program, research indicated that SEL materials are best embedded into existing high school curricula because stand-alone programs are increasingly seen by teachers and funders as an uncoordinated and unsustainable approach (Taylor et al., 2017; Williamson et al., 2015).

To connect the SEL content to the curriculum, SRDC first mapped key SEL concepts against the Ontario high school Guidance and Career Education curriculum (2006) and revised *S4L* to reduce redundancy. Then, the *S4L* leadership team consulted with teachers and mental health professionals about how best to align the SEL materials specifically with the Ontario Grade 10 Career Studies course curriculum. However, adapting SEL content to make it “career relevant” while keeping the message that these are “everyday” skills proved to be an ongoing tension from a design and implementation standpoint. During the pilot study, for instance, teachers reported that the SEL content fit well within the Grade 10 Career Studies course overall, but that the links between SEL and the Career Studies curriculum were still unclear in some cases. For example, how were coping skills aligned with career planning?

To address this feedback, the *S4L* leadership team engaged in a second round of consultations to make the resource more practical for the Career Studies context. SMH-ON and SRDC collaborated with the Ontario Secondary School Teachers’ Federation (OSSTF) to engage a team of Career Studies teachers and school mental health professionals to further update and revise the resource. The purpose of the collaborative revision and writing process was to ensure decision-making was a shared responsibility and also to integrate up-to-date information on mental health into the regular teaching of Career Studies classes.

The *S4L* leadership team recognized that while educators would understand that poor mental health and coping skills can affect students’ career planning skills, this knowledge would not be sufficient to obtain teacher buy-in. Teachers needed specific scenarios and activities that used career-related situations to identify them as “career studies” curriculum exercises. For instance, in Lesson 5—Identifying Thoughts and Managing Emotions, the *S4L* resource now introduces students to the Thoughts-Emotions-Actions (TEA) triangle by walking through a career-related example: Thought—“I’m never going to get that job”; Emotion—“I’m so stressed”; Action—“I’m not going to bother to apply.”

By working from the outset with end-users, the *S4L* leadership team sought to make the *S4L* lessons relevant to Career Studies teachers to facilitate future uptake and implementation of the resource.

### Updating and Incorporating the Most Recent Evidence

As the research literature on SEL continues to grow, the *S4L* leadership team has continually updated the *S4L* resource to ensure it remains developmentally appropriate for Grade 10 students and represents the latest thinking and evidence from the field. For example, the fact that SEL programs for adolescents are often *aged-up* versions of children’s programs and fail to capture adolescents’ attention has been cited as a potential limitation for youth engagement (Yeager, 2017). SRDC has consulted new research literature,

revised the theoretical framework to better consider emerging research on adolescents' developmental needs and implications for SEL, and prepared a gap analysis to identify whether the latest SEL elements are sufficiently addressed in the *S4L* resource and aligned with the Career Studies curriculum expectations.

Using a matrix to determine where gaps lay, revisions to the *S4L* materials took into account PSSP's (2017) *Common Elements of School-based Social and Emotional Learning Programs*; Berg et al.'s (2017) framework for subdomains of adolescents' stage of development; and the four psychosocial tasks of adolescence: "to stand out," "to fit in," "to measure up," and "to take hold" (IOM & NRC, 2011). Revisions also incorporated more references to the broader context of students' lives such as community connections and identity, not just intrapersonal development. Further updates emphasized that students already have diverse SEL skills to build upon, and that *S4L* is an opportunity to refresh and enhance these in light of the unique needs, tasks, issues, and stressors they may face during times of transition.

### **Operationalizing Cultural Safety Principles**

Ensuring SEL programs such as the *S4L* resource are culturally safe and responsive is imperative to fostering classrooms, schools, and communities that counter systems of oppression and colonialism. The *S4L* leadership team determined that while *S4L* is intended as a universal mental health promotion initiative, the resource must explicitly incorporate cultural safety principles and cultural responsiveness, especially in light of recent equity-seeking social movements like Black Lives Matter and growing recognition of the devastating impacts of colonialism on Indigenous Peoples in Canada. It should be noted, however, that the *S4L* resource does not aim to explicitly develop the skills required for "critical examination and collaborative action to address root causes of inequities" as suggested by the transformative SEL approach (Jagers et al., 2019, p. 163).

Recognizing that SEL was initially conceptualized with a Eurocentric perspective, in 2021 the *S4L* leadership team hired a diverse team of teachers and mental health professionals to review the *S4L* resource through a culturally responsive lens. The review team considered how to meaningfully address cultural safety for all—but particularly for students who are minoritized and marginalized—in both the content and delivery of *S4L*. Revisions to the resource included explicitly drawing on different ways of knowing (e.g., the *S4L* first lesson now meaningfully conducts a talking circle and draws a connection to Indigenous ways of belonging to a community); adopting gender neutral language and examples; and validating different cultural strategies of seeking and achieving well-being. The intention is for these revisions to support a safe SEL skill-building experience for all students, though determination of this will be a focus for future evaluation.

### **Incorporating Youth Voice**

The *S4L* leadership team is mindful of the importance of participatory action research principles (Cohen et al., 2017), which is why contributions from teachers and mental health professionals were sought from the outset when developing the *S4L* resource. Nevertheless, while teachers' voices were solicited and their insights integrated into the *S4L* resource, the same depth of engagement was not achieved with youth, despite best efforts.

During initial development of the SEL resource, the team of teachers and mental health professionals working on the resources engaged a small group of young people to review the content. Student feedback was also sought in the pilot via focus groups. Following the pilot and subsequent revisions to the *S4L* resource, SMH-ON gathered feedback from its student advisory members (comprising 10 students representing different ages, genders, race, ethnicities, and religions) about the content of student handout materials. As part of their review, the youth provided their insights and suggestions related to the clarity and relevance of the concepts, the age-appropriateness of the vocabulary, and the extent to which they found the handouts engaging. These suggestions were highly valuable and were incorporated into subsequent revisions of the resource.

However, a planned consultation with youth post-pilot did not end up taking place, and the subsequent Covid-19 pandemic made it even harder to engage youth in reviewing content, given the disruptions and challenges students were already facing to their schooling. Once the *S4L* resource is made available to all school boards, the *S4L* leadership team aims to have consultation sessions with a large number of students who have taken part in these lessons. The purpose of this future consultation will be to hear about youth experience with the resource and invite youth to provide their feedback about the content and activities so the team can further enhance the resource to meet their needs.

### **Enhancing Educators' Familiarity and Comfort with the Resource**

Over the course of developing *S4L*, teachers pointed out that for uptake to be effective, they needed resources, training, and support to feel comfortable and confident to deliver SEL content in their classrooms. Teachers with no background knowledge in mental health literacy and promotion especially requested support. To increase teachers' comfort levels, the *S4L* leadership team focused on ensuring the *S4L* resource closely resembled traditional lesson planning materials, and that teachers would receive training and on-going coaching support to deliver *S4L*.

In the process, the *S4L* leadership team re-designed the *S4L* lessons to have a consistent flow and feel, closely aligned with the standard lesson format with which teachers are most familiar. Now, each *S4L* lesson is classroom-ready and follows the same basic format: learning goals, success criteria, big idea, preparation, materials and handouts, considerations, and the lesson itself, consisting of Check-in, Minds on, Action task, Consolidation, and Exit tickets.

In response to this early feedback, the *S4L* leadership team also revised the teacher training approach. Mental health literacy content is now incorporated into the *S4L* resource as supplementary learning for teachers. Specifically, appendices have been added that include tips for creating a mentally healthy classroom, effective SEL instruction, and talking about mental health with students. In addition, a brief (45-minute) preparatory, self-directed introduction module has replaced the original three part, 2-hour training modules. This new learning design provides broad mental health literacy content, principles of creating an anti-racist, anti-oppressive classroom environment, an overview of key components of *S4L*, as well as implementation tips and considerations. All the training sessions and resources are free of charge. With these revisions, the *S4L* leadership team aimed to acknowledge the varied learning needs and styles of teachers, provide easy access to key tips by integrating them into the resource itself, and add flexibility for educators to learn at times most convenient for them.

While these changes offer an opportunity to reach a much larger number of teachers across the province, thus facilitating scalability of *S4L*, the teacher training has yet to be evaluated to determine if this approach will allow teachers to feel comfortable and confident in delivery of the *S4L* resource.

### Adjusting Evaluation Plans

The *S4L* leadership team has always recognized the necessity of conducting a rigorous outcomes study to evaluate the effectiveness of the *S4L* resource. This remains a top priority. However, external factors have affected the evaluation of *S4L* at different time periods. For example, the *S4L* leadership team's first attempt at doing a pilot study was delayed by a full year as a result of labour unrest in the province at the time. The *S4L* leadership team took the pause as an opportunity to refine the evaluation tools, which were then put to use when the pilot study took place during the following academic year.

Subsequently, the *S4L* leadership team was preparing to conduct an outcome evaluation of *S4L* in the 2019/2020 academic year. The initial plan was to evaluate the *S4L* resource using a random assignment design—the gold standard for outcome evaluation—involving 32 schools and close to 5,000 students. The *S4L* leadership team had obtained overall approval from a community-based research ethics board, followed by ethics approval from each identified district school board ( $n = 10$ ). However, labour unrest in the province at that time again forced a delay.

Just as the labour situation came to a resolution, the Covid-19 pandemic hit. In early 2020, all school-based research activities in the targeted school boards were suspended, and schools were fully closed from March to September 2020. Plans for an outcome evaluation came to a halt. However, teachers' demand for mental health promotion resources like *S4L* intensified. In response, the *S4L* leadership team pivoted once more: the latest plan consists of doing a “soft launch” of the *S4L* resource in a limited number of school boards. Career Studies teachers in these boards will be required to complete the self-directed introduction module before gaining access to the *S4L* resource. In addition, a community of practice for mental health leads will be set up to support implementation of *S4L* and to help field any questions from teachers. Later, when it becomes permissible to conduct research in schools again, the *S4L* leadership team will renew efforts to conduct an outcomes study, likely relying on a quasi-experimental design that would make the *S4L* resource available to educators and students as early as possible.

## DISCUSSION

### Lessons Learned

The purpose of this article was to highlight the process of developing and continuously refining the *S4L* resource by balancing both research and practice-based evidence while maintaining a focus on future end-user uptake. During the almost 10-year span of the *S4L* initiative, this ongoing, iterative process of development and refinement has provided the *S4L* leadership team with many opportunities for learning.

One of the main lessons learned is anchored in the importance of having solid professional relationships based in both a common vision and mutual respect. This foundational element allowed the *S4L* leadership

team to achieve maximum flexibility, finding innovative ideas when faced with the plethora of challenges that inevitably occur over almost a decade's work.

This flexibility was apparent in many ways, particularly when the original pilot and outcome evaluation were faced with challenges from two periods of labour action and a global pandemic. When these events happened, the funders of the project provided SRDC permission to extend the granting period, as well as a small allowance to address extra costs. With this flexibility, the *S4L* leadership team was able to adjust its course of action regarding the pilot and outcome evaluations and take the opportunity to further enhance the *S4L* resource itself.

As noted earlier, the *S4L* leadership team has also partnered with provincial teacher federations, practicing teachers, and school mental health clinicians in the process of reworking the *S4L* resource to align with the curriculum and meet teachers' needs. Working with these organizations has been pivotal in gaining not only their insights and suggestions related to the resource, but also their trust and support of the broader *S4L* initiative for their members.

In addition to these trusted provincial partners, the *S4L* leadership team has had access to a unique network of board-based professionals (i.e., mental health leads and superintendents) through SMH-ON. In its role of providing resources, training, and coaching (in both French and English) to help school boards develop and implement their mental health and addictions strategies, SMH-ON is well positioned to disseminate the *S4L* resource and facilitate on-the-ground evaluation activities. Moreover, SMH-ON has provided additional value throughout the *S4L* resource development and review process by having a dedicated project lead and implementation science coach supporting the *S4L* leadership team and facilitating the *S4L* community of practice, which will occur alongside the soft launch of the resource. These supports in turn help mental health leads at each school board to contextualize the resource's use, maximizing local relevance, feasibility, and hopefully, uptake.

## CONCLUSION

As teachers increasingly look for ways to recognize and respond to the social and emotional needs of their students, helping young people develop SEL skills has emerged as a promising means of protecting and promoting student mental health and well-being. However, the process of developing school-based SEL interventions is complex. In the multi-year process of developing, revising, and evaluating an evidence-informed resource for use in Ontario's Grade 10 Career Studies classrooms, the *S4L* leadership team has learned a number of lessons about balancing research evidence with the need for an understanding of and sensitivity to the delivery context. When it came to evaluating the resource, the *S4L* leadership team hoped to generate robust evidence of effectiveness but had to adapt significantly to address stakeholders' needs amid changing external factors.

In particular, the *S4L* leadership team learned how vital it is to have solid professional relationships with partners and funders, characterized by trust and collaboration. In the face of external factors and with the patient support of funders, the *S4L* leadership team was able to turn delays into opportunities to engage additional stakeholders—particularly provincial teachers' federations and some students—to help revise and update the resource, focusing on the most promising elements and making them more relevant and ready for

uptake. The *S4L* leadership team made use of SMH-ON's extensive network of teachers and mental health leaders across the province to develop teacher training and offer implementation coaching in both English and French during the pilot study, and to develop a new model for contextualized teacher support while embarking on the next phase of evaluation.

Throughout, the *S4L* leadership team strove to deepen its understanding of the day-to-day context in which teachers would be using the *S4L* resource, and to adapt the resource's development and evaluation to be as sensitive to teachers' and students' needs as possible. From a research and evaluation standpoint, sometimes this meant re-thinking concepts of design rigour, evidence, and validity, and elevating experiential and tacit knowledge.

It would be disingenuous to imply that these were easy lessons to learn and operationalize. The *S4L* leadership team has had to adapt to a frustrating number of substantial challenges to try to ensure the *S4L* resource achieves the right balance of aligning with evidence-informed practices while also maintaining practicality, relevance, and utility in a classroom setting. Moreover, opportunities to further strengthen the resource (e.g., through consultation with a large number of students) have not always materialized. Many funders are not able to be patient over lengthy periods, and most jurisdictions are not as fortunate to have resources for implementation support such as those offered by SMH-ON.

The current *S4L* resource looks substantially different from its initial version. *S4L* now better reflects students' and educators' insights and is presented in a teacher-ready lesson format, incorporating a culturally responsive lens and explicitly linked to the Grade 10 Career Studies curriculum. Self-directed learning resources have been developed to enhance teacher confidence in delivering the resource in a culturally sensitive, mentally healthy classroom environment.

Encouraging signs are emerging. When the *S4L* leadership team recently presented the *S4L* resource to two secondary teacher federations, they provided very positive feedback and expressed eagerness to get this resource into the hands of their members. The trust they indicated having in the *S4L* leadership team and the approach of ongoing evaluation and refinement over the years, suggests that widespread uptake of the *S4L* resource is likely. Moreover, it seems the *S4L* resource reflects principles of promising practice that could potentially be applied to different contexts and settings.

Overall, it is widely recognized that youth mental health interventions should be both implementation-sensitive and evidence-informed. But the process of developing such interventions remains somewhat of a black box. This article sheds light on this complex process and shared lessons learned. The *S4L* leadership team's focus will ensure the *S4L* resource reflects the most up-to-date research evidence, the practical expertise of teachers, and the knowledge and needs of young people in Ontario regarding mental health and wellness.

## REFERENCES

- Abramovitz, M., & Blitz, L. (2015). Moving toward racial equity: The undoing racism workshop and organizational change. *Race and Social Problems*, 7, 97–110. <https://doi.org/10.1007/s12552-015-9147-4>
- Aseltine, R. H., & Gore, S. (2005). Work, postsecondary education, and psychosocial functioning following the transition from high school. *Journal of Adolescent Research*, 20(6), 615–639. <https://doi.org/10.1177/0743558405279360>
- Atwell, M. N., & Bridgeland, J. M. (2019). *Ready to lead: A 2019 update of principals' perspective on how social emotional learning can prepare children to transform schools*. <https://casel.org/casel-resources-ready-to-lead-2019/>

- Berg, J., Osher, D., Same, M. R., Nolan, E., Benson, D., & Jacobs, N. (2017). *Identifying, defining, and measuring social and emotional competencies*. American Institutes for Research. <https://www.air.org/sites/default/files/2021-06/Identifying-Defining-and-Measuring-Social-and-Emotional-Competencies-December-2017-rev.pdf>
- Canadian Institutes of Health Research (CIHR). (2011). Institute of Population and Public Health, Canadian Institute for Health Information – Canadian population health initiative. *Population Health Intervention Research Casebook*. [https://cihr-irsc.gc.ca/e/documents/ipph\\_casebook\\_e.pdf](https://cihr-irsc.gc.ca/e/documents/ipph_casebook_e.pdf)
- Castro-Olivo, S., Preciado, J., Le, L., Marcianthe, M., & Garcia, M. (2018). The effects of culturally adapted version of First Steps to Success for Latino English language learners: Preliminary pilot study. *Psychology in the Schools*, 55(1), 36–49. <https://doi.org/10.1002/pits.22092>
- Cohen, L., Manion, L., & Morrison, K. (2017). *Research methods in education* (8th ed.). Routledge. <https://doi.org/10.4324/9780203224342>
- Corcoran, R. P., Cheung, A., Kim, E., & Xie, C. (2018). Effective universal school-based social and emotional learning programs for improving academic achievement: A systematic review and meta-analysis of 50 years of research. *Educational Research Review*, 25, 56–72. <https://doi.org/10.1016/j.edurev.2017.12.001>
- Courtney, D., Watson, P., Battaglia, M., Mulsant, B. H., & Szatmari, P. (2020). Covid-19 impacts on child and youth anxiety and depression: Challenges and opportunities. *The Canadian Journal of Psychiatry*, 65(10), 688–691. <https://doi.org/10.1177/0706743720935646>
- Creswell, C., Shum, A., Pearcey, S., Skripkauskaitė, S., Patalay, P., & Waite, P. (2021). Young people's mental health during the Covid-19 pandemic. *The Lancet*, 5(8), 535–537. [https://doi.org/10.1016/S2352-4642\(21\)00177-2](https://doi.org/10.1016/S2352-4642(21)00177-2)
- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S. J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health*, 18(1), 1–17. <https://doi.org/10.1186/s12939-019-1082-3>
- Denham, S. A. (2018). *Keeping SEL developmental: The importance of a developmental lens for fostering and assessing SEL competencies*. Brief for the Establishing Practical Social-Emotional Competence Assessments Work Group. <https://measuringSEL.casel.org/wp-content/uploads/2018/11/Frameworks-DevSEL.pdf>
- Domitrovich, C. E., Bradshaw, C. P., Poduska, J. M., Hoagwood, K., Buckley, J. A., Olin, S., Romanelli, L. H., Leaf, P. J., Greenberg, M. T., & Ialongo, N. S. (2008). Maximizing the implementation quality of evidence-based preventive interventions in schools: A conceptual framework. *Advances in School Mental Health Promotion*, 1(3), 6–28. <https://doi.org/10.1080/1754730X.2008.9715730>
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students, social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review*, 5, 115–136. <https://doi.org/10.1007/s40894-020-00133-2>
- Findlay, L. (2017). Depression and suicidal ideation among Canadians aged 15 to 24. Statistics Canada, Catalogue no. 82-003-X. *Health Reports*, 28(1) 3–11. [www.statcan.gc.ca](http://www.statcan.gc.ca)
- Fusar-Poli, P. (2019). Integrated mental health services for the developmental period (0 to 25 years): A critical review of the evidence. *Frontiers in Psychiatry*, 10, 1–17. <https://doi.org/10.3389/fpsy.2019.00355>
- Fusar-Poli, P., Correll, C. U., Arango, C., Berk, M., Patel, V., & Ioannidis, J. P. (2021). Preventive psychiatry: A blueprint for improving the mental health of young people. *World Psychiatry*, 20, 200–221. <https://doi.org/10.1002/wps.20869>
- Government of Canada. (2006). *The human face of mental health and mental illness in Canada*. Ottawa: Minister of Public Works and Government Services Canada. [https://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human\\_face\\_e.pdf](https://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf)
- Government of Ontario. (2011). *Open minds, healthy minds: Ontario's comprehensive mental health and addictions strategy*. Queen's Printer for Ontario. [https://www.health.gov.on.ca/en/common/ministry/publications/reports/mental\\_health2011/mentalhealth\\_rep2011.pdf](https://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011.pdf)
- Government of Ontario. (2020). *The Ontario curriculum, Grades 1–8*. Queen's Printer for Ontario. <http://www.edu.gov.on.ca/eng/curriculum/grades.html>
- Gutiérrez, K. D., & Rogoff, B. (2003). Cultural ways of learning: Individual traits or repertoires of practice. *Educational Researcher*, 32(5), 19–25. <https://journals.sagepub.com/doi/10.3102/0013189X032005019>

- Heckman, J. J., & Kautz, T. (2013). *Fostering and measuring skills: Interventions that improve character and cognition* (No. w19656). Working Papers Series. National Bureau of Economic Research. [https://www.nber.org/system/files/working\\_papers/w19656/w19656.pdf](https://www.nber.org/system/files/working_papers/w19656/w19656.pdf)
- Institute of Medicine (IOM) and National Research Council (NRC). (2011). The science of adolescent risk-taking workshop report. Committee on the Science of Adolescence. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK53418/doi:10.17226/12961>
- Jagers, R. J., Rivas-Drake, D., & Williams, T. (2019). Transformative social and emotional learning (SEL): Toward SEL in service of educational equity and excellence. *Educational Psychologist*, 54(3), 162–184. <https://doi.org/10.1080/00461520.2019.1623032>
- Jones P. B. (2013). Adult mental health disorders and their age at onset. *The British Journal of Psychiatry. Supplement*, 54, s5–s10. <https://doi.org/10.1192/bjp.bp.112.119164>
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>
- Kirmayer, L. J., & Jarvis, G. E. (2019). Culturally responsive services as a path to equity in mental healthcare. *Healthcare Papers*, 18(2), 11–23. <https://doi.org/10.12927/hcpap.2019.25925>
- Laverty, M., McDermott, D. R., & Calma, T. (2017). Embedding cultural safety in Australia's main health care standards. *The Medical Journal of Australia*, 207(1), 15–16. <https://doi.org/10.5694/mja17.00328>
- Mahfouz, J., & Anthony-Stevens, V. (2020). Why trouble SEL? The need for cultural relevance in SEL. *Occasional Paper Series*, 2020 (43). <https://educate.bankstreet.edu/occasional-paper-series/vol2020/iss43/6>
- Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., Georgiades, K., Heaton, L., Swanson, S., & Olsson, M. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: Results of the National Comorbidity Survey-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 50(1), 32–45. <https://doi.org/10.1016/j.jaac.2010.10.006>
- Meyers, D. C., Durlak, J. A., & Wandersman, A. (2012). The quality implementation framework: A synthesis of critical steps in the implementation process. *American Journal of Community Psychology*, 50(3–4), 462–480. <https://doi.org/10.1007/s10464-012-9522-x>
- McCallops, K., Barnes, T. N., Jones, I., Nelson, M., Fenniman, J., & Berte, I. (2019). Incorporating culturally responsive pedagogy within social-emotional learning interventions in urban schools: An international systematic review. *International Journal of Educational Research*, 94(March), 11–28. <https://doi.org/10.1016/j.ijer.2019.02.007>
- McClelland, M. M., Tominey, S. L., Schmitt, S. A., & Duncan, R. (2017). SEL interventions in early childhood. *Future of Children*, 27(1), 33–47. <https://files.eric.ed.gov/fulltext/EJ1145093.pdf>
- MHASEF Research Team. (2017). The mental health of children and youth in Ontario: 2017 scorecard. Institute for Clinical Evaluative Sciences; 2017. ISBN: 978-1-926850-72-6 (Online). <https://www.ices.on.ca/Publications/Atlases-and-Reports/2017/MHASEF>
- Mokdad, A. H., Forouzanfar, M. H., Daoud, F., Mokdad, A. A., El Bcheraoui, C., Moradi-Lakeh, M., Kyu, H. H., Barber, R. M., Wagner, J., Cercy, K., Kravitz, H., Coggeshall, M., Chew, A., O'Rourke, K. F., Steiner, C., Tuffaha, M., Charara, R., Al-Ghamdi, E. A., Adi, Y., Afifi, R. A., ... & Murray, C. J. (2016). Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013. *Lancet (London, England)*, 387(10036), 2383–2401. [https://doi.org/10.1016/S0140-6736\(16\)00648-6](https://doi.org/10.1016/S0140-6736(16)00648-6)
- Organisation for Economic Co-operation and Development (OECD). (2015). *Skills for social progress: The power of social and emotional skills*. OECD Publishing. <http://dx.doi.org/10.1787/9789264226159-en>
- Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., & Pachan, M. (2008). *The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews*. Collaborative for Academic, Social, and Emotional Learning. <http://www.casel.org/>
- Provincial System Support Program (PSSP). (2017). *Common elements of school-based social and emotional learning programs: Program review*. Centre for Addiction and Mental Health. [https://smho-smso.ca/emhc/wp-content/uploads/sites/6/2020/07/SEL\\_CommonElementsAnalysis\\_May12017\\_final.pdf](https://smho-smso.ca/emhc/wp-content/uploads/sites/6/2020/07/SEL_CommonElementsAnalysis_May12017_final.pdf)

- Rickwood, D. J., Telford, N. R., Parker, A. G., Tanti, C. J., & McGorry, P. D. (2014). headspace – Australia's innovation in youth mental health: Who are the clients and why are they presenting? *The Medical Journal of Australia*, 200(2), 108–111. <https://doi.org/10.5694/mja13.11235>
- Rodríguez-Izquierdo, R. M. (2018). Researching the links between social-emotional learning and intercultural education: Strategies for enacting a culturally relevant teaching. *Intercultural Education*, 29(5–6), 609–623. <https://doi.org/10.1080/14675986.2018.1528527>
- Sampogna, G., Pompili, M., & Fiorillo, A. (2021). Mental health in the time of Covid-19 pandemic: A worldwide perspective. *International Journal of Environmental Research and Public Health*, 19(1), 161. <https://doi.org/10.3390/ijerph19010161>
- Sancassiani, F., Pintus, E., Holte, A., Paulus, P., Moro, M. F., Cossu, G., Angermeyer, M. C., Carta, M. G., & Lindert, J. (2015). Enhancing the emotional and social skills of the youth to promote their wellbeing and positive development: A systematic review of universal school-based randomized controlled trials. *Clinical Practice and Epidemiology in Mental Health: CP & EMH*, 11(Suppl 1 M2), 21–40. <https://doi.org/10.2174/1745017901511010021>
- School-Based Mental Health and Substance Abuse (SBMHSA) Consortium. (2013). *School-based mental health in Canada: A final report*. Mental Health Commission of Canada. [https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/ChildYouth\\_School\\_Based\\_Mental\\_Health\\_Canada\\_Final\\_Report\\_ENG\\_0.pdf](https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/ChildYouth_School_Based_Mental_Health_Canada_Final_Report_ENG_0.pdf)
- Short, K., Bullock, H., Crooks, C. V., & Georgiades, K. (2022). Using implementation science to optimize school mental health during the Covid-19 pandemic. *Canadian Journal of Community Mental Health*. doi:10.7870/cjcmh-2022-021
- Short, K., & Manion, I. (2012). School mental health in Canada: Current status and directions. *Canada's Children*, 18(3), 7–14. <http://mentalhealthliteracy.org/wp-content/uploads/sites/3/2017/01/6-School-Mental-Health-in-Canada-Article.pdf>
- Sklad, M., Dieskstra, R., De Ritter, M., & Ben, J. (2012). Effectiveness of school-based universal social, emotional, and behavioral programs: Do they enhance students' development in the area of skill, behavior, and adjustment? *Psychology in the Schools*, 49. <https://doi.org/10.1002/pits.21641>
- Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88(4), 1156–1171. <https://doi.org/10.1111/cdev.12864>
- Thierry, K., Vincent, R., Norris, K., & Dawson, O. (2022). Improving school readiness for a social emotional learning curriculum: Case study of a school-mental health agency Partnership, *Journal of Research in Childhood Education*, 36(3), 483–505. DOI: [10.1080/02568543.2021.1960938](https://doi.org/10.1080/02568543.2021.1960938)
- Waddell, C., Offord, D. R., Shepherd, C. A., Hua, J. M., & McEwan, K. (2002). Child psychiatric epidemiology and Canadian public policy-making: The state of the science and the art of the possible. *The Canadian Journal of Psychiatry*, 47(9), 825–832. <https://doi.org/10.1177/070674370204700903>
- Wallace, S. (2016). *Factors in Aboriginal student success final report on the research project. We're all in this together: Keeping Aboriginal students in school (KASIS)*. [https://www.sd57.bc.ca/school/abed/Documents/FIASS\\_Final%20Report.pdf](https://www.sd57.bc.ca/school/abed/Documents/FIASS_Final%20Report.pdf)
- Wanless, S. B., & Domitrovich, C. E. (2015). Readiness to implement school-based social-emotional learning interventions: Using research on factors related to implementation to maximize quality. *Prevention Science*, 16(8), 1037–1043. <https://doi.org/10.1007/s11121-015-0612-5>
- World Health Organization. (2020). *Guidelines on mental health promotive and preventive interventions for adolescents: Helping adolescents thrive*. World Health Organization. <https://www.who.int/publications/i/item/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents>
- Wiens, K., Bhattarai, A., Pedram, P., Dore, A., Williams, J., Bulloch, A., & Patten, S. (2020). A growing need for youth mental health services in Canada: Examining trends in youth mental health from 2011 to 2018. *Epidemiology and Psychiatric Sciences*, 29, E115. <https://doi.org/10.1017/S2045796020000281>
- Williamson, A. A., Modecki, K. L., & Guerra, N. G. (2015). SEL programs in high school. In J. A. Durlak, C. E. Domitrovich, R. P. Weissberg, & T. P. Gullotta (Eds.), *Handbook of social and emotional learning: Research and practice* (pp. 181–196). The Guilford Press. <https://psycnet.apa.org/record/2015-24776-012>
- Yeager, D. S. (2017). Social and emotional learning programs for adolescents. *The Future of Children*, 27(1), 73–94. <https://labs.la.utexas.edu/adrg/files/2013/12/5-Adolescence-Yeager-2.pdf>

Zimmer-Gembeck, M. J., & Skinner, E. A. (2008). Adolescents coping with stress: Development and diversity: “Approximately 25% of adolescents will experience at least one significant stressor, including the death of a loved one or witnessing a traumatic event.” *The Prevention Researcher*, 15(4), 3+. <https://link.gale.com/apps/doc/A191015331/AONE?u=anon~78b3d24e&sid=googleScholar&xid=df779d44>