



# ONE-CALL Desk Reference



School  
Mental Health  
Ontario

Santé mentale  
en milieu scolaire  
Ontario

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## Purpose

The purpose of this document is to support school staff with noticing, identifying and responding to mental health needs in order to achieve better outcomes for students.

This document is guided by the [Identity-Affirming School Mental Health Frame](#). It acknowledges our collective responsibility in naming and dismantling systemic barriers to mental health supports while highlighting the importance of centring and amplifying the voice, autonomy and input of students into their own care and help-seeking journey. At School Mental Health Ontario, we believe that engaging in cultural humility, challenging internalized biases and taking an identity-affirming approach to the early identification and support of mental health concerns is critical to supporting every student in Ontario.

## Introduction

In every school, there will be some students who may need support with mental health concerns. School staff, along with all others in a student's circle of support, can play a critical role in noticing and responding to emerging mental health concerns. In some cases, this may mean helping students to access mental health services. Remember, you are not alone in supporting a student with signs of mental health concerns. If you feel that a student's mental health problems are beyond your scope of practice as a caring adult, you can consult with appropriate mental health support staff through board processes.

Early intervention and ongoing support can prevent emerging concerns from becoming more serious and can lead to better outcomes for students. Although there is no "one-size-fits-all" approach for responding to a student with mental health concerns, there are some things that can help:

1. being a caring adult who takes the time to listen and get to know students
2. helping to make school a supportive and identity-affirming space for every student
3. validating a student's emotions

These practices all contribute to a positive help-seeking experience where a young person is likely to know where to go for support and to reach out for help when needed.



# ONE-CALL

School staff are well positioned to develop supportive relationships with students and notice changes in their mental health if they occur. ONE-CALL is not a checklist, rather it is an acronym that offers some guidance for school staff about noticing and responding to potential mental health concerns.

O

**Observe:** Observe and reflect on your own thoughts, beliefs and biases. Consider doing your own self-reflection using this [cultural humility tool](#). When we challenge our own personal assumptions and bias, we may be better positioned to notice changes in a student's expression of thoughts, feelings and actions.

**For example,** did you know that racialized students who exhibit signs of anxiety or depression are more likely to be misdiagnosed or mistakenly labelled as having problematic behaviours?

N

**Notice:** Notice changes in a student that are different from their usual way of being. Reflecting on the frequency, intensity, duration and impact of signs that may indicate a mental health concern (see below), as well as the age and developmental stage of the student, can often be helpful when determining if more support is needed.

E

**Explore:** Explore whether the student is open to talking to you about the changes you have noticed. If not, offer to connect them with another trusted adult of their choice. You may also wish to bolster your own mental health literacy using credible sources to learn more about the sorts of concerns you are noticing.

C

**Connect:** Connect with the student (or connect them with another trusted adult) and discuss your observations. In many cases, school staff may also wish to connect with a student's parent/caregiver and our [Talking with Parents and Families about Mental Health](#) tip sheet may help. Share what you have noticed. Remain open and curious about the perspectives of the student and/or their parent/caregiver. Think about ways in which you can strengthen this connection.

A

**Ask:** Ask the student what they need (if anything) and/or how you can support them, rather than making assumptions. This demonstrates caring, honours their knowledge, limits the introduction of bias and respects a student's autonomy. Partnering with students, and their parents/caregivers when appropriate, about a concern is more collaborative and authentic than believing it is our responsibility to try to "fix" or "save" students.

L

**Listen:** Listen actively, trust and validate students' emotions, paying attention to tone, inflection and intensity, especially in virtual settings. Listening to a student and validating their experience, without rushing to problem-solve, may be the only support a student requires.\* Do not expect students to be resilient in situations requiring school action (e.g., racism, bullying, transphobia, or other hate-motivated behaviours). Consider using the [Listen, Believe, Act](#) framework when appropriate.\*

**\* Note:** if you have reasonable grounds to suspect that a student has experienced abuse or neglect or that the student is likely to suffer abuse or neglect, you have a duty to report and must follow your school board's reporting procedure.

L

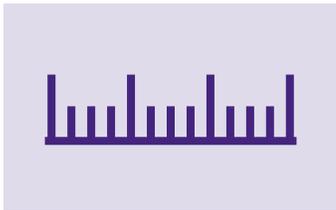
**Link:** Link students (and parents/caregivers when appropriate) to other supports in the school, board or community when needed. Ensure that the student is provided with a range of options that align with their needs and preferences (culturally responsive, identity-specific, faith-based, accessible etc.). Know the pathways to support so you can offer options and choices upon request.



Although school staff are not mental health professionals, they have a vital role to play in knowing the process for accessing mental health services through consultations with school administrators and school team members. In addition, school staff are responsible for following their board's suicide intervention protocol and reaching out for help when needed. Keep in mind that as staff members working in schools, you are not alone, and support for students is most effective when it is done in continued collaboration with others in the student's circle of support.

## Tips to help you with noticing

It's not unusual for students to feel worried, unsettled, irritable or stressed. To determine if these feelings are a concern and if more support with their mental health is needed, consider the frequency, intensity and duration of these feelings, their impact on daily life and the student's age and development. A team approach ensures students and families get the right support at the right time. Consulting with the student and those in their circle of support can provide additional context and information for consideration.



**FREQUENCY:** concerns are often present



**IMPACT:** concerns interfere with daily activities and well-being



**INTENSITY:** concerns cause increased distress



**DURATION:** concerns have been present on an ongoing basis (e.g. longer than 2 weeks)

School staff may consider reaching out to professional support services staff and/or accessing resources from [School Mental Health Ontario](#) (e.g., [School Mental Health Ontario MH LIT courses](#)) to deepen their mental health literacy, which can help prepare them for conversations about mental health with students and parents/caregivers.



# Some signs that may indicate a mental health or addictions concern

The examples below are not meant to be exhaustive, prescriptive or diagnostic. The key to noticing well is to develop relationships with students so you know when something has changed. Many students will exhibit some signs in the chart below at some point. However, the chart highlights the need to look for notable changes that persist in **frequency, intensity and duration**. Noticing the degree to which these changes are **impacting** daily functioning (e.g., social relationships, school/home/community activities) is an important part of determining if there is a mental health or addictions concern. Note that some signs listed are more relevant for some developmental stages than others.

<p><b>Changes in thinking</b></p>	<ul style="list-style-type: none"> <li>• changes in school performance</li> <li>• saying negative things about themselves or blaming themselves for things beyond their control</li> <li>• sense of hopelessness or helplessness</li> <li>• thoughts of loneliness, rejection, not fitting in</li> <li>• trouble concentrating</li> </ul>
<p><b>Changes in feelings</b></p>	<ul style="list-style-type: none"> <li>• intense fears (e.g., of making mistakes, causing harm to themselves or others, animals/insects)</li> <li>• frequently unhappy, worried, guilty, fearful, irritable, sad or angry</li> <li>• feelings of anxiety or panic</li> <li>• low frustration tolerance, increased irritability</li> <li>• often experiencing intense emotions or rapid changes in emotions</li> </ul>
<p><b>Changes in behaviour</b></p>	<ul style="list-style-type: none"> <li>• appearing 'on-edge' or on high alert</li> <li>• challenges with separating from caregivers</li> <li>• changes in eating habits or appetite</li> <li>• crying easily/frequently</li> <li>• decreased or inconsistent school attendance</li> <li>• difficulty getting along with friends</li> <li>• increased technology use (e.g., gaming, social media)</li> <li>• repetitive behaviours that impact daily functioning (e.g., checking over and over whether the door is locked, washing hands repeatedly, performing an action several times until it feels right)</li> <li>• trouble relaxing or sleeping</li> <li>• use of drugs or alcohol</li> <li>• withdrawal from activities that are typically enjoyed</li> <li>• quieter than usual, less energetic</li> </ul>
<p><b>Physical changes</b></p>	<ul style="list-style-type: none"> <li>• headaches, stomachaches, neck pain, or general aches and pains</li> <li>• lacking energy or appearing tired all the time</li> </ul>

**Thoughts of suicide** are signs of a mental health concern that should be addressed immediately by following your school board protocols. These signs do not need to persist to warrant following up. For more information about warning signs of suicide and what to do if you think a student is having thoughts of suicide, please visit the [Suicide Prevention-Life Promotion for School Staff: Quick Reference Guide](#).



## Important considerations

- Sometimes a student will only reach out for help once. If they choose to trust you with how they are feeling, do your best to create space to listen, validate and support. How you respond in that moment may make a difference to a student's mental health now and in the future.
- The ways that children and youth manifest mental health challenges vary across developmental age (e.g., adolescents and teens often display increased irritability when exhibiting mental health problems compared to adults).
- Identity and mental health are inextricably linked. When your identity is affirmed, reflected and celebrated, you're more likely to feel a strong sense of positive mental health, well-being and connection. If your identity is ignored, excluded or misunderstood, or if you experience racism or oppression, you can suffer emotionally and must work much harder than others to gain a sense of well-being. It is important to note the following:
  - Students who have experienced marginalization and oppression may be at a higher risk for developing mental health concerns.
  - Youth with mental health concerns from immigrant, refugee, racial and ethnic minoritized backgrounds are less likely to receive mental health services compared to their non-immigrant peers and those who identify as white.
  - Black, Indigenous, racialized and marginalized students often encounter barriers to accessing mental health supports. Those who access mental health care wait on average **twice** as long compared to other youth in Canada.
  - Stereotypes, stigma and oppression are often barriers to accessing pathways to care for students. School staff that learn about and become aware of these barriers are in a better position to dismantle them.
  - Depression and anxiety can frequently come with increased irritability and low frustration tolerance in adolescents, but these disorders are often missed or misdiagnosed, particularly in racialized young people, for a variety of reasons (e.g., stereotypes, lack of identity-affirming/culturally responsive care).

As a caring adult, you are in a unique position to **observe, notice, explore, connect, act, listen** and **link** so that young people can receive mental health support early and stay mentally well. Don't underestimate your impact!



# Reflect

Below are some reflection questions to think about together as a school team or as part of a student's circle of support.

1	What assumptions have we made before interacting with this student/parent/caregiver? How can we challenge these assumptions?
2	How are we centring the strengths and intersecting identities of the student in our response?
3	Are the student's concerns/wishes/needs clearly represented?
4	Who does the student (or for younger students, their parent/caregiver) consider to be in their circle of support? Consider using one of the <a href="#">My Circle of Support Student Help-Seeking Resources</a> with the student to find out!
5	Who is available to support when the student or our school team needs additional help (e.g., student support staff (CYC, graduation coach, etc.), school mental health professionals, cultural/faith-based supports, community agencies)?
6	Do we know the pathway and process for connecting with mental health support in our school, our board and in our community? Consider using the <a href="#">Circle of Support and System Planner/Flowchart</a> to build your own desk reference if needed.
7	Are we familiar with our school board's suicide intervention protocol and who to reach out to when needed?

