

Building Mental Health Capacity in Schools: Early Lessons from a Canadian Initiative

Sharon Friesen, Stephen MacGregor, & Dennis Sumara, *University of Calgary*
Jennifer Turner, *Calgary Board of Education*
Brenna Mesner, *University of Calgary*

Abstract

This article examines the early implementation of a provincial initiative aimed at improving mental health supports in Canadian elementary and secondary schools. A content analysis of 60 proposals submitted by school jurisdictions uncovered the organizational and cultural strengths and challenges that influence the development of mental health initiatives. The analysis revealed three strengths: readiness for change, tailored mental health solutions, and strategic leadership. Five challenges also emerged: fragmented service delivery, an overreliance on external service providers, a lack of qualified staff, difficulties in forming authentic partnerships with families and communities, and impediments to establishing an effective organizational infrastructure. The findings highlight the complexity of embedding mental health initiatives in schools and the importance of sustained leadership, professional learning, and community collaboration for long-term integration.

Résumé

Cet article examine la mise en œuvre initiale d'une initiative provinciale visant à améliorer les services de soutien en santé mentale dans les écoles primaires et secondaires canadiennes. Une analyse de contenu de 60 propositions soumises par les autorités

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SIMON FRASER
UNIVERSITY



scolaires a permis de mettre en évidence les atouts et les défis organisationnels et culturels qui influencent l'élaboration d'initiatives en matière de santé mentale. L'analyse a révélé trois atouts : la disposition au changement, des solutions adaptées en matière de santé mentale et un leadership stratégique. Cinq défis ont également été mis en évidence : la fragmentation de la prestation des services, une dépendance excessive à l'égard de prestataires de services externes, un manque de personnel qualifié, des difficultés à établir des partenariats authentiques avec les familles et les communautés, et des obstacles à la mise en place d'une infrastructure organisationnelle efficace. Les résultats soulignent la complexité de l'intégration d'initiatives en matière de santé mentale dans les écoles et l'importance d'un leadership soutenu, d'un apprentissage professionnel et d'une collaboration communautaire pour assurer une intégration à long terme.

Keywords / Mots clés : mental health, well-being, socioemotional learning, policy implementation, implementation drivers / santé mentale, bien-être, apprentissage socio-émotionnel, mise en œuvre des politiques, facteurs de mise en œuvre

Introduction

The prevalence of mental health challenges among children and adolescents has increasingly foregrounded the role of schools in addressing both the academic and social-emotional needs of students. Adolescence and early adulthood are pivotal periods during which unnoticed or untreated mental health conditions can lead to lifelong challenges (Hjorth, Bilgrav, Frandsen, Overgaard, Trop-Pedersen, Nielsen, & Bøggild, 2016; Lawrence, Dawson, Houghton, Goodsell, & Sawyer, 2019). Schools are uniquely positioned to foster social-emotional learning (SEL) and promote positive mental health through tiered interventions (Kutcher & Wei, 2020; Mahoney, Weissberg, Greenberg, Dusenbury, Jagers, Niemi et al., 2021). The integration of mental health initiatives within schools has the potential to support students' immediate wellbeing as well as foster the skills and dispositions necessary for lifelong learning, such as building healthy relationships, managing stress, and contributing meaningfully to their communities and workplaces.

Many educational systems globally have sought to implement school-based mental health supports. However, the translation of evidence-informed mental health initiatives into effective school practices often encounters systemic, structural, and cultural barriers (Shelemy, Harvey, & Waite, 2019). This gap between identifying best practices and their successful implementation is particularly evident in Canadian contexts, where schools and school authorities have made substantial efforts to promote mental health yet face ongoing challenges in realizing their goals (e.g., MacGregor, Friesen, Turner, Domene, McMorris, Allan et al., 2024). Understanding how school jurisdictions navigate these barriers, while also fostering the professional learning and organizational capacities necessary for successful implementation, can inform the implementation and sustainability of school-based mental health supports.

This article explores the early implementation activities of a provincial Canadian initiative aimed at supporting student mental health in elementary and secondary

schools. Specifically, the authors focus on how these activities addressed both student mental health needs and contributed to lifelong learning conditions and capabilities. By analyzing the funding proposals submitted by 60 school jurisdictions in response to a government-funded initiative, the article examines the ways in which these proposals reflect professional and organizational learning, as well as the systemic conditions that either enable or hinder effective implementation. Three research questions are addressed:

What are the contextual factors influencing school authorities' efforts to improve student mental health supports?

What strengths and challenges exist in providing school-based mental health supports?

What evidence of professional and lifelong learning emerges from the proposals?

This analysis aims to highlight the broader implications of school-based mental health initiatives for educational leadership and professional development. This work builds on existing literature that emphasizes the need for school-wide mental health promotion to be integrated with the development of lifelong learning competencies, both for students and for the educators supporting them (Schonert-Reichl, 2017; Turner, 2022). Moreover, the findings offer new insights into how school authorities are mobilizing their existing strengths and addressing challenges to create conditions conducive to successful mental health program implementation. By doing so, this article contributes to the growing body of research on the intersection of mental health, education, and professional learning in school settings.

Background

The role of schools in promoting lifelong mental health

Adolescence and early adulthood are now widely recognized as critical stages of development, during which mental health conditions can emerge and, if left unnoticed or untreated, persist throughout life (Hjorth et al., 2016; Lawrence et al., 2019; Smith et al., 2019). These conditions, ranging from anxiety and depression to more severe disorders, impact immediate wellbeing and can have far-reaching consequences on individuals' educational attainment, career prospects, and social relationships. The lifelong nature of these challenges points to the importance of integrating mental health initiatives within the broader framework of lifelong learning, which views mental health not as a discrete issue but as foundational to individuals' overall development and ongoing capacity for learning.

Schools are increasingly being identified as environments for addressing mental health, given their unique position in children's and adolescents' daily lives (Jayatissa, 2024; Turner, 2022). As structured, formal institutions that interact with students over extended periods, schools offer a consistent setting where mental health promotion can be systematically integrated into educational practice (Turner, 2022). The shift toward embedding mental health within schools aligns with the recognition that wellbeing is a cornerstone of lifelong learning (Bücker, Nuraydin, Simonsmeier, Schneider, & Luhmann, 2018; Kutcher & Wei, 2020; Mahoney et al., 2021). A growing body of literature positions SEL as a strategy for schools to address mental health needs while

simultaneously cultivating students' broader competencies as learners and citizens (Schonert-Reichl, 2017). Social-emotional learning programs, which focus on skills such as self-awareness, self-regulation, social awareness, relationship-building, and responsible decision-making, have been shown to positively affect students' academic performance, behaviour, and overall wellbeing (Organization of Economic Cooperation and Development, 2017). In this sense, SEL serves a dual purpose: it responds to students' immediate mental health concerns and lays the groundwork for their development as resilient, adaptive individuals capable of navigating complex social and emotional landscapes throughout life (Kutcher & Wei, 2020).

In Canada, elementary and secondary schools are central to efforts to prevent, identify, and address young people's mental health challenges. Research indicates that Canadian schools have adopted a range of policies and programs aimed at embedding mental health supports within their daily operations (Georgiades, Duncan, Wang, Comeau, & Boyle, 2014; Turner, 2022). However, these efforts often encounter significant barriers. Achieving the goals of school-based mental health supports requires overcoming systemic, structural, and cultural hurdles, including limited access to resources, inadequate training for educators, and the stigma surrounding mental health (Shelemy et al., 2019). These barriers complicate the implementation of mental health initiatives and create inconsistencies in how support is provided across different school settings.

Despite these challenges, schools are uniquely positioned to foster a culture of mental health awareness and support, given their access to students during critical developmental periods. Schools that successfully integrate mental health initiatives into their broader educational objectives can contribute to students' capacity to continuously learn, adapt to new challenges, and maintain a sense of wellbeing throughout life. This perspective emphasizes that mental health promotion is not a supplementary activity but a foundational element of effective education systems that seek to support the whole child.

School-based mental health interventions

A core framework for organizing and delivering school-based mental health initiatives is the multi-tiered system of supports (MTSS). This data-driven framework organizes mental health interventions into three tiers based on the intensity of student needs. At Tier 1, all students receive universal mental health promotion and prevention supports, designed to foster resilience, social-emotional competencies, and a supportive school environment (Fabiano & Evans, 2019). These universal interventions aim to create a school culture that promotes wellbeing for all students, helping them develop essential skills such as self-regulation, empathy, and stress management. Universal SEL programs, for instance, teach students how to navigate emotional and social challenges, improving both their academic outcomes and personal development (Schonert-Reichl, 2017).

For students identified as being at risk of developing mental health challenges, Tier 2 interventions offer more targeted supports. These may include small-group counselling sessions, peer mentoring programs, or specific skill-building activities focused on stress management, anxiety reduction, or social skills development.

Research indicates that providing these targeted interventions helps prevent the escalation of mental health issues and improves students' overall wellbeing, reducing the need for more intensive interventions later on (August, Piehler, & Miller, 2018). By addressing emerging problems early, Tier 2 strategies aim to bridge the gap between universal prevention efforts and individualized care.

Tier 3 interventions are reserved for students with significant mental health challenges that require individualized, intensive interventions. These students often present with diagnosed mental health disorders, such as clinical depression or anxiety, and benefit from one-on-one counselling, therapy, or specialized behavioural interventions (Fabiano & Evans, 2019). In this tier, interventions are highly personalized and may involve coordination with external mental health professionals or agencies. School counsellors, psychologists, and social workers often collaborate to provide comprehensive care, ensuring that students receive the support they need within and outside the school setting.

A strength of the MTSS framework is its flexibility. Students can move between tiers based on their evolving needs, with interventions adjusted through continuous monitoring and assessment. For example, a student receiving Tier 2 supports may improve and transition back to Tier 1, while another may require more intensive interventions at Tier 3 due to new or changing symptoms. This fluidity ensures that students receive appropriate levels of support without being locked into any one category, allowing schools to respond dynamically to changing mental health needs (August et al., 2018).

While MTSS provides a promising structure for school-based mental health interventions, its success depends heavily on implementation and the broader school context. While our focus is on MTSS in a mental health context, it is important to note that MTSS is a broader framework commonly used to organize academic and behavioural supports as well. Effective implementation requires schools to adopt a whole-school approach to SEL and mental health promotion, where all aspects of the learning environment—classroom management, communication styles, and school policies—align with the goals of mental health support (Schonert-Reichl, 2017). Schools that create safe, caring, and supportive environments enable students to practice and apply SEL skills, leading to more meaningful outcomes. Furthermore, schools must engage not only teachers but also parents, community members, and external mental health providers to create a cohesive support network around students (Turner, 2022).

Teacher-related factors also play a significant role in the success of MTSS implementation. Teachers' social-emotional competence, self-efficacy, and mental health awareness all contribute to creating supportive environments where SEL programs can thrive (Schonert-Reichl, 2017). Teachers who feel confident in their ability to manage classrooms, support students' emotional needs, and integrate SEL strategies into daily instruction can contribute to more effective outcomes (Linden, Stuart, & Fortier, 2022). However, without adequate training and ongoing professional development, teachers may struggle to implement mental health supports, leading to inconsistent or ineffective results (Domitrovich, Staley, Durlak, & Weissberg, 2017). For this reason, schools must invest in building teachers' capacities for SEL imple-

mentation, offering both initial training and sustained support through coaching, mentoring, and reflective practices (Friesen, MacGregor, & Sumara, 2024).

Despite the growing evidence supporting MTSS and SEL frameworks, significant barriers to effective implementation remain. Schools often face challenges related to limited resources, insufficient training, and competing priorities. In many cases, mental health services are underfunded, leading to inconsistencies in program delivery and gaps in the availability of trained mental health professionals (Friesen, MacGregor, & Sumara, 2024). Additionally, systemic issues such as stigmatization of mental health, cultural differences in understanding mental health, and organizational resistance to change can impede the adoption of comprehensive mental health programs. Addressing these barriers requires strong leadership at both the school and district levels, with administrators playing a role in prioritizing mental health, aligning resources, and ensuring the integration of mental health initiatives into the broader educational mission (Procter, Roberts, MacDonald, Morgan-Clare, Randell Banerjee, 2021; Sims & Melcher, 2017).

Conceptual framework

This analysis is informed by three interrelated conceptual frameworks that collectively guide our understanding of how mental health initiatives are proposed and implemented within school settings. The first framework, the Collaborative for Academic, Social, and Emotional Learning (CASEL), serves as the foundation for examining the competencies necessary for positive mental health development in children and youth. CASEL identifies five interrelated competencies—self-awareness, self-management, social awareness, relationship skills, and responsible decision-making—each crucial for fostering emotional wellbeing and lifelong learning (CASEL, 2021). The framework also highlights four key contextual settings where these competencies can be cultivated: instruction and classroom environments; schoolwide culture, practices, and policies; authentic partnerships; and aligned learning opportunities. This multidimensional approach made CASEL particularly useful for analyzing the proposals in this study, allowing the authors to assess both the targeted mental health outcomes and the broader contexts in which these initiatives were intended to operate.

To further understand how educational leaders planned to achieve these proposed impacts, the Implementation Drivers framework was applied. This evidence-informed framework, frequently used in mental health programs within school contexts, categorizes implementation strategies into three critical drivers: 1) competency drivers, 2) organizational drivers, and 3) leadership drivers (Fixen, Blasé, Naoom, & Duda, 2015; Sims & Melcher, 2017). Competency drivers focus on developing and sustaining the skills necessary for individuals to implement interventions effectively. Organizational drivers are concerned with creating an environment conducive to successful service delivery by aligning structures, resources, and processes. Finally, leadership drivers emphasize the strategic leadership needed to navigate change management and overcome barriers to implementation. By considering these three drivers in tandem, we could examine how school authorities envisioned supporting the implementation of mental health initiatives and identifying the systems and strategies necessary for long-term success.

The third framework adapted for this analysis is a framework by Rickinson, Cirkony, Walsh, Gleeson, Cutler, and Salisbury (2022)—the Quality Use of Research Evidence (QURE) framework. The QURE framework is relevant for understanding how school authorities integrate research evidence into their planning and decision-making processes, a key component of fostering lifelong learning. The framework distinguishes between individual-level elements, such as educators' skillsets, mindsets, and professional relationships, and organizational elements, including leadership, culture, and infrastructure. These elements, either present or absent, play a role in shaping how evidence is used to inform and enhance mental health supports and services. By applying the QURE framework, we could assess the degree to which each school authority created the conditions necessary for the quality use of evidence in their mental health initiatives.

Together, these three frameworks—CASEL, Implementation Drivers, and QURE—provided a multifaceted lens through which to analyze the proposals. Each framework informed a unique yet complementary perspective on the competencies, systems, and conditions necessary for effective mental health support within school contexts, contributing to our understanding of the interplay between individual capacities, organizational environments, and evidence-informed practices.

Methodology

To address the research questions, the authors analyzed the content of the proposals submitted by 60 school jurisdictions participating in the government-funded initiative. Each proposal contained detailed information, including the demographics of the school or school authority, a description of existing mental health supports and services, and a plan for establishing or enhancing partnerships with mental health service providers. The proposals also outlined the specific goals, intended outcomes, performance measures, and implementation strategies designed to achieve success, along with a proposed budget.

This study draws on proposal documents submitted to Alberta Education by 60 school authorities in Alberta, Canada, in response to a competitive grant process (Research Grant No. 2023-0018). The proposals analyzed were developed under Alberta Education's *Mental Health in Schools Pilot* (MHSP) initiative, which allocated over CND\$50 million to fund 60 pilot projects across the province. The initiative aimed to enhance student mental health and wellbeing through innovative approaches, including counselling services, SEL, mental health assessment tools, staff training, and family- and community-oriented supports.

The call for proposals specified key goals: advancing MTSS, embedding SEL competencies into instructional and organizational practices, building collaborative partnerships with health and community organizations, and strengthening leadership and organizational infrastructure. Applicants were encouraged to articulate existing strengths, assess implementation readiness, and propose how funds would be allocated to strategies that were scalable, context-responsive, and sustainable over time.

As such, the structure and language of the proposals were not neutral; they were shaped by the conceptual framing and success indicators embedded in the call. This contextual influence is a limitation of the dataset: proposals may emphasize what

the funder prioritized rather than what school authorities might independently have chosen to focus on. This shaping is addressed further in the study's limitations.

Airtable, an online relational database platform, was used to facilitate data organization and analysis. All 60 proposals were entered into Airtable, allowing the authors to systematically categorize, sort, and collaboratively analyze the data. Categories were developed based on the content of the proposals, aligning with the three conceptual frameworks (CASEL, Implementation Drivers, and QURE). These categories included demographic information, strengths and gaps, collaborative structures, assessment strategies, mental health interventions, support processes, service pathways, and resource management (Appendix A). Airtable's functionality enabled us to link these categories, making it possible to identify patterns and trends across the proposals.

The data were then analyzed using content analysis, a well-established approach that interprets the content of various forms of communication, such as written text, symbols, or media. Content analysis is distinguished from other research methods by its focus on systematically drawing replicable and valid inferences from texts and situating the findings within their broader context (Krippendorff, 2022). For this study, we employed Krippendorff's content analysis framework to examine the proposals, allowing us to derive insights into how school jurisdictions aimed to implement and sustain mental health initiatives. Our analysis was guided by both the conceptual frameworks and the specific elements within the proposals, ensuring a detailed and structured approach to understanding the data.

Findings

In our content analysis of the proposals, we identified three key organizational and cultural strengths and five prominent challenges. These findings offer critical insights into how school authorities are learning to implement a continuum of mental health supports and services in schools. The strengths demonstrate areas where school authorities have shown readiness and capacity for meaningful change, while the challenges reveal the systemic and cultural barriers that must be addressed to ensure successful, sustained implementation.

Organizational and cultural strengths

One notable strength identified in the analysis was the comprehensive understanding demonstrated by educational leaders in some school authorities regarding the concept of a continuum of supports and services. These leaders conveyed a strong awareness of the importance of providing a broad and integrated set of supports and services to promote academic success, wellbeing, and a sense of belonging for every learner. Twenty-nine proposals (48%) clearly articulated the value of an MTSS, describing how universal, targeted, and individualized strategies would be coordinated to meet the diverse needs of students. Their proposals reflected a readiness for change at both the organizational and individual levels, acknowledging that fostering an environment conducive to change is essential for the successful implementation of mental health initiatives. A statement from one of the proposals best acknowledged the school authorities' willingness to embrace change: "Readiness for change is a

strength of our system. Staff are open to shifting practices, and our leadership is committed to supporting that change through coaching and continuous reflection.” This readiness extended to their commitment to ongoing evaluation, recognizing that simply providing supports and services is not enough—continuous assessment is critical to ensure their effectiveness and sustainability. Fifteen proposals (25%) included explicit plans for formative evaluation, such as staff and student surveys, feedback loops, or tracking of student engagement and referral data. One of these 15 proposals noted it best, indicating, “Our evaluation framework includes biannual student wellness surveys, staff focus groups, and an advisory team review to assess progress and redirect efforts as needed.” The leaders demonstrated their capacity for self-analysis, reflecting an understanding of the need to assess both the provision of supports and their impact on students and other service users. This commitment to reflective practice is crucial for developing a learning system capable of sustaining and enhancing program implementation over time (MacGregor et al., 2024; Fixen et al., 2015; Sims & Melcher, 2017). The supportive environments these school authorities aimed to create were aligned with the notion that “a well-trained staff cannot effectively implement a school mental health program without a systemically supportive environment” (Sims & Melcher, 2017, p. 344).

A second strength identified in some proposals was the emphasis on tailored solutions and individualized supports within their mental health initiatives. These school authorities demonstrated a clear capacity and commitment to providing supports and services that were responsive to the specific and diverse needs of their student populations. They recognized that each student brings unique backgrounds, abilities, and challenges, and that mental health programs must be adaptable to meet these varying needs. Twenty-four proposals (40%) outlined strategies to build infrastructure for highly trained personnel and evidence-informed mental health promotion programs. These included articulated plans to build an infrastructure of highly trained personnel and evidence-informed mental health promotion programs, designed to address complex mental health challenges and take a strengths-based approach. One proposal summed this up, noting that “individualized care planning is embedded in our tiered model, particularly for newcomer, Indigenous, and gender-diverse students who have historically been underserved,” illustrating a responsiveness to equity and context.

Additionally, these authorities placed a strong emphasis on professional learning and development, ensuring that their staff remained well-versed in contemporary mental health practices, such as trauma-informed care. Ongoing professional development is essential to enable staff to learn, practice, and master both universal and targeted supports in the classroom (Anwar-McHenry, Donovan, Nicholas, Kerrigan, Francas, & Phan, 2016; Sims & Melcher, 2017). Nineteen proposals (32%) described ongoing professional learning that included topics such as trauma-informed care, mental health first aid, or culturally responsive practices. One school authority committed to “multi-year training in trauma-sensitive pedagogy and integrated case-based collaboration,” indicating both depth and duration in their approach to staff development. This investment in professional growth exemplifies a dedication to creating nurturing environments for mental health.

Equally significant was their commitment to establishing strong, collaborative relationships with families and local organizations. These schools and school authorities understood that schools cannot work in isolation; partnerships with families and local organizations enable a more comprehensive understanding of student needs and enhance the support network available to students. Twenty proposals (33%) described formalized or emerging partnerships with external mental health agencies, local Indigenous organizations, or health regions. One proposal explained, “Our family wellness coordinators act as bridges between school and community, facilitating connections to Métis health services and immigrant family supports,” exemplifying how school-based services can be extended through relational infrastructure. Such collaborative engagement also promotes a more systematic, cohesive, and transparent approach to mental health support, reflecting the principles of collective responsibility (CASEL, 2021; Fixen et al., 2015).

A third strength that emerged from the proposals was related to strategic leadership and a cultural shift within schools. Leaders from some school authorities acknowledged the need for change and took proactive steps to create environments that embraced new mental health initiatives. Twenty-one proposals (35%) emphasized the role of leadership in advancing mental health initiatives, demonstrating the recognition of the role of leadership in advancing mental health initiatives. As one proposal put it, “Our leadership team recognizes that mental health is foundational to learning, and we are shifting our entire school culture to reflect that priority.” These leaders aimed to foster generative spaces where mental health supports and services could thrive, encouraging active participation from a range of stakeholders, including students, teachers, and community members. This proactive leadership demonstrated a commitment to ongoing, responsive adaptation to students’ mental health needs. The proposals highlighted the recognition that promoting mental health is not a one-time effort but requires sustained, coordinated responses. Leaders emphasized the importance of evidence-informed practices and recognized that implementing change required collective action across multiple stakeholders. For example, one jurisdiction emphasized that “mental health supports are embedded in every level of our planning—from staff professional development to student services to parent engagement.” Many proposals underscored the role of existing organizational structures—such as centralized learning services, school-wide programs, and inter-agency collaborations—that supported the delivery of mental health services. These organizational structures facilitated the integration of mental health initiatives into the schools’ broader mission. Twelve proposals (20%) described how strategic organizational structures were being leveraged to support mental health integration. One proposal described this integration by stating, “We have realigned our learning services team to ensure that mental health specialists work alongside curriculum consultants, rather than in silos.” Additionally, some school authorities incorporated strategic planning elements such as frameworks and policies to ensure consistency and coherence in their mental health efforts (Procter et al., 2021; CASEL, 2021; Anwar-McHenry et al., 2016).

Another critical dimension of this strength was the emergence of mental health as a cultural norm within certain schools. Fifteen proposals (25%) explicitly articu-

lated a vision of mental health as a shared cultural value across their school communities. These authorities viewed mental health promotion, prevention, and intervention as collective, community-wide efforts, transcending traditional top-down or bottom-up approaches. In the words of one proposal, “We no longer see mental health as the job of the counsellor; it’s part of everyone’s role, every day.” This cultural shift toward recognizing mental health as a shared responsibility reflected a deeper commitment to fostering holistic wellbeing among students. The proposals from these school authorities illustrated an awareness that mental health initiatives must be ingrained within the fabric of school culture, extending beyond the immediate goals of the initiatives themselves.

Organizational and cultural challenges

While many schools and school authorities demonstrated strengths in their proposals, the analysis also revealed five significant organizational and cultural challenges. These challenges point to areas where improvements are needed to effectively implement and sustain mental health initiatives.

The first challenge identified was a fragmented approach to mental health supports and services. Despite the existence of provincial policies and frameworks, there was a noticeable lack of cohesion in how mental health services would be implemented across different contexts. Thirty proposals (50%) showed signs of fragmentation, lacking a shared understanding of or consistent strategy for mental health literacy across schools. In many cases, there was no clear, systematic approach to mental health literacy, leading to inconsistencies in how supports would be delivered. As one proposal acknowledged, “Mental health supports vary from school to school depending on staff interest and capacity. We know we need to create more consistency.” For instance, some proposals reflected inconsistent access to mental health resources across grade levels, leaving certain student populations under-supported. Another noted, “We have strong supports in high school but limited access in elementary, and we’re not sure how to bridge the gap.”

Additionally, the roles of classroom teachers in delivering mental health initiatives were often underdeveloped or inconsistently recognized. Only nine proposals (15%) made explicit reference to the role of classroom teachers in supporting mental health, indicating a missed opportunity for integration. As one proposal put it, “Our mental health team is excellent, but most classroom teachers aren’t sure how they fit into the picture.” This fragmentation extended to disparities in the availability and type of supports provided to different student populations, suggesting that mental health services were not being equitably distributed. These inconsistencies highlighted the need for a more unified, coordinated approach (Anwar-McHenry et al., 2016; Fisher, Harding, Bell, Copeland, Evans, Powell, 2020; Linden et al., 2022).

A second challenge related to an over-reliance on external partnerships for delivering mental health services. While external partnerships with mental health service providers are crucial, many school authorities appeared to engage in transactional relationships rather than fostering long-term, collaborative partnerships that build internal capacity. Twenty-three proposals (38%) emphasized external services as primary delivery mechanisms rather than integrating internal supports. As one proposal noted,

“We contract out for most mental health supports, as we do not yet have the capacity to handle these internally.” This approach raised concerns about the sustainability of the initiatives, as they placed considerable emphasis on external actors and limited focus on strengthening the ability of school staff to deliver mental health supports independently. Over-reliance on external partners can marginalize the role of classroom teachers and school staff in implementing universal supports, limiting their ability to create classroom environments that promote mental health and wellbeing (Friesen, MacGregor, & Sumara, 2024). The challenge here lies in moving away from short-term, externally driven solutions toward more authentic, collaborative partnerships that prioritize capacity-building within the school community. One proposal stated, “We recognize the need to build long-term partnerships and reduce dependency, but we are unsure how to begin that shift.” School authorities could seize the opportunity presented by such funding initiatives to establish long-term, sustainable partnerships that involve shared responsibility and empower school personnel to take a more central role in student mental health (Sims & Melcher, 2017).

The insufficient number of qualified staff members was the third challenge identified across many proposals. Many school authorities highlighted the difficulty of recruiting and retaining specialized mental health workers, such as counselors, social workers, and psychologists. Thirty-seven proposals (62%) cited staffing shortages as a significant barrier to implementation. As one proposal explained, “There are not enough mental health professionals in our region, and we struggle to recruit for even part-time positions.” This shortage of qualified staff posed a significant barrier to providing the full range of tiered mental health supports, particularly for students with complex mental health needs. Without adequate staffing, school authorities are forced to rely more heavily on external service providers, which, as mentioned earlier, may not be sustainable in the long term. Additionally, the lack of specialized personnel limits the ability of schools to provide consistent, high-quality mental health services to students. Addressing this challenge requires a two-pronged approach: first, enhancing recruitment and retention strategies to attract more qualified staff, and second, investing in professional learning and development to equip existing school personnel with the skills necessary to address student mental health challenges. One authority acknowledged, “We have passionate staff, but they are not trained to manage the complexities we are seeing in student mental health.” School authorities would be well positioned to prioritize building internal capacity, ensuring that their staff are adequately trained and supported in delivering mental health services (Anwar-McHenry et al., 2016; Sims & Melcher, 2017).

A fourth challenge was the difficulty of forming authentic partnerships with key stakeholders, including parents, caregivers, and community organizations. Some school authorities acknowledged barriers to establishing meaningful relationships with community members, including Indigenous service providers and families. Seventeen proposals (28%) noted challenges in engaging families and communities in culturally responsive ways. As one school authority described, “We are unsure how to build trust with some of our communities, particularly with Indigenous families who have had negative experiences with the education system.” These challenges hinder the development of a supportive ecosystem that reinforces students’ social-emo-

tional development both within and outside of school. Authentic partnerships can facilitate the creation of inclusive and supportive learning environments that address the whole child. For many school authorities, this means dedicating time and resources to building cultural competence and prioritizing relationship-building efforts that are inclusive of all community members. As one proposal stated, “We need to do more than consult—we need to walk alongside families and communities as co-designers of mental health programs.” By establishing stronger connections with families and community organizations, school authorities can create a more comprehensive support network for students, one that aligns with the principles of SEL and positive mental health outcomes (CASEL, 2021; Rickinson et al., 2022).

Finally, several school authorities faced impediments to establishing effective organizational infrastructure to support their mental health initiatives. While many schools had access to policy frameworks and instructional materials, translating these into practical, actionable strategies proved to be a significant challenge. Thirty-one proposals (52%) cited barriers related to time, staffing, and logistical coordination. One proposal remarked, “We have strong intentions and frameworks in place, but not enough time or people to bring them to life.” Inadequate resources such as insufficient time, budget, and facilities were frequently cited as obstacles to the successful implementation of mental health supports. Additionally, there were challenges in coordinating structures and processes, both internally within the school system and externally with community partners. These coordination issues often resulted in disjointed referral and transition processes, making it difficult for students to receive timely and appropriate mental health services (Fixen et al., 2015; Sims & Melcher, 2017). Another school authority stated, “Our referral systems are disjointed and inconsistent across schools, which delays support for students in crisis.” To overcome these impediments, school authorities need to focus on streamlining processes, fostering collaboration between school systems and external agencies, and ensuring that resources are allocated efficiently. By addressing these structural and process-related challenges, schools can create more cohesive and supportive environments for addressing the mental health needs of students (Anwar-McHenry et al., 2016; Fisher et al., 2020; Linden & Stuart, 2022).

Discussion and implications

This study offers a system-level view of how school authorities in Alberta conceptualized, planned, and implemented mental health supports under a tiered services model. The findings highlight both promising practices and areas that require more coherent and sustainable efforts. In particular, the proposals revealed strengths in cross-role coordination, responsiveness to student needs, and strategic leadership, while also exposing fragmentation, over-reliance on external partnerships, and organizational barriers.

One significant implication is the importance of fostering shared understanding and coherence across all levels of school systems. The identified strengths related to shared language, cross-role coherence, and infrastructure for universal supports underscore the potential of school systems to mobilize collective capacity when there is strong leadership and alignment. However, the frequent inconsistencies observed—

such as unequal access to supports and unclear teacher roles—signalled a pressing need for more intentional system-wide integration of mental health initiatives. As others have argued (Anwar-McHenry et al., 2016; Fisher et al., 2020), coherence does not happen by chance; it requires structures that reinforce common understandings and shared accountability across stakeholders.

The finding that several school authorities embraced tailored solutions and a focus on evidence-informed, trauma-sensitive practices highlights a second key implication: investment in professional development is not ancillary but central to mental health reform in schools. Proposals that embedded professional development into their initiatives were more likely to articulate sustainable and inclusive responses. For policymakers, this finding points to the value of targeted funding that supports both personnel and professional learning as complementary levers for change.

The emergence of strategic leadership and cultural shifts around mental health also deserves emphasis. School authorities that explicitly named leadership as a mechanism for change often demonstrated a more integrated, equity-oriented vision. These systems recognized that mental health promotion cannot be merely programmatic—it must be culturally embedded. This finding aligns with prior research suggesting that leadership plays a pivotal role in cultivating environments where mental health can thrive (CASEL, 2021; Procter et al., 2021). Future iterations of provincial policy might benefit from incorporating clearer leadership expectations and exemplars of culture-shaping strategies.

Conversely, the analysis surfaced several organizational and cultural challenges that must be addressed to avoid undermining promising reforms. Chief among these is the fragmented nature of services and over-reliance on external partners. While community partnerships are crucial, the data revealed that many school authorities framed these relationships in transactional rather than capacity-building terms. This poses a risk to sustainability and weakens the role of teachers and internal staff in promoting universal mental health. In the future, policymakers might consider strengthening calls for proposals by offering more explicit guidance on what sustainable partnerships look like and how internal capacity can be cultivated through external collaboration.

The shortage of qualified staff remains a persistent challenge with broad implications. As mental health needs grow, the current supply of specialized personnel is inadequate. School systems might consider hybrid staffing models, pipeline programs, and cross-role training to meet demand. Importantly, professional learning must not only build knowledge but also foster confidence (Linden et al., 2022) among educators to address mental health needs in classrooms. Additionally, were the school and district leaders to focus more on supporting classroom teachers to develop more responsive instructional and assessment practices at the universal and targeted levels, the need for specialized personnel might be reduced and perhaps even eliminated in some instances.

The final two challenges—difficulty building authentic partnerships and barriers to infrastructure development—highlight the relational and systemic nature of mental health implementation. Building trust with families, particularly in Indigenous and marginalized communities, requires time, cultural competence, and long-term

commitment. Without this, efforts may inadvertently reproduce patterns of exclusion and further marginalization. Likewise, infrastructure barriers such as time, resources, and coordination structures must be addressed through both funding and policy reform. These are not technical obstacles alone but reflections of broader system conditions that can either enable or constrain transformative change.

In sum, this study provides policymakers and education leaders with grounded insights into how mental health policy is being enacted through district-level planning. It reveals an emerging commitment across many school authorities, but also underscores the need for clearer guidance, stronger leadership, and sustained investment in people and systems. Future research should explore how these planned initiatives are being implemented on the ground and what outcomes they produce for diverse student populations. Additionally, studies that examine the perspectives of educators, students, and families on the effectiveness of these mental health supports will be crucial for ensuring that policies do not only look good on paper but lead to meaningful change in practice.

Conclusion

This article analyzed 60 proposals submitted by school jurisdictions in response to a provincial government-funded initiative aimed at improving student mental health in elementary and secondary schools. Our findings affirm the role that schools play in supporting mental health through evidence-informed approaches integrated into broader educational practices. As we previously noted, adolescence and early adulthood are key periods for mental health development, and untreated issues during these stages can have long-term impacts (Hjorth et al., 2016; Lawrence et al., 2019). The proposals reflected an understanding of this urgency, aligning with recognizing schools as environments for promoting wellbeing and fostering lifelong learning (Kutcher & Wei, 2020; Mahoney et al., 2021).

The content analysis revealed multiple strengths in how school jurisdictions planned to implement mental health supports. Many school authorities emphasized the importance of embedding mental health initiatives into the broader school culture, instructional practices, and collaborative partnerships. These elements highlight a commitment to establishing sustainable, system-wide supports that promote mental health and wellbeing. Moreover, an encouraging finding was the readiness for change exhibited by many school leaders. The proposals showed an understanding that mental health initiatives must be flexible and responsive to the specific needs of their student populations. This perspective reflects the broader literature's emphasis on integrating mental health into the fabric of school systems through long-term strategies rather than short-term solutions (Shelemy et al., 2019). The focus on professional learning and capacity-building within these proposals, while not widespread, was also promising, as equipping staff with the necessary skills to support students' mental health is central to the success of these initiatives (Schonert-Reichl, 2017).

However, significant challenges remain. Our analysis identified issues such as fragmented service delivery, an overreliance on external partnerships, and a shortage of qualified staff. These challenges echo the systemic barriers frequently highlighted in the literature, where the full realization of mental health initiatives in schools is

often hampered by inconsistent implementation and insufficient resources (Sims & Melcher, 2017). Many proposals called for stronger infrastructure and better coordination with external partners, highlighting the need for comprehensive systems that can effectively support student mental health (Fabiano & Evans, 2019).

In conclusion, the proposals we reviewed reflected significant promise in how school jurisdictions are approaching mental health initiatives. The use of evidence-informed strategies, combined with a focus on leadership development, professional learning, and community engagement, suggests that many schools are well-positioned to foster environments that promote mental health and lifelong learning. However, the challenges identified, particularly regarding resources, staffing, and coordination, indicate that there is still much work to be done. To ensure the long-term success of these initiatives, continuous adaptation, strong leadership, and enhanced capacity-building efforts will be essential.

Limitations

While our study offers valuable insights into how school jurisdictions are planning to implement mental health initiatives, several limitations must be acknowledged. First, the reliance on written proposals as the primary data source may limit the depth of understanding regarding the actual implementation processes. Proposals reflect intentions and planned actions, but they do not always capture the complexities or challenges encountered during the real-world application of these initiatives. Additionally, the data derived from these proposals are based on self-reported information from the school jurisdictions, which may present an optimistic portrayal of their readiness and capacity for change.

Second, the proposals were written in response to a competitive government funding call and were shaped by the expectations, language, and priorities embedded in Alberta Education's *Mental Health in Schools Pilot* initiative. This framing may have influenced what was emphasized or omitted as jurisdictions sought to align their proposals with the funding criteria. As such, the proposals may reflect performative alignment with policy goals rather than a full representation of local needs and practices.

Another limitation is the scope of the analysis, which was constrained by the content available in the proposals. This approach may not fully account for the contextual nuances or local factors that influence the effectiveness of mental health interventions. Furthermore, the proposals did not always provide detailed information about how the school authorities planned to measure the long-term outcomes of their initiatives, making it difficult to assess the sustainability of these efforts over time.

The study did not include triangulation with other forms of data, such as implementation reports, educator or student interviews, or observational data. The findings should therefore be interpreted as a snapshot of proposed intentions at a single point in time.

Despite these limitations, the findings from this study offer a valuable starting point for understanding the strengths and challenges school jurisdictions face in implementing mental health initiatives. Future research could consider longitudinal studies or follow-up evaluations of similar initiatives to assess how plans translate into practice and what additional barriers or facilitators emerge during implementation.

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