

Implementing a brief evidence-based Tier 2 school mental health intervention: The enablers and barriers as seen through a clinical team supervisor lens



Highlights

- BRISC is an individually-focused four-session model designed to address the common mental health concerns of high school students.
- Seven themes were identified for the successful implementation of BRISC:
 1. BRISC viewed as an effective and efficient practice
 2. Clinicians' attitudes and self-efficacy
 3. Promoting system readiness
 4. The importance of high-quality training
 5. Data-informed decision-making
 6. Effective clinical supervision
 7. Communities of practice to create ongoing learning

What is this research about?

Students spend considerable time in the school setting, and school mental health providers often provide first-line interventions to students. Unfortunately, school mental health services are often crisis-driven and do not use evidence-based approaches. The Brief Intervention for School Clinicians (BRISC) is an evidence-based Tier 2 intervention designed to address the common mental health concerns experienced by high school students and common challenges associated with implementing mental health interventions at the school level. It has been implemented in school boards around Ontario.

This study examined the lessons, and implementation experiences of the BRISC model through the lens of Clinical Supervisors and Mental Health Leads over the past five years. It also aimed to determine if the intentional implementation process adopted by School Mental Health Ontario (SMH-ON) helped facilitate the adoption of the BRISC and if there are areas that warrant consideration for improvement.

What did the researchers do?

To ensure representation across Ontario, 18 school boards in Ontario using BRISC were randomly selected and invited to participate. Researchers conducted online interviews with 13 participants from 12 school boards. Participants included School Mental Health Leaders and Clinical Supervisors. Four of the 13 participants were also provincial SMH-ON BRISC trainers. During the interview participants were asked questions about their experiences implementing BRISC in their school board, including successes and challenges of implementation.

Main findings

Research findings were organized into seven themes that emerged as important factors for the successful implementation of BRISC: (1) BRISC being viewed as an effective and efficient practice, (2) clinicians' attitudes and self-efficacy, (3) promoting system readiness, (4) the importance of high-quality training, (5) data-informed decision making (6) effective clinical supervision, and (7) communities of practice to create ongoing learning. Overall, participants perceived BRISC as an effective and efficient practice. Participants highlighted the importance of understanding the model across various levels of implementation, as it impacted buy-in for administrators, supervisors, and clinicians alike. When BRISC was well understood, it provided a clear toolkit for clinicians, which in turn provided

self-efficacy and contributed to favourable outcomes overall.

“They like the short, structured approach. They like that it’s client driven and not system driven. So, you’re basing it on what students want, which naturally will lead to better engagement. They love anything that’s kind of manualized and canned for them because they’re so busy, right? It’s just nice too, something that keeps you focused.” (Interview 10)

Having favourable pre-training conditions, receiving high-quality training, and having access to post-training supports facilitated teams' uptake and continued use of BRISC. Participants also emphasized the benefits of offering a combination of supervision practices including individual and group supervision. In addition, communities of practice were identified as useful tools in ongoing learning and professional development.

“I started attending the School Mental Health Ontario community of practices which have been extremely helpful for just growing my thinking in terms of the support that might be required in the board and to the social workers, you know, that it’s way more than, “here you go. You’ve been trained.” You know, there’s just so much after that to say...even when they say I’m using BRISC well, it’s still a larger conversation behind just them using it.” (Interview 6)

One of the most novel findings included the role of data-informed decision-making. Although, SMH clinicians in Ontario have not historically had a tradition of measurement-based care, incorporating assessment tools and monitoring practices supported the successful implementation of BRISC.

Participants reported facing implementation challenges such as accessing timely training for all their team members, which sometimes hindered their scale-up efforts. They offered recommendations to help overcome challenges and maintain the ongoing use of BRISC. Some of these recommendations were improvements to processes already in place, while

others were more substantive and potentially not feasible.

Implications for practice

The results from this study highlight the importance of attending to intervention characteristics, processes and settings to maximize the success of implementation. Proactively developing a range of implementation supports and tailoring them at a local level help promote the adoption of an evidence-based brief structured psychotherapy approach. It can also facilitate a swift adjustment to unforeseen situations such as labour disruption or a pandemic.

About this snapshot

Original research article

This summary was prepared based on the following article:

Crooks, C.V., Fortier, A., Graham, R., Hernandez, M.E., Chapnik, E., Cadieux, C. & Ludwig, K.A. (2022). Implementing a brief evidence-based Tier 2 school mental health intervention: The enablers and barriers as seen through a clinical team supervisor lens. *Canadian Journal of Community Mental Health*. 41(3): 139-156. <https://doi.org/10.7870/cjcmh-2022-017>

Keywords: school mental health, intervention, scale-up

Research article authors

- Claire V. Crooks, Centre for School Mental Health, Western University.
- Alexandra Fortier, School Mental Health Ontario.
- Rachelle Graham, Centre for School Mental Health, Western University.
- Morena E. Hernandez, Centre for School Mental Health, Western University.
- Eve Chapnik, Centre for School Mental Health, Western University.
- Courtney Cadieux, Centre for School Mental Health, Western University.
- Kristy A. Ludwig, University of Washington School of Medicine.

Research Snapshot author

This summary was written by Morena Hernandez, Innovation and Scale Up Lab Coordinator at the Centre for School Mental Health, Western University.

Correspondence concerning this article should be addressed to Claire Crooks, Centre for School Mental Health, Western University. Email: ccrooks@uwo.ca

LEARN MORE ABOUT WESTERN'S CENTRE FOR SCHOOL MENTAL HEALTH: <https://www.csmh.uwo.ca>