

# Engaging Occupational Therapists to Support School Mental Health Services

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Ontario Society of    
Occupational Therapists

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## **Engaging Occupational Therapists to Support School Mental Health Services**

The Ontario Society of Occupational Therapists submits the following proposals in response to the growing need for mental health supports to enable Ontario students to develop positive mental health and to promote early identification and services for children/youth experiencing mental health problems. These needs, well documented by the province's mental health and addictions strategy and School Mental Health Ontario, are exacerbated by the urgent need to address the mental health needs of students that result from the COVID 19 global pandemic.

We highlight the theoretical background and core competencies of occupational therapists including: skill in mental health interventions that span a focus on promoting positive mental health to individualized psychotherapeutic interventions for students with identified mental health challenges, an occupation-focused approach that complements existing school mental health services, and experience in the promotion and delivery of a tiered service model.

We propose integration of occupational therapy mental health services into school-based mental health services to enrich the range of services available to support student mental health and to build capacity within school boards to meet the need for mental health services. Details regarding our recommendations are provided below; specifically, we propose:

- 1. That the Ministry of Education recognize occupational therapists as mental health professionals who bring the necessary skills and competencies to serve as school mental health professionals and promote the recruitment of occupational therapists to augment capacity to serve the needs of students in targeted recruitment for fall 2021.**

**Specifically, that the Ministry of Education recommend allocation of a percentage of mental health funding allocated to Boards of Education to support mental health services (May 2, 2021 announcement) to engage occupational therapists on school-based mental health professional teams. We propose this initiative would cost approximately \$21 million to support Boards of Education across the province.**

- 2. That the Ministry of Education support a pilot of occupational therapy led Tier 1, evidence-based, positive mental health programming based on *Every Moment Counts* in a targeted elementary school environment. This cost-effective program responds to the urgent need to promote positive ways of coping with the current challenges young people face, identify and support those whose mental health may**

**have deteriorated and equally important, to solidify a thriving and positive school culture that is responsive to the mental health needs of all children.**

- 3. That the Ministry promote consideration of a dedicated pilot program for occupational therapists within the elementary school system to deliver a full tiered approach including the *Every Moment Counts* evidence-based intervention at tier 1, as well as providing tier 2 and 3 services.**

## Background

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There are many factors that impact on a student's ability to successfully participate and perform age-appropriate roles at school. One of these critical factors is positive mental health and well being. A school's culture, resources and services can help ensure that all students can learn to the best of their abilities and experience positive mental health, and that those struggling with a mental health problem can be well supported to succeed with early identification and intervention services. Evidence suggests that these goals are best achieved through tiered service delivery models that promote the health of all and provide for "right approach" group or individualized services for those with specific mental health risks or needs.

Approximately 20% of Ontario children and youth live with a mental health problem and 70% of all mental health problems begin in childhood and adolescence (Centre for Addiction and Mental Health, n.d.; Ontario Ministry of Education, 2013). Based on the Ontario Child Health Study, 2017, almost half of students who report needing professional help for mental health concerns do not receive professional help. This speaks to an imperative to address mental health issues and Ontario's education system needs to build capacity to do so.

The need for programs and strategies to enhance and promote positive mental health has become an even more urgent need due to the impact of the COVID 19 global pandemic on all children and youth. Public Health Ontario's *Rapid Review on Negative Impacts of Community-based Public Health Measures on Children, Adolescents and Families During the COVID-19 Pandemic: Update* reports that children's mental health and behaviour have been overall negatively impacted by the COVID-19 public health measures although young children and adolescents have been affected differently. Parents of young children reported more behavioural difficulties, hyperactivity, and conduct problems, while adolescents were more likely to have increased anxiety and depressive symptoms, increased suicidal ideation, and increased frequency of alcohol consumption for those reporting any use. Other child outcomes negatively impacted by the pandemic include movement behaviours (decreased physical activity, increased sedentary behaviour and screen time), increased food insecurity, negative educational outcomes, increased injuries occurring at home, and increased reports of child maltreatment. A return to school for children experiencing these challenges can be expected to be increasingly demanding of positive mental health strategies and services to address the

increased volume of students likely to experience needs for mental health supports. Ontario's education system needs to build increased capacity to address the unique demands of pandemic return to school processes.

The Ontario Society of Occupational Therapists positions that occupational therapists, regulated mental health professionals in Ontario, can be an important part of the solution to address the increasing needs for school-based mental health supports. The Society commits to support the Ministry of Education to address student mental health needs.

## **Occupational Therapy and Child/Youth Mental Health**

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Occupations are groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupations include everything that people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (Canadian Association of Occupational Therapists, 2002). Occupational therapists use a systematic assessment process to determine the psychosocial, physical, developmental, and environmental factors that impede or facilitate engagement in daily occupations, including those taking place at school. In this setting, occupational therapists are uniquely positioned to focus on the developmental growth of children and youth to achieve independent functioning in occupational roles such as students, players, friends, and in the self-management of their mental well-being. The pandemic has taken a toll on the mental health of young people and impacted their functional skills, full participation in school occupations, and sense of social connection within the school environment. The following core competencies of an occupational therapist would uniquely address the mental health needs of students returning to school this fall.

### **1. Occupational Therapists are Regulated Mental Health Professionals**

- Occupational therapists are regulated health professionals and in Ontario are regulated under the *Regulated Health Professions Act, 1991*. Recognized as skilled and valued mental health professionals, they are included on early psychosis teams, inpatient and outpatient child psychiatric teams, assertive community treatment teams, fetal alcohol spectrum disorder diagnostic teams and, under the *Regulated Health Professions Act*, have authority to perform the controlled act of psychotherapy.
- Occupational therapy is an evidence-based profession that utilizes both the best available evidence in general child and youth mental health literature as well as peer-reviewed, scholarly research that is specific to interventions delivered by occupational therapists with a focus on improving function and participation.

- Occupational therapists have extensive training in typical childhood development and the assessment of mental and physical health conditions and disorders affecting function, which prepares them to be highly qualified in the early identification and treatment of mental health issues (Scope of Practice Statement, College of Occupational Therapists of Ontario, 2021). Occupational therapists are qualified to utilize a variety of therapeutic modalities including structured psychotherapy approaches and other psychotherapy approaches as well as activity and occupation-focused interventions.
- The reader is referred to supporting documentation in Appendix 1: *Occupational Therapy in School-Based Child and Youth Mental Health* and the *Occupational Therapy Child and Youth Mental Health Referral Tool*.

## 2. Occupational Therapists are Health Promoters

- Through the analysis of activities, routines and environments, occupational therapists utilize real life occupations to promote healthy socialization and engagement.
- A systematic review of occupational therapy mental health interventions demonstrated strong evidence for the effectiveness of occupation and activity-based interventions in many areas, including programs that focus on social-emotional learning, school-wide bullying prevention, stress management, and the promotion of positive mental health (Arbesman, Bazyk & Nochajski, 2013).
- An excellent example of a positive mental health promoting occupational therapy intervention is the ***Every Moment Counts Program (EMC)***, which was developed by a team of occupational therapists under the direction of Susan Bazyk PhD, OTR/L (Cleveland State University). *Every Moment Counts* is a multi-pronged, evidence-based, health promotion program where “Interactions and activities aimed at promoting positive mental health are embedded firmly into all aspects of the school day – in the classroom, lunchroom, hallways, restrooms, during recess, and afterschool...” Manualized programming including 'Refreshing Recess', 'Comfortable Cafeteria' and 'Calm Moments Cards', all target different aspects of a student's day and have been evaluated and shown to have delivered the following statistically significant improvements:
  - i) improved student enjoyment and social participation,
  - ii) enhanced confidence in managing stress and anxiety at school,
  - iii) improved ability to make friends at recess, and
  - iv) improved prosocial behaviour at lunch time (Bazyk, Demirjian, Horvath & Doxsey, 2018).

- In the EMC model, the occupational therapist is embedded within the school setting as a change agent, capacity builder, coach, and trainer of targeted mental health promotion programming.
- Occupational therapy research and literature strongly supports embedding services in the school environment and activities, lunchrooms, gyms, and common spaces. This is a distinct contribution that allows for the delivery of mental health promotion programming in unstructured and often overlooked aspects of a student's day. The profession's unique focus on occupational development, student roles and competencies as learners, players, and friends makes occupational therapists especially skilled in this domain.
- The reader is referred to supporting documentation about *Every Moment Counts* at <https://everymomentcounts.org/> and in Appendix 3 – *Every Moment Counts Info-brief*

### 3. Occupational Therapists are Tiered Service Model Providers

- Tiered service models are promoted as best practice in school-based contexts by both occupational therapists and organizations making policy recommendations, such as School Mental Health Ontario. These models ensure an integrated system of care including broad mental health promotion (Tier 1 service), identification and prevention of mental health issues for at-risk students (Tier 2) and services for individually identified students (Tier 3).
- Occupational therapists are well versed in the provision of tiered service models through the important work led by the CanChild Centre for Childhood Disability on the Partnering For Change initiative which engaged school-based occupational therapists in a tiered service delivery model.
- Occupational therapists have skills in both individual and group mental health interventions and mental health promotion, uniquely positioning them to provide services at all three tiers. Occupational therapists in this model would utilize a response to intervention approach to assess students' needs for increasing or decreasing intervention intensity at each tier. This response to mental health intervention approach would be unique, innovative and would address a current gap in service provision.
- The reader is referred to supporting documentation about the experience of occupational therapists in tiered service delivery models at [www.partneringforchange.ca](http://www.partneringforchange.ca).

## Proposed Initiatives

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Given the above competencies, the Ontario Society of Occupational Therapists respectfully proposes the following three options for the consideration of the Ministry of Education:

- 1. That the Ministry of Education recognize occupational therapists as mental health professionals who bring the necessary skills and competencies to serve on school mental health teams and promote the recruitment of occupational therapists to augment capacity to serve the needs of students in targeted recruitment for fall 2021.**

As school boards consider how to address the anticipated increase in demand for mental health supports for students both as provincial health restrictions related to the COVID-19 pandemic persist and as students are able to resume in-school classes, the Society asserts that this is both an ideal and important opportunity to expand the range of mental health professionals that can serve on school mental health teams. Building and maintaining capacity in the system will be an important priority. Expanding the range of mental health professionals eligible to serve on teams enlarges the potential recruitment pools and has the potential to enrich teams with new complementary professional perspectives that can enhance the range of intervention options such as activity or occupation-based approaches that are unique to occupational therapy.

Occupational therapists are currently known within the school system through programs that vary across the province. The majority of schools access occupational therapy via School-based Rehabilitation Services funded through the Ministry of Children, Community, and Social Services. While all occupational therapists bring a wholistic perspective to their practice, those working in school-based rehabilitation are not able to practice with a primary focus on mental health needs, as mental health services are outside the scope of the school-based rehabilitation services program funds. In some regions, districts school boards hire occupational therapists directly and embed them in the school to support classrooms, specialized programs, special education students and work as members of complex behaviour teams. The Society takes this opportunity to share that approximately 59% of its current membership identify they work with mental health conditions as at least a component of their work.

As a result of current policies and funding for access to occupational therapy services, few school boards recognize or may be familiar with the value of occupational therapy as a mental health profession. Hiring practices for school mental health teams and professionals have been restrictive to occupational therapists who do not meet posted requirements for social work, nursing, or psychology backgrounds. We believe the sector has missed an important mental health resource. Now, as resources are in such demand, we assert that occupational therapists can be part of the solution. However, we believe that change to include a new mental health professional will require the Ministry's support and direction in addition to the profession's responsibility to promote the value of our services.

Ensuring occupational therapists are eligible to participate as school mental health professionals would be managed within allocated budgets for these teams. We forward the recommendation that Boards of Education be supported to allocate a budget that would allow for a minimum of 3 occupational therapists per Board. Each board could then assign their OT resource where need is greatest. OSOT asserts that flexibility for Boards to utilize OT resources across all tiers of service would provide flexibility to impact at the school and individual student level as well as contribute to Board and system level performance.

Average compensation for an occupational therapist is \$78,000 plus benefits. Our estimate is that the recommendation to budget for 3 OTs per Board of Education would require budgetary allocation of approximately \$21 million. We believe occupational therapists are a cost-effective option for increasing mental health capacity in Ontario schools.

**2. That the Ministry of Education support a pilot of occupational therapy led Tier 1, evidence-based, positive mental health programming based on *Every Moment Counts* in a targeted elementary school environment.**

As described above, *Every Moment Counts (EMC)* is targeted to implement strategies that promote positive mental health amongst the entire student body. Positive mental health is associated with feeling good emotionally, doing well functionally, and coping with challenges in everyday life and is a foundation for a student success at school. In light of known and forecasted challenges to mental health amongst young children who have experienced the pandemic and the imperative to address these challenges to both mitigate mental health risk and to enable early identification and intervention for children with need, we believe this whole school approach which is well targeted to support School Mental Health Ontario's 5 collaborative goals can be an impactful solution for timely implementation as students return to school. It can be expected that teachers will have a significant focus on assessing students' progress in the curriculum after such disrupted school experiences in the past year. Engaging an OT change leader with a focused role on promoting positive mental health is proposed as a cost-effective strategy that engages all staff in meaningful but simple ways to build school capacity and culture to promote mental health well-being.

Piloting this program in 1 – 2 receptive school boards would enable demonstration of impact and evaluation of potential to upscale. The Ontario Society of Occupational Therapists is prepared to work with the Ministry and selected Board(s) of Education to support development of such a pilot. A pilot would require investment in OT human resource costs but the program resources and materials are accessible in the public domain (View Appendix 3 for EMC Program Overview). Consultation with program developer, Dr. Susan Basyk has been initiated.

**3. Promote consideration of a dedicated pilot program for occupational therapists within the elementary school system to deliver a full tiered approach including the *Every Moment Counts* evidence-based intervention at tier 1, as well as providing tier 2 and 3 services.**



*Every Moment Counts* is a program built upon a tiered service delivery model framework. While Tier 1 strategies focus on developing positive mental health, attention to children's responses and participation contributes to early identification of mental health problems and leads to timely intervention when Tier 2 and/or 3 resources are accessible through school mental health professionals. In the ideal, the occupational therapist leading the EMC program in a school is accessible to participate in tier 2 and 3 services. This recommendation would be supported by support to recommendation 1 above.

We look forward to continuing to work with the Ministry of Education on developing further opportunities for occupational therapists to support the mental health of students in Ontario. We would be pleased to meet to discuss these proposed solutions in more depth and would invite any questions or needs for clarification. Please contact OSOT Executive Director, Christie Brenchley at [cbrenchley@osot.on.ca](mailto:cbrenchley@osot.on.ca).

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# Occupational Therapy in School-based Child and Youth Mental Health 2021



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## Appendix 1

### Scope of Practice Statement

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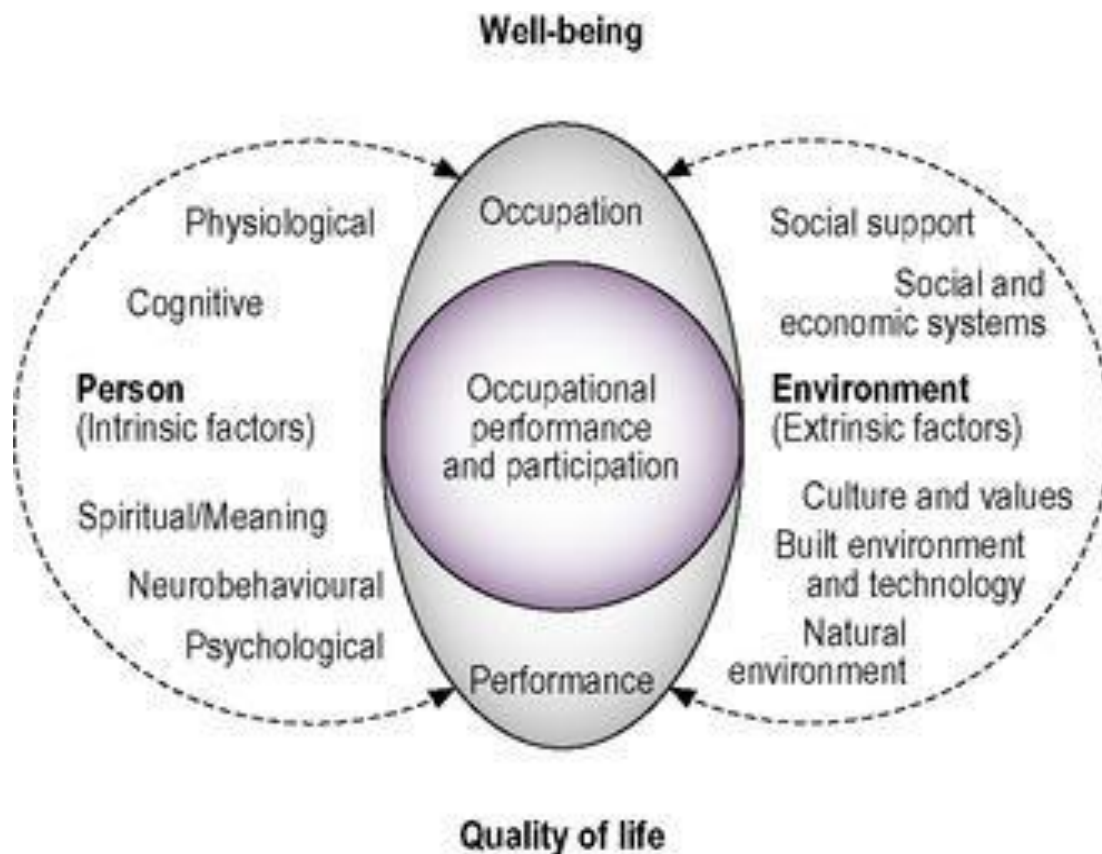
Occupational therapists' legal basis for practice comes from the *Occupational Therapy Act, 1991*. It sets out what occupational therapists are trained, competent and authorized to perform:

“The practice of occupational therapy is the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function or adaptive behaviour in the areas of self-care, productivity and leisure.”  
(College of Occupational Therapists of Ontario, 2018)

### How Occupational Therapy Can Help:

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Occupational therapists work in a variety of settings to support children and youth with mental health challenges. Occupational therapists are guided by theoretical frameworks that inform their practice such as the one illustrated below, which demonstrates how occupational therapists consider all aspects of the person and their environment (Person Environment Occupational Performance Model, 2005).

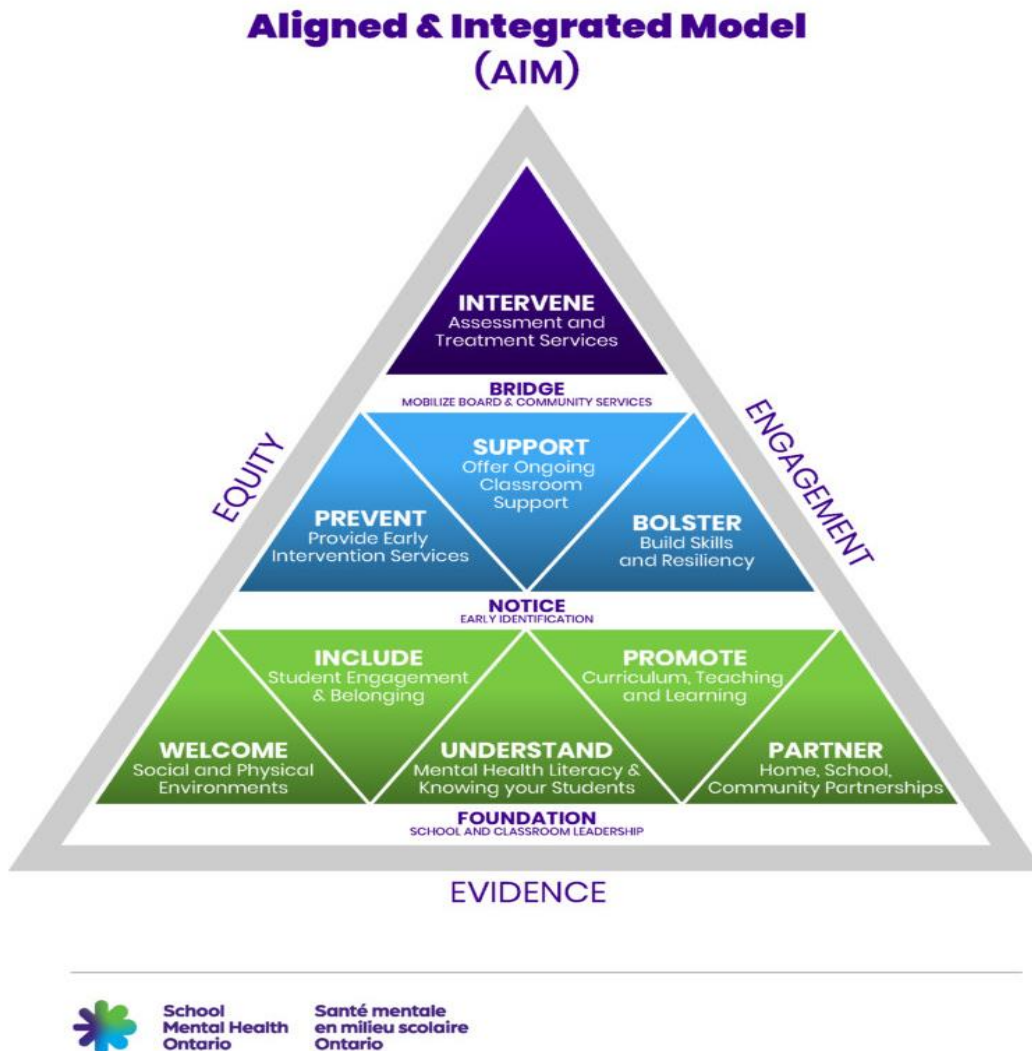


## Appendix 1

### Occupational Therapy Philosophies are Consistent with School Mental Health Ontario's Aligned and Integrated Model

<b>Intervene</b>	<p>Occupational therapists offer individualized treatment planning and skilled intervention to promote meaningful participation in activities and relationships they need and want to engage in. In respect to students' physical, emotional, cognitive, and social development, occupational therapists seek to remediate skills, promote competence and minimize the effects of mental health differences for students. This often includes use of evidence-based approaches such as cognitive behavioural therapy, motivational interviewing, solution focused coaching, mindfulness training, social cognition programming, and use of sensory modalities in addition to emotional and behavioural supports to promote improved self-regulation.</p>
<b>Prevent Support Bolster</b>	<p>Occupational therapists provide holistic assessment that is especially valuable in the early years to identify and engage students at risk within their learning environments with situationally and developmentally appropriate support. Methods of scaffolding skills are utilized to promote participation and engagement in meaningful activities that serve to both empower and equip the students and the school staff to create a positive foundation for ongoing success.</p>
<b>Welcome Include Understand Promote Partner</b>	<p>Occupational therapists use a holistic approach to working with students, their educators and families. Consideration is given to the physical and social environmental factors creating the milieu for services. Occupational therapists have a history of partnering with school personnel in order to coach and support educators in understanding their students and optimizing their participation with relevant knowledge and programming that benefits whole classrooms.</p>

## Appendix 1



The following document outlines case examples across the child and youth lifespan informed by real cases in which occupational therapists have provided support to young people and their families who are impacted functionally by mental health challenges.

## Appendix 1

### Aaron: The Importance of Primary Prevention and Addressing Function

*Aaron is 5 years of age and has just started full day Senior Kindergarten. He did not go to Junior Kindergarten because parents were concerned that he was not quite ready. Aaron's kindergarten teacher talks about his difficulties with transitions and parents report he has difficulty playing well with other children. Aaron appears bright when it comes to early literacy and numeracy concepts but teachers report that he struggles to follow classroom routines, he speaks loudly and out of turn, and is constantly moving and touching others, hampering his ability for belonging and contributing within the classroom community.*

*By Grade 3, Aaron is struggling academically and is exhibiting disruptive behaviours in the classroom including: difficulty attending to the academic program, getting upset and at times physically aggressive towards his teacher and peers. He says he hates going to school and prefers to spend time on his computer.*

This scenario is an example of the type of child that could have benefitted from occupational therapy intervention at a very early age. There is strong evidence that children with early social difficulties go on to develop more serious mental health concerns (Becker, Chorpita & Daleiden 2011; Fabiano & Pelham, 2009). Occupational therapists are skilled in assessing and intervening with functional difficulties and are trained to modify tasks and the social and physical environment to enable the child to succeed.

In Kindergarten, some occupational therapy interventions could include:

- Completing a holistic analysis of the classroom environment, the tasks that are expected, and the skills that Aaron brings to the table to identify where there is a poor fit
- Educating about the connection between perceived stressors in children and the message behind their behaviour
- Consulting with the teacher regarding accommodating or modifying classroom tasks to promote successful participation.
- Exploring use of external supports such as a visual schedule or timers to support focus and task completion.
- Coaching teachers and parents to implement a social thinking curriculum to build social skills.
- Helping teachers and parents to foster Aaron's regulation skills through co-regulation and use of sensory tools to attain and maintain a just right state for learning along with learning ways to employ routine and consistency.

In Grade 3, occupational therapy interventions could include:

- Finding areas of fit between Aaron's interests and available activities at school in order to increase his participation, self-efficacy and sense of safety and belonging.
- Working directly with Aaron individually or in a small group to teach missing skills or support Aaron emotionally using eclectic programming pulling from best child and youth mental health practices
- Working with Aaron and his teacher to identify and implement strategies to keep him calm, alert and ready to learn across his school day.
- Consulting with the special education team to help brainstorm the optimal combination of accommodations and modifications to meet Aaron where he is starting from and encourage positive growth.

Occupational therapists are trained to work with clients across the lifespan and to consider their occupational development needs. Prevention or early identification of mental health issues and their current or potential impact on function is best practice to prevent more complex and chronic issues from developing.

## Appendix 1

### Jesse: Early Occupational Therapy Intervention for a Preadolescent

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*Jesse is an 11-year-old boy with a history of hospitalizations for mood and behavioural problems. He already has a history of school suspensions, theft and skipping school. Parents are really concerned about the path he is on and are worried he is close to getting caught up in the justice system. Jesse is highly resistant towards talk therapy but parents have been working with a counsellor on how to respond and support Jesse in order to promote more positive behaviour. Although parents have found this very helpful for helping them to stay regulated and respond with love and warmth, they have not seen any changes in Jesse's ability to stay out of trouble at school or in the community.*

This scenario is a common referral for many occupational therapists who work in behavioural health services. In Jesse's case, an occupational therapist would likely take a very different approach than talk-based services. Facilitating engagement in productive occupations (even at young ages) in a supportive environment can be a catalyst for positive change.

Some specific occupational therapy interventions could include:

- Helping staff develop the skills to respond to Jesse's stress behaviour in a compassionate and supportive way that creates a feeling of belonging and safety at school
- Generalizing the strategies that have been helpful for Jesse's parents into the classroom setting.
- Choosing to focus on engaging Jesse in work-based sessions where he takes on a special project or a helper/mentor role at school.
- Coaching Jesse in some learning regarding responsibility, communicating and presenting himself in a professional way, and putting forth his best effort in his new school roles.
- Exploring productive occupations to allow the occupational therapist to engage Jesse in some discussion of his values and moving his life in the direction he wants to go, even in tough situations.
- Following a period of positive interaction and trust building, Jesse may then be able to engage in talk therapy regarding issues like self-esteem.

Occupational therapists are well trained to provide activity-based approaches when other traditional talk-based approaches are not creating desired change. Occupational therapists are skilled in the use of psychotherapeutic approaches in counselling (such as cognitive behavioural therapy), but may also have specialized training as psychotherapists. These approaches may be used in conjunction with occupation-based approaches like motivational interviewing or mindfulness-based stress reduction to facilitate functional skills.

## Appendix 1

### Michelle: Early Identification and Intervention in Serious Mental Illness

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*Michelle is a 17 year old grade 12 student being assessed as a result of escalating behavioural issues including aggression, falling grades, and substance abuse.*

*Occupational therapy was available in her school board and a referral was made for individualized services. Michelle refused to take part in formal or standardized assessments, therefore the occupational therapist utilized leisure-based and work-based sessions with which Michelle was more comfortable. During the sessions, the occupational therapist noticed that Michelle had difficulty with sequencing and organization, often paused mid-sentence or moved to a different topic without a transition. Through consultation with a community psychiatrist, it was determined that Michelle may be in the early stages of developing a psychotic disorder.*

In this particular case the occupational therapist was able to play an important role by using the occupational therapy skill of ‘assessment in context’, using task analysis and dynamic performance analysis, early recognition, diagnosis and treatment was facilitated.

Following the diagnosis, the school-based occupational therapy interventions could include:

- Providing education to Michelle and the school staff regarding early psychosis and strategies to prevent any functional decline.
- Working with Michelle and the guidance team to prepare for her transition to post-secondary pathways including helping to advocate for the accommodations she can request at college, university or in the workplace.
- Exploring appropriate school extracurricular activities to create balanced and meaningful daily routines and social engagement in the school community.
- Coaching Michelle and her course teachers in strategies that will help support her symptom management and executive functioning skills in order to promote optimal participation.
- Completing individualized sessions with Michelle in order to help her cope with the emotional and social challenges her diagnosis presents.

Occupational therapists have extensive training in a wide range of health conditions and assessment of clients using both standardized and occupation-based methods. Occupational therapists are trained to approach assessments holistically including the environment, occupation and personal strengths and challenges. This holistic approach qualifies occupational therapists as well trained and experienced professionals who adopt a proactive approach in early identification and intervention of mental health issues.



## Can Occupational Therapy Help?

### Youth Mental Health Referral Tool \*for youth 11-18, use other side if child is 4-10

The purpose of this tool is to assist in the identification and referral process of children and youth experiencing mental health issues that may benefit from occupational therapy services. This tool is based on elements of the Canadian Model of Occupational Performance and Engagement (Townsend & Polatajko, 2007, CAOT)

Name of Youth: \_\_\_\_\_ Date of Birth(day/month/year): \_\_\_\_\_ Source of Referral: \_\_\_\_\_

Occupational Therapy (O.T.) targets improved function in daily life. The goal of an **OT assessment** is to identify factors that impact self-care, productivity and leisure/play including: cognitive, emotional, physical, social, spiritual, activity-specific and environmental. **OT Interventions** may include: skills development, environmental modification, activity planning, supportive counselling, behavioural interventions, psychotherapy and psycho-education.

Please put a checkmark in the space provided to indicate the youth's level of difficulty in comparison to others of the same age :

**1 - No Concerns or N/A    2 - Mild Concerns    3 - Moderate Concerns    4 - Many Concerns    5 - Significant Concerns**

Area of Functioning	1	2	3	4	5
<b>Self-care</b>					
1 Hygiene routines (brushing teeth, shower/bathe...)					
2 Sleep routines (getting enough sleep, going to bed/getting up on time...)					
3 General health care (taking medications, weight management...)					
4 Independence in community functioning (safety awareness, socially appropriate...)					
5 Feeding/eating (able to prepare food safely, good eating habits, healthy relationship with food...)					
<b>Total Self Care Score = ____ / 25</b>					
Check whether this total score is of: Low Concern (5-10) ____ Moderate Concern (11-15) ____ High Concern (16-25) ____					
<b>Productivity</b>					
6 School performance (completes homework, grades are representative of ability...)					
7 Motivation to attend/complete school (present focus, future focus...)					
8 Compliance with chores (helps out with household, responsible for routines...)					
9 Interest or ability with caretaking roles (siblings, pets, babysitting...)					
10 Interest or skills in present or future work roles (volunteering, paid work...)					
<b>Total Productivity Score = ____ / 25</b>					
Check whether this total score is of: Low Concern (5-10) ____ Moderate Concern (11-15) ____ High Concern (16-25) ____					
<b>Leisure/Play</b>					
11 Relationships with peers and adults (positive, friendly, feelings reciprocated...)					
12 Interest or involvement in social activities (sports, extracurricular activities, parties...)					
13 Interest or involvement in a variety of healthy leisure activities (alone or with others)					
14 Enjoyment and pleasure from leisure activities					
15 Balance in amount of time spent in leisure					
<b>Total Leisure/Play Score = ____ / 25</b>					
Check whether this total score is of: Low Concern (5-10) ____ Moderate Concern (11-15) ____ High Concern (16-25) ____					
<b>General Mental Health Issues</b>					
16 Emotional functioning (low esteem, signs/symptoms of anxiety, depression, irritability...)					
17 Cognitive functioning (inattention, poor time management, impaired memory...)					
18 Behavioural functioning (aggression, oppositional, addictive behaviours, risk for criminality...)					
19 Social Functioning (difficulty making or keeping friends, withdrawn, family conflicts...)					
20 Safety (risk-taking, risk for self-harm, suicidality...)					
<b>Total Mental Health Issues Score = ____ / 25</b>					
Check whether this total score is of: Low Concern (5-10) ____ Moderate Concern (11-15) ____ High Concern (16-25) ____					
<b>OVERALL SCORE of 4 areas of function = ____/100</b>					
Note: If a youth has a high score in any one area of functioning, even if their overall score is moderate or below, a referral to OT may still be useful to address the area of occupational dysfunction. Please fill in the following based on the scores above.					
Need for OT based on: Overall Score for 4 areas: 20 - 40 = LOW NEED ____ 41 - 60 = MODERATE NEED ____ 61 - 100 = HIGH NEED ____					
Total Number of Functional Areas that are of: LOW CONCERN ____ MODERATE CONCERN ____ HIGH CONCERN ____					



# Can Occupational Therapy Help?

## Child Mental Health Referral Tool \*for child 4-10, use other side if youth is 11-18

The purpose of this tool is to assist in the identification and referral process of children and youth experiencing mental health issues that may benefit from occupational therapy services. This tool is based on elements of the Canadian Model of Occupational Performance and Engagement (Townsend & Polatajko, 2007, CAOT).

Name of Youth: \_\_\_\_\_ Date of Birth(day/month/year): \_\_\_\_\_ Source of Referral: \_\_\_\_\_

Occupational Therapy (O.T.) targets improved function in daily life. The goal of an **OT assessment** is to identify factors that impact self-care, productivity and leisure/play including: cognitive, emotional, physical, social, spiritual, activity-specific and environmental. **OT Interventions** may include: skills development, environmental modification, activity planning, supportive counselling, behavioural interventions, psychotherapy and psycho-education.

Please put a checkmark in the space provided to indicate the child's level of difficulty in comparison to others of the same age:

**1 - No Concerns or N/A    2 - Mild Concerns    3 - Moderate Concerns    4 - Many Concerns    5 - Significant Concerns**

Area of Functioning	1	2	3	4	5
<b>Self-care</b>					
1 Hygiene routines (washing hands, toileting, brushing teeth, shower/bathe...)					
2 Sleep routines (falling asleep, getting enough sleep, going to bed/getting up on time...)					
3 General health care (taking medications, weight management...)					
4 Safety in community (awareness of dangers, ability to take direction...)					
5 Feeding/eating (able to feed self, good eating habits...)					
Total Self Care Score = ____ / 25					
Check whether this total score is of: Low Concern (5-10) _____ Moderate Concern (11-15) _____ High Concern (16-25) _____					
<b>Productivity</b>					
6 School/daycare attendance and engagement (enjoys going, interest in learning...)					
7 School/daycare performance (grades are representative of ability, completes homework...)					
8 Compliance with chores (helps out with age appropriate chores, success with routines...)					
9 Interest or ability with caretaking/assisting roles (pets, siblings...)					
10 Interest or skills in helper roles (teacher's helper, classroom responsibilities, in clubs/sports...)					
Total Productivity Score = ____ / 25					
Check whether this total score is of: Low Concern (5-10) _____ Moderate Concern (11-15) _____ High Concern (16-25) _____					
<b>Leisure/Play</b>					
11 Positive relationships during play with peers/adults (friendly, feelings reciprocated, sharing...)					
12 Interest or involvement in social activities (sports, extracurricular activities, parties...)					
13 Interest or involvement in a variety of healthy leisure activities (alone or with others)					
14 Enjoyment and pleasure from leisure activities					
15 Able to transition from leisure to other activities as needed					
Total Leisure/Play Score = ____ / 25					
Check whether this total score is of: Low Concern (5-10) _____ Moderate Concern (11-15) _____ High Concern (16-25) _____					
<b>General Mental Health Issues</b>					
16 Emotional functioning (low esteem, difficult to calm, signs/symptoms of anxiety, sadness...)					
17 Cognitive functioning (inattention, learning challenges, difficulty with memory...)					
18 Behavioural functioning (aggression, oppositional, impulsive, risk for suspension or criminality...)					
19 Social Functioning (difficulty making or keeping friends, family relationships...)					
20 Safety (risk-taking, risk for self-harm, suicidality...)					
Total Mental Health Issues Score = ____ / 25					
Check whether this total score is of: Low Concern (5-10) _____ Moderate Concern (11-15) _____ High Concern (16-25) _____					
<b>OVERALL SCORE of 4 areas of function = ____/100</b>					
Note: If a child has a high score in any one area of functioning, even if their overall score is moderate or below, a referral to OT may still be useful to address the area of occupational dysfunction. Please fill in the following based on the scores above.					
Need for OT based on: Overall Score for 4 areas: 20 - 40 = LOW NEED _____ 41 - 60 = MODERATE NEED _____ 61 - 100 = HIGH NEED _____					
Total Number of Functional Areas that are of: LOW CONCERN _____ MODERATE CONCERN _____ HIGH CONCERN _____					



# every moment counts

promoting mental health throughout the day

## What is Every Moment Counts?

**Every Moment Counts** is a mental health promotion initiative developed to help all children and youth become mentally healthy in order to succeed in school, at home and in the community. This work focuses on reframing mental health as a positive state of functioning – it is more than the absence of mental illness. Positive mental health is associated with feeling good emotionally and doing well functionally in everyday life. For children and youth, this means doing well during academic (classroom) as well as nonacademic (recess, lunch, after-school extracurricular activities) times of the day.<sup>1</sup>

**Why should everyone care about mental health?** Mental health is an integral part of overall health. Children and youth who experience positive mental health and well-being function better during academic and non-academic times of the school day and do things to take care of their health.<sup>2</sup>

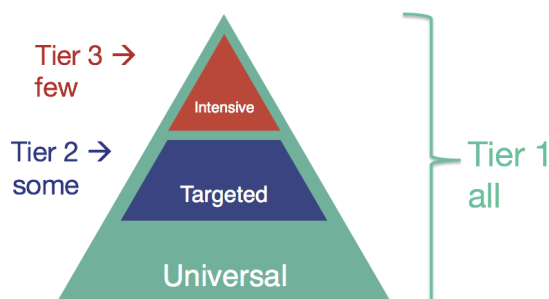
**Project Director:** Susan Bazyk, PhD, OTR/L, FAOTA (s.bazyk@csuohio.edu)

## Every Moment Counts Emphasizes:

- 1. Mental health promotion.** Model programs and embedded strategies focus on creating environments that foster participation and enjoyment for all children and are based on research in the areas of mental health promotion<sup>3</sup> and positive psychology<sup>4</sup>. Strategies that have been found to improve mental health include participation in enjoyable activities<sup>5</sup>, using personal strengths, having friends, thinking optimistically, performing acts of kindness and expressing gratitude<sup>6</sup>. Mental health promotion efforts also include creating supportive environments, reducing stigma and discrimination, and supporting the social and emotional learning (SEL) of all children and youth.
  - **Who can be a Mental Health Promoter? Everyone!** All adults can play an active role in mental health promotion using embedded strategies. Although the mental health field has traditionally been viewed as the domain of licensed mental health providers, experts are calling for a paradigm shift to better prepare all school personnel to proactively address the mental health needs of all students<sup>7</sup>.
- 2. Inclusion** of students with disabilities and mental health challenges during all aspects of the school day and extracurricular after-school activities.
- 3. Integrating services in natural contexts.** Model programs and embedded strategies have been developed to take place in natural school and community contexts (versus isolated therapy rooms). Such integrated services fosters social interaction and the development of friendships among students with and without disabilities and/or mental health challenges.
- 4. Collaboration among all school personnel and parents.** Integrated and inclusive programs require close collaboration among all relevant stakeholders. Although this work is led by occupational therapists, emphasis is placed on close collaboration with all 'indigenous resources' within schools – other related service providers (speech therapy, physical therapy), lunch and recess supervisors, special and regular education teachers, para-educators, physical and health educators, and school counselors to name a few. Integration of intervention strategies throughout the day is critical for generalization of targeted skills.

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people, and the ability to adapt to change and cope with adversity.<sup>4</sup>

## Guiding Framework: Public Health Approach to Mental Health



Similar to RtI and PBIS, a multi-tiered public health approach is used to provide a range of services and supports geared to meet the mental health needs of children and youth with and without disabilities and/or mental health challenges. Depicted as a pyramid representing a multi-tiered system of interventions and supports, this approach is designed to meet the mental health needs of children and youth at the universal, whole-school (all); targeted (at-risk; some); and intensive individualized levels (identified with mental health challenges). This framework supports a change in thinking from the traditional, individually focused deficit-driven model of mental health intervention to a whole-population strength-based approach.

## The Every Moment Counts Website ([everymomentcounts.org](http://everymomentcounts.org))

This website provides a wealth of information that can be used to build capacity of school personnel and families to learn about positive mental health, a multi-tiered public health approach to mental health, and simple strategies for promoting positive mental health. Information describing all of the model programs is provided along with detailed instructions and downloadable resources (bookmarks, posters, handouts) for successful implementation. Information continues to be added to the website.

## Model Programs and Embedded Strategies

Model Programs and Embedded Strategies have been developed, implemented, and evaluated to foster successful and enjoyable participation, skill development, and mental and physical health. Information needed to learn about and implement the programs and strategies are free and downloadable on the Every Moment Counts website.

- **Comfortable Cafeteria** – a six week, 1 day/week program that helps build capacity of cafeteria supervisors and students to create a positive environment so that all students enjoy their lunch and socializing with peers. Weekly themes focus on friendship promotion, mealtime conversations, including everyone, and healthy eating.
- **Refreshing Recess** – a six week, 1 day/week program that helps build capacity of recess supervisors and students to create a positive environment so that all students enjoy active play and socializing with peers. Weekly themes focus on friendship promotion, including others, teamwork, active play, and conflict resolution.
- **Calm Moments Cards** – a program designed to help teachers and other school personnel recognize signs of stress in students and embed thinking, relaxation and focusing, and sensory strategies to reduce stress and enhance emotional well-being during 17 situational stressors (e.g. taking a test, completing an assignment, etc.).
- **Making Leisure Matter** – Coaching strategies are used to explore interests in youth with limited or no leisure interests, find community options for participation, and foster participation.
- **Tier 1 Embedded Strategies** – A variety of evidence-based strategies for promoting mental health based on research from positive psychology are provided on the Every Moment Counts website. Check out Moments for Mental Health and Tier 1 Strategies within the Embedded Strategies tab.

## The Every Moment Counts Commitment

Every Moment Counts is committed to building capacity of all school personnel, families, and community providers to promote children's mental health and contribute to prevention and intervention of mental health challenges through professional education, website resources, and coaching.

## OTs Foster Participation in Activities that Promote Health

Occupational therapists (OT) are skilled in analyzing the interaction between the skills needed to successfully participate in an activity (e.g. play & social interaction during recess, eating lunch) and how to modify the activity and/or environment in order to promote participation. In addition to having a sound knowledge of the sensory and motor requirements of a task, OTs are skilled in addressing the social and emotional aspects of participation.

For further information:

Visit: [everymomentcounts.org](http://everymomentcounts.org) or Contact: **Susan Bazyk** at [s.bazyk@csuohio.edu](mailto:s.bazyk@csuohio.edu)

<sup>1</sup>Bazyk, S. (ed.). (2011). *Mental health promotion, prevention, and intervention for children and youth: A guiding framework for occupational therapy*. Bethesda, MD: AOTA Press.

<sup>2</sup>Keyes, C. L. (2006). Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry*, 76, 395-402.

<sup>3</sup>Barry, M. M., & Jenkins, R. (2007). *Implementing mental health promotion*. Edinburgh, Scotland: Churchill Livingstone/Elsevier.

<sup>4</sup>Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60, 410-421.

<sup>5</sup>Fredrickson, B. L. (2004). The broaden-and-build theory of positive emotions. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 359, 1367-77.

<sup>6</sup>Heller, D., Watson, D., & Ilies, R. (2004). The role of person versus situation in life satisfaction: A critical examination. *Psychological Bulletin*, 130, 574-600.

<sup>7</sup>Koller, J. R., & Bertel, J. M. (2006). Responding to today's mental health needs of children, families and schools: Revisiting the preservice training and preparation of school-based personnel. *Education and Treatment of Children*, 29, 197-217.