International Journal of School Social Work

Volume 7 | Issue 2 Article 3

January 2022

The Shalem Counselling Assistance Plan for Students (CAPS): Delivering Social Work Services to Faith-Based School Systems

Mark Vander Vennen
Shalem Mental Health Network, markvv@shalemnetwork.org

Marg Smit-Vandezande
Shalem Mental Health Network, margsv@shalemnetwork.org

Ken Van Wyk
Christian Counselling Services, kvanwyk@christiancounsellingservices.com

See next page for additional authors

Recommended Citation

Vander Vennen, Mark; Smit-Vandezande, Marg; Van Wyk, Ken; Cavell, Mikaeli; VandenAkker, Danielle; and Csiernik, Richard (2022) "The Shalem Counselling Assistance Plan for Students (CAPS): Delivering Social Work Services to Faith-Based School Systems," *International Journal of School Social Work*: Vol. 7: Iss. 2. https://doi.org/10.4148/2161-4148.1083

The Shalem Counselling Assistance Plan for Students (CAPS): Delivering Social Work Services to Faith-Based School Systems

Abstract

In Ontario, Canada, non-Catholic faith-based schools do not receive provincial government funding but are funded primarily by families of students and through fundraising. As a result, historically school-based provision of counselling or school social work resources to students has been the exception rather than the rule, as this has typically been considered an adjunct resource. A new initiative was launched in the province of Ontario in 2011 to address this gap, the Counselling Assistance Plan for Students (CAPS). CAPS was premised on another novel idea, a Congregational Assistance Plan, which itself grew out of concepts derived from Employee Assistance Programming that has roots dating back to the 19th century in Canada. While CAPS has parallels to Student Assistance Programming (SAP), which exists throughout the United States, development of SAP has not taken hold in Canada. This article examines the origins of CAPS, its development, and the nature of assistance it has provided to the schools that have been early adopters.

Keywords

Canada, counselling, faith based schools, school social work, students

Authors

Mark Vander Vennen, Marg Smit-Vandezande, Ken Van Wyk, Mikaeli Cavell, Danielle VandenAkker, and Richard Csiernik

The Shalem Counselling Assistance Plan for Students (CAPS): Delivering Social Work Services to Faith-Based School Systems

Introduction

The importance of mental health and individual wellbeing has never been as widely discussed across society as it is currently (Bemme & Kirmayer, 2020; Kola, 2020; Torales et al., 2020). Further, there is an increasing appreciation for the importance of addressing mental health concerns in adolescence and early adulthood (Fegert et al., 2020; Griffin, & McMahon, 2020; Mojtabai, & Olfson, 2020), particularly in school settings (Clemens et al., 2020; Lee, 2020; Nishio et al., 2020). Historically in North America this has been done in part through school social work.

In Canada, school social work emerged in the 1900s as part of the public education system as a response to mandatory school attendance legislation and child labour laws, with social workers in the schools acting primarily as truancy officers, working to ensure students' presence in classes. Over the last century, school social work has evolved to provide a wider range of counselling and support services to students. However, Canadian school social workers' exact roles and workplace titles remain inconsistent across school boards (Lalonde & Csiernik, 2010). Canadian school social workers still typically function within school boards to improve student school attendance by assisting students with issues that create barriers to attendance and thus to learning.

In Canada's most populous province, Ontario, public education is governed by the Ministry of Education. For the 2019-2020 academic year, the budget allocation was approximately $32 billion. While the majority of expenditure on salaries is for teachers, there is also a provision for school social workers who are the employees of local school boards and who are the primary providers of counselling services to students (Government of Ontario, 2020). However, Ontario's 232 Christian schools are considered private educational institutions and thus are independent of the Ministry of Education, and while they follow provincial educational guidelines, they are not funded through public tax dollars. This lack of funding has had profound historical implications for the support of students' mental health needs as the Christian school system in Ontario did not develop a universal school social work model as arose in the public system.

This article examines the development of a response to this gap: the Counselling Assistance Plan for Students (CAPS). The article documents the emergence of Student Assistance Programming (SAP), an American initiative that drew from Employee Assistance Programs (EAP) and parallels CAPS. CAPS in turn was inspired by a faith-based initiative, the Congregational Assistance Plan, which like SAP drew from the ideas of EAP but used Christian churches as the setting rather than the workplace. The development of CAPS is reviewed in providing a model that could be employed in other settings struggling to better meet the mental health needs of students, needs which have only been exacerbated with the emergence of COVID-19 (Bahn, 2020; Hamoda et al., 2021).

Literature Review

Student Assistance Programming

Student Assistance Programs (SAP) gained popularity in the latter half of the 20th century in the United States, long after school social work had been firmly established. SAPs were created on the model of workplace Employee Assistance Programs (EAPs). EAPs evolved earlier in the 20th century from Welfare Capitalism and Occupational Alcoholism Programs (OAP) to address personal issues such as substance misuse, marital and family issues, and mental health concerns that impacted employee wellness, but more importantly, workplace productivity. A primary goal of EAPs was to reduce employee absenteeism and dismissal, thus reducing the financial burden on companies and also the need associated with hiring and training new employees (Csiernik, 2014). Using EAP concepts as a foundation, SAPs were originally developed as a response to in-school violence and substance use among students (Watkins, 1999, as cited in Taylor & Baker, 2012, p. 40). They too have since evolved to aid students in managing diverse social, emotional, and mental health barriers to their learning.

SAPs are typically defined as formal, school-supported programs that exist beyond the basic curriculum occurring in the school, with the goals of reducing risk factors, promoting protective factors, and enhancing student development (National Association for Alcoholism and Drug Abuse Counselors, 2011). While each SAP has unique goals, mandates, and operations based on the specific school, district, or school board that it is working within, there are currently two primary models of SAPs in use in the United States: the Core Team Model and the Counsellor Model (Loneck et al., 2010). These models differ primarily in the way that the SAP is connected to the authorities within the school (McGovern & DuPont, 1991). With the Core Team model, the SAP is more integrated in the school's organization. The Core Team is a multi-disciplinary group both within and beyond the school and includes not only social workers but also teachers and administrators within the school as part of the identification, referral, and follow up process (Loneck et al., 2010; McGovern & DuPont, 1991). The Counselor Model involves an external agency being contracted to place a full-time student assistance counselor within the school (Loneck et al., 2010), a position funded either by the school board or through a grant (Milgram, 1998). Typically, this counsellor is a social worker (Torres-Rodriquez et al., 2010). The distinction between school social work and SAPs is not always clear, as the goals of modern-day school social work and SAPs often intersect. In fact, in some jurisdictions, as discussed above, school social workers are members of an SAP's core team or are the designated counsellor within a Counsellor Model SAP (Torres-Rodriguez et al., 2010).

Some SAPs focus on specific issues among the students they serve, such as substance misuse or suicide prevention, while others broadly address student wellness by identifying and intervening with barriers to learning. Other SAPs have been created to focus primarily on prevention through small group educational interventions for students who are deemed to be at risk (Apsler et al., 2006). The majority of contemporary SAPs also focus on prevention and early intervention to

help students progress personally and to address their well-being (Wassell et al., 2007). The majority of SAPs operate between organizations within and beyond the school, including community partners in mental health, substance use, and at times law enforcement (McGovern & DuPont, 1991). In this way, SAPs are a link between the school and the community to help meet the needs of students, families, and ultimately communities.

Congregational Assistance Plan: CAP

In 2005, the Shalem Mental Health Network, a community-based mental health organization headquartered in Hamilton, Ontario (population 767,000), began a pilot project: the Congregational Assistance Plan (CAP). Devised by Ken Van Wyk, CAP tweaks the methodologies and practices of the Employee Assistance Programming approach to delivering psychotherapy services and applies them to faith communities. The pilot project began in 2005 with two congregations in Ontario, one urban and one rural (Smit-Vandezande et al., 2013). With CAP, a congregation purchases, for all congregants and their families, the possibility of up to six psychotherapy sessions per clinical file per calendar year from a local, Master's degree-level psychotherapist. The therapist must be a member in good standing of a registered college legally authorized to deliver the controlled act of psychotherapy as defined by the provincial government. Counsellors are also required to articulate how they integrate their Christian faith with their clinical practice. CAP is offered at no cost to parishioners and is anonymous: no one in the congregation knows who is receiving the support, unless the individual provides consent. To access psychotherapy, a church member calls Shalem's toll-free number. A Shalem intake worker checks the name against a list of congregants provided by the church, asks about the presenting issue, and links the individual to one of several local psychotherapists with whom Shalem has a contractual relationship to deliver CAP. Having numerous therapists to choose from allows Shalem to link service users to therapists of their choice and with expertise in their presenting issue. Shalem provides the church leadership with quarterly reports on usage rates, session numbers, and presenting issues but with no personal identifying information (Vander Vennen et al., 2013).

CAP congregations sign a new CAP contract for each calendar year. To make the fee as precise and affordable as possible, each year the cost is adjusted based on the church's previous year's usage and the total number of households eligible for service. The average annual utilization rate across all CAP sites has been approximately eight percent for the past several years (Vander Vennen et al., 2020).

After the first year, the pilot expanded to five congregations. By 2009, the program was deemed financially viable while also being viewed as a valuable resource by the churches using the program. This led Shalem to hire a dedicated CAP Coordinator and to begin offering CAP services to any faith community in the province of Ontario that was interested. As of February 2021, 80 congregations across the province were actively engaged in CAP with an average of 3.5

counselling sessions per file (Vander Vennen et al., 2020), with CAP beginning to expand its service provision into other Canadian provinces.

CAP addresses a broad range of mental health barriers in congregational settings. As well, as it is the church's leadership that institutes and budgets for the program, using CAP normalizes mental health needs and encourages parishioners' use of the program by acknowledging it as a core aspect of the church's ministry. In this way CAP helps to reduce the stigma associated with personal and family issues as well as with mental health issues. Also, as the barrier of paying for service is removed, CAP allows all members of the congregation to access services without some needing to identify themselves to ask the church for financial help in seeking this type of assistance. Information regarding the nature of issues being presented to CAP counsellors serving the church is provided to church leadership quarterly to further assist the congregation's pastoral care ministry in tailoring their pastoral care supports to emerging needs. CAP also removes pressure on pastors to provide a level of care that may be beyond their own professional expertise. As well, CAP locates decision-making regarding mental health needs at a local level, empowering churches and their members to assist each other in creating a healthier community (Csiernik et al., 2020).

Methodology

Setting

The growth of CAP in Ontario, Canada spawned an unanticipated branch of service: the Counselling Assistance Plan for Students (CAPS). In 2011, the head of the guidance department at a Christian high school in southwestern Ontario approached Shalem. He was a member of a CAP church, and his church's introduction of this new program gave him an idea: could CAP be modified to apply to students at his high school? As an independent Christian high school where tuition costs were covered by parents, no allocation had ever been made for school-based social work services beyond the services delivered by the school's guidance department. Like ministers in a church, guidance counsellors in school systems have a degree of ability and expertise in working with individuals with personal issues, but they are not typically trained social workers or psychotherapists.

The leadership at the high school agreed to have the school act as a pilot site for a student-focused counselling initiative based on the CAP model. Adjustments were made to the CAP protocol to better tailor the counselling to needs of a high school, similar to Student Assistance Programs which, while common in the United States, had never developed in Canada. A major clinical difference was that any student would be eligible for four counselling sessions rather than six as offered through CAP. This limitation was determined based upon three considerations:

1.) the school year is nine months and thus the period of access is one quarter less time than CAP;

2.) students would still have ongoing school guidance counsellor support;

and importantly,

3.) CAPS was intended to support only individual students, not the entire family system.

Having four sessions also decreased the cost of the program, though Shalem contractually agreed, at the discretion of the CAPS Coordinator, to provide an additional four sessions for those students in need but for whom the ability to pay for the additional service was a barrier. The term of the contract for CAPS was based on an academic year, September to June, rather than the calendar year used for CAP contracts. The need for a parental consent for treatment release was also considered. However, the Ontario *Child and Family Services Act* specifies that anyone 12 years of age or older can consent for treatment without the knowledge or permission of their parent or guardian. As no high school student was under the age of 12, the need for a consent for treatment release was deemed not to be an issue.

Once the high school board of directors agreed to cover the costs of CAPS in their budget, Shalem's CAP coordinator recruited existing and new affiliate CAP therapists to meet the needs of adolescents in a new structure, and oriented them in the CAPS service delivery model. Counselling under CAPS would be delivered using the existing CAP infrastructure. However, unlike school social work, counselling would be delivered offsite at individual psychotherapists' offices. The pilot took place during the 2011-2012 school year and usage was sufficient to encourage the school to continue to fund this form of counselling assistance on an ongoing basis.

Population

With the establishment of a base institution at the pilot high school, the CAPS concept was promoted to other schools within Edvance Christian Schools Association, an Ontario-based Christian school association. Edvance supports approximately 80 Christian schools in Ontario, serving students from junior kindergarten through grade 12. Edvance affiliated schools are private Protestant faith-based schools, akin to Jewish or Muslim faith-based schools. They receive no government funding, are financially supported through tuition fees and fundraising, are staffed almost entirely by Ontario-certified teachers, and typically feature extensive parental involvement in the operation of the schools. Families accessing the schools are demographically varied. Many parents do not have extensive financial means at their disposal and make sacrifices to send their children to the faith-based school of their choice. Many schools use a family-based tuition structure and incorporate some form of tuition assistance to support families that struggle to afford the full cost of tuition.

As of June 2020, five additional schools had adopted a CAPS plan. In addition to coverage for students, each CAPS school is also offered the opportunity to add staff households to the CAPS contract, if they wish. Of the six CAPS high schools, three have chosen that option on an ongoing basis. In addition, as with CAP contracts, most CAPS contracts include a few "blanks" on their list of eligible

households, which schools can use for whatever they wish, including new students who come to the school during the school year, or for consultation by school administration with the CAPS coordinator on challenging mental health situations in the school.

Data

CAPS program analysis consisted of rudimentary descriptive statistics regarding each client system, individual schools (Figure 1), along with specific information on each individual student who received counselling. Number of eligible households was collected annually (Figure 2) which allowed for generation of annual utilization rates (Figure 3) to be calculated. Clinical data on student counselling included the number of students using CAPS, student to staff ratio (Table 3), and the total number of visits (Table 1), allowing Shalem to track the average sessions per student file (Figure 4) in assisting each school to estimate how much to allocate for this adjunct program each year. Information was also obtained on the students' sex (Table 2) and presenting issues (Table 4 and Figure 5).

Findings

Figures 1 and 2 illustrate the changes in enrollment in CAPS since the program's inception in 2011. From 2013 to 2017, membership grew to six schools across Ontario. From the first year, with only one pilot school participating, to the 2018-2019 school year the number of eligible households increased by slightly more than four-fold (194 to 861). The average number of eligible households per school changed from 203.5 in the first two years of the program to 142 over the 2017-2018 and 2018-2019 school years, which reflects smaller schools joining the program.

Utilization rate has greatly fluctuated over the lifespan of the CAPS program, beginning at 3.6% in the pilot year, reaching nearly nine percent in both 2013-2014 and 2015-2016, and then dropping to a low of 3.0% in 2018-2019. There has likewise been a substantive range of utilization between schools and between years within individual schools from a low of 1.7 (2018-2019) to a high of 13.9 (2014-2015).

Figure 1. Counselling Assistance Plan for Students School Participation by Year

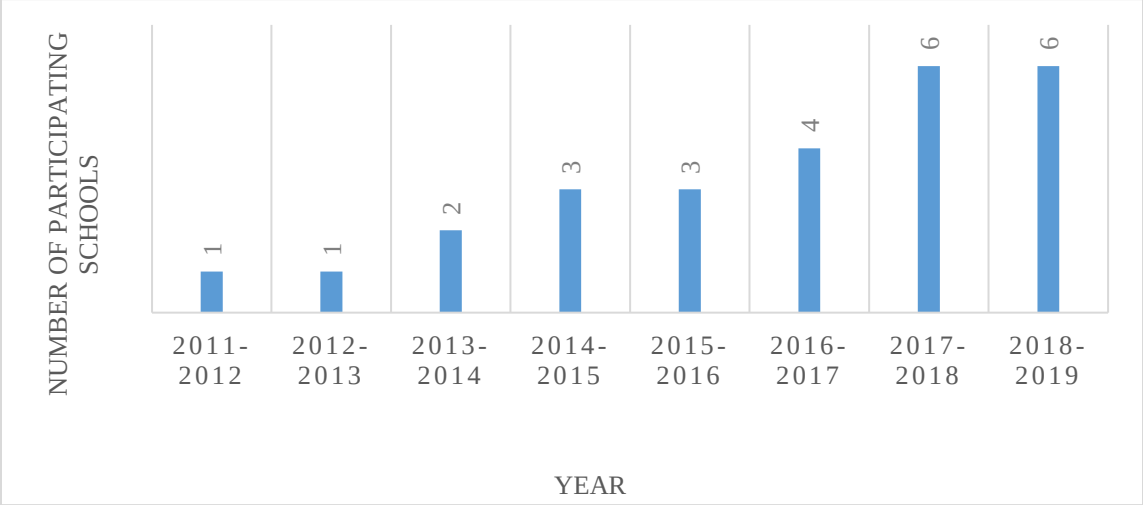


Figure 2. Eligible and Participating Households Comparison

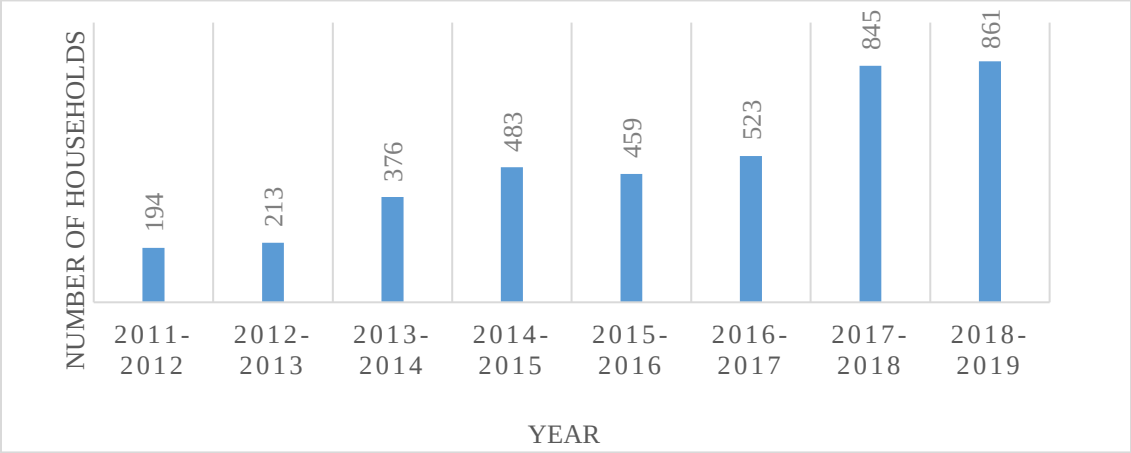


Figure 3. Average Annual Utilization Rate

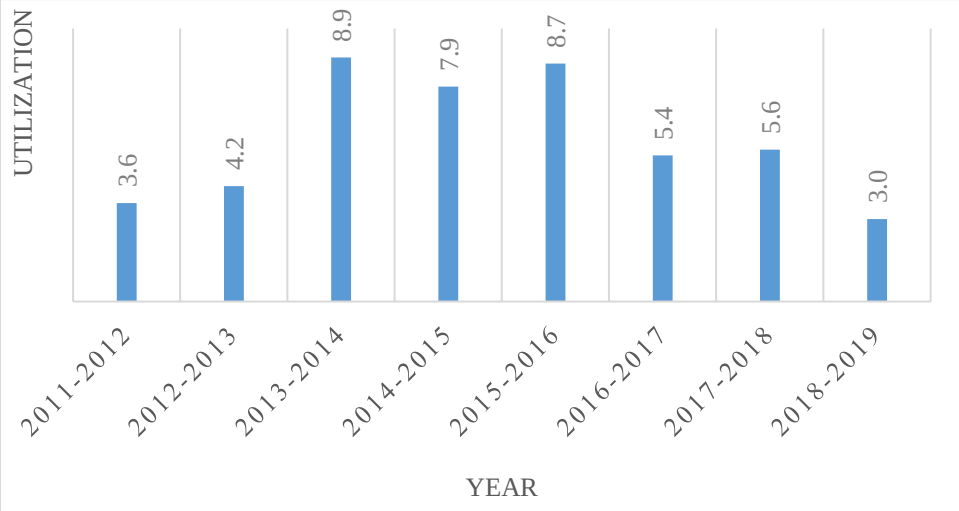
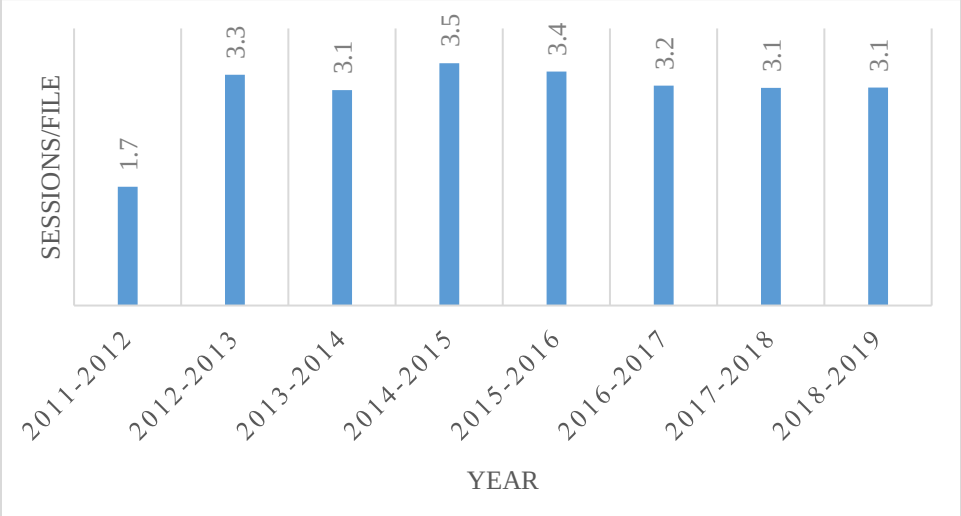


Table 1. Caseload and Utilization

Year	*Files*	*Sessions*	*Average Sessions/File*	*Annual Utilization*	*Utilization Range*
2011-2012	7	12	1.7	3.6	3.61
2012-2013	9	30	3.3	4.2	4.23
2013-2014	36	112	3.1	8.9	5.1-12.8
2014-2015	38	133	3.5	7.9	4.5-13.9
2015-2016	45	152	3.4	8.7	6.6-11.9
2016-2017	29	92	3.2	5.4	3.5-8.6
2017-2018	50	157	3.2	5.6	2.8-8.9
2018-2019	27	85	3.2	3.0	1.7-4.7

Also, important to note is that the average number of sessions per file (Figure 4) is consistently below the maximum eligible under CAPS (four), a pattern also witnessed among EAPs in Canada (Csiernik, 2002; Csiernik & Csiernik, 2012).

Figure 4. Average Sessions/File (cap of 4 sessions)



Tables 2 and 3 summarize service user information for each year of program operation. Male service users have never made up more than 38% of the total caseload in any year of CAPS operation, with female users accounting for more than 70% of total program utilization (Table 2). Table 3 indicates that since the 2013-2014 school year, when this statistic began to be recorded, up to one quarter of program users have been adults, namely school staff.

Table 2. Service Users by Sex

Year	*Files Total*	*Files Male*	*% Male*	*Files Female*	*% Female*
2011-2012	7	2	28.6	5	71.4
2012-2013	9	1	11.1	8	88.9
2013-2014	36	13	36.1	23	63.9
2014-2015	38	9	23.7	29	76.3
2015-2016	45	11	24.4	34	75.6
2016-2017	29	11	37.9	18	62.1
2017-2018	50	18	36.0	32	64.0
2018-2019	27	7	25.9	20	74.1
TOTAL:	241	72	29.9	169	70.1

Table 3: Staff versus Students

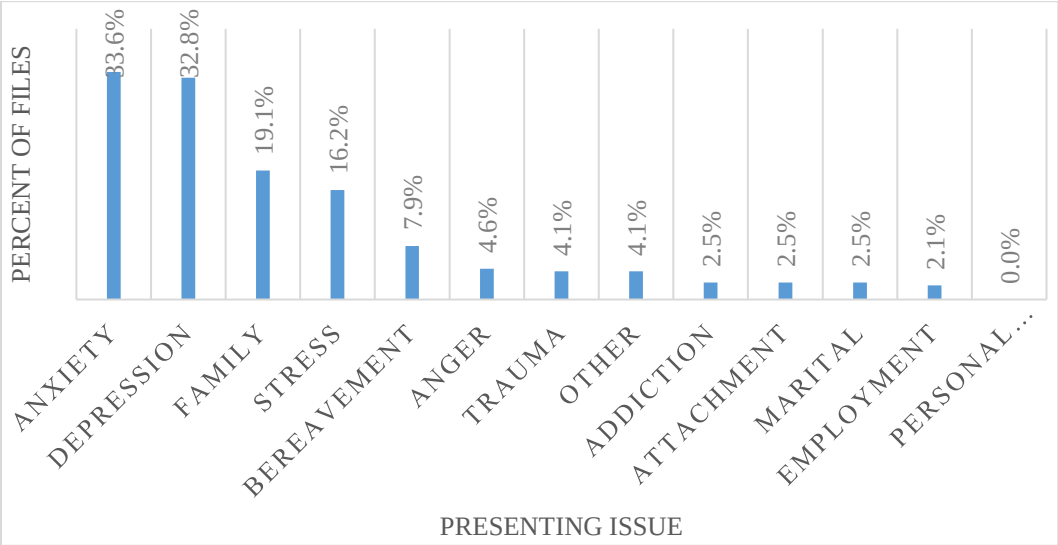
	Staff		Students	
Year	Files	%	Files	%
2011-2012	no data			
2012-2013	no data			
2013-2014	8	22.2	28	77.8
2014-2015	8	21.1	30	78.9
2015-2016	9	20.0	36	80.0
2016-2017	4	13.8	25	86.2
2017-2018	13	26.0	37	74.0
2018-2019	5	18.5	22	81.5
TOTAL:	47	20.9	178	79.1

As illustrated in Figure 5, anxiety (33.6%) and depression (32.8%) have been the most common presenting issues over the program's lifespan, followed by family issues (19.1%) and stress (16.2%). Table 4 highlights the range of issues with which CAPS has assisted. While depression, anxiety, stress, and family were consistently among the most common presenting issues each year, there was constant fluctuation. As an example, anxiety was represented in 55.6% of files in the 2012-2013 school year, but only 16.7% of files in 2013-2014 (Table 4). This reflects the diversity of the needs among the community supported by CAPS and the ongoing change in presenting issues from year to year and school to school.

Table 4. Presenting Issues by Year (%)

Year	*Addiction*	*Anger*	*Anxiety*	*Attachment*	*Bereavement*	*Depression*	*Employment*	*Family*	*Marital*	*Personal Growth*	*Stress*	*Trauma*	*Other*
2011-2012	14.3%	0.0%	28.6%	0.0%	0.0%	57.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	57.1%
2012-2013	11.1%	0.0%	55.6%	0.0%	0.0%	55.6%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	22.2%
2013-2014	5.6%	5.6%	16.7%	0.0%	11.1%	27.8%	2.8%	27.8%	2.8%	0.0%	2.8%	5.6%	11.1%
2014-2015	0.0%	2.6%	28.9%	2.6%	5.3%	47.4%	0.0%	21.1%	2.6%	0.0%	15.8%	5.3%	0.0%
2015-2016	2.2%	2.2%	42.2%	4.4%	11.1%	26.7%	0.0%	22.2%	4.4%	0.0%	20.0%	2.2%	0.0%
2016-2017	0.0%	10.3%	34.5%	6.9%	13.8%	20.7%	0.0%	24.1%	6.9%	0.0%	27.6%	10.3%	0.0%
2017-2018	0.0%	6.0%	40.0%	2.0%	4.0%	28.0%	6.0%	16.0%	0.0%	0.0%	22.0%	0.0%	0.0%
2018-2019	3.7%	3.7%	29.6%	0.0%	7.4%	37.0%	3.7%	7.4%	0.0%	0.0%	14.8%	7.4%	0.0%
Average	4.6%	3.8%	34.5%	2.0%	6.6%	37.5%	1.6%	16.2%	2.1%	0.0%	12.9%	3.8%	11.3%
% Total:	2.5%	4.6%	33.6%	2.5%	7.9%	32.8%	2.1%	19.1%	2.5%	0.0%	16.2%	4.1%	4.1%

Figure 5: 8 Year Summary of Presenting Issues



Discussion

Creating something from nothing is always a challenge. Program conception is comparatively simple compared to program implementation. Identify a need, review existing literature, design the program, and then just do it. However, when attempting to integrate a new initiative into an existing system, and one that involves both children and mental health, creating a success outcome requires more than just a successful marketing tag line. Understanding the successes and continuing challenges is vital to determining if CAPS is a viable solution for other private schools in Ontario, across Canada, and in international jurisdictions where provision of counselling services must be paid for by the parents whose children attend the school on top of existing tuition fees.

Successes and Challenges

Clearly, the data provides markers of success for the CAPS program. Though CAPS contracts are negotiated and renewed each year, each school that has begun the CAPS program has since continued it. No school has discontinued the program, even those where fluctuations in utilization and in presenting issues have occurred. The number of schools utilizing CAPS has slowly increased since its inception in 2011. In addition to the uninterrupted increase in the number of high school CAPS contracts, there have been two significant recent expansions of the CAPS program, one into a university setting, and one into an elementary school setting, further validating the utility of this type of school based counselling initiative. Another unique feature of CAPS is that school principals may use a "blank" for consultation with Shalem's CAPS coordinator about a challenging mental health situation in their school. Principals have indicated that this flexibility within CAPS has been a valued aspect of the program.

Additionally, the fact that three of the six high schools have included staff in their contracts, together with the usage of CAPS by staff, suggests that these schools have seen CAPS as an opportunity to expand psychotherapy care beyond students to the adults engaged with students. This suggests an orientation by school leadership towards a whole-school system of mental health support, an initiative whose outcomes are supported by research (Goldberg et al., 2019; Hoare et al., 2017; Lester et al., 2020). Further, offering CAPS to both students and staff may help to reduce the stigma associated with mental health issues and normalize the desire to seek mental health support when issues arise. Similarly, feedback from schools has indicated that the CAPS practice of co-branding the material promoting the program within the school and with parents is successful. The promotional material, which includes the logos of both the school and Shalem, describes CAPS as a school-sponsored service that utilizes an external faith-based professional mental health organization to offer psychotherapy care for students.

However, as with all new programs, barriers, challenges, and limitations arise. Without exception, it has been school principals who have initiated the process of engaging CAPS at their school. Typically, the principal, staff, and often the majority of the school board, are already convinced of the need for school-based mental health support. Lack of political will or minimization of mental health needs have not been barriers with early program adopters; the lone barrier has been cost. School tuition already places a significant strain on the finances of many parents; adding this to parental fees increases the burden. While working through the cost issues may take some time, in each instance the cost barrier has been successfully resolved by schools engaged in or interested in CAPS. Feedback is also clear that adjusting each subsequent year's CAPS contract according to the previous year's usage is a helpful factor in the school's decision to continue CAPS each year.

A second barrier for some is that the provision of CAPS service is only offered offsite. Where transportation is an issue, this may present a challenge for high school students who feel a need to seek counselling without the knowledge of their parent(s) or guardian. Interestingly, COVID-19 has been providing a partial solution, as CAPS therapists have all pivoted to online work. In all likelihood, after the pandemic has lifted, online counselling will continue as one stream of service offered by most CAPS therapists. For students who have difficulty finding a private space at home to attend virtual sessions, guidance departments have assisted students creating a safe, confidential space at the school to engage in online counselling during school hours.

A third barrier with this unique approach to providing school social work services lies with program promotion. While every effort is made to promote CAPS within the school by the school leadership, it is conceivable that some misunderstandings may exist among students and/or staff about how the program actually operates, including how to access the service, or whether, for example, the service is truly anonymous. Shalem and the schools have sought to mitigate this by conducting, during a student assembly in the first month of school, a mock intake call to CAPS. This has proven to be well-received by school staff and students.

A distinct limitation of the service is the maximum number of counselling sessions that can be provided. A solution-focused therapeutic approach delivered within four sessions per service user has been shown to be effective in creating positive change in relation to many presenting issues (Bond et al., 2013; Manthei, 2012; Michelson et al., 2020). However, four sessions do not always provide adequate length or intensity of service for some presenting issues, such as childhood sexual assault and Post Traumatic Stress Disorder issues. Three options have been added to the basic CAPS approach in attempting to mitigate this limitation. First, the CAPS Coordinator can and has extended sessions by up to an additional four sessions, eight sessions in total, when there is a clinical need and when ability to pay is an obstacle. Second, unlike some EAP plans, students and their families are able to contract privately with their CAPS therapist after the allotment of sessions is completed, allowing for continuity of psychotherapy care if desired. Third, in situations where long-term therapy is indicated, CAPS therapists are encouraged near the beginning of the counselling process to be already focusing with the service user on referral to local community-based counselling services that are able to offer suitable long-term therapy. All of these mitigating factors are built into the CAPS school contracts and are explicit, meaning that this limitation and the possible solutions to it are discussed before the programming is implemented.

Future Research Projects

As a relatively new initiative, CAPS not only provides significant scope for evaluation and research but requires it. Forthcoming planned projects include:

1) Collecting and evaluating client outcomes. Shalem is working at implementing a more robust system for collecting and evaluating CAPS client outcomes. Issues to better understand are if CAPS is actually effective in promoting change for program users? How do we best know what is effective and what way should we determine this? What modifications can be done to CAPS to improve client outcomes and what criteria should be used to determine this?

2) A qualitative study based on interviews with key stakeholders, to discover: Why have the schools who have implemented CAPS continued each year? What have school administration and Boards, students and parents found compelling about spending their limited funds on CAPS? What are the drawbacks of CAPS, from their perspective and how might CAPS be improved from the perspective of decision makers within the system?

3) A comparison study of two models of private school social work service delivery. For years, two Ontario Christian high schools in the Edvance network have purchased the services of external psychotherapists who periodically come into the school to provide therapy to students, at the recommendation of the guidance departments. What are the strengths and limitations of this approach, onsite external therapists, compared to the CAPS approach?

4) Evaluation of the two models of CAPS elementary school service delivery, through the two pilot projects. Are one or both of the models viable, what are the strengths and limitations of each, and can in fact a comprehensive whole-school

approach to supporting mental health needs be achieved at the elementary school level?

5) Conducting an evaluation of the CAPS model, intended for a secondary school system, on the impact it has had upon students at an undergraduate institution.

6) Finally, in our current unique context, what has the impact of COVID-19 been in the CAPS context? What have been the strengths and limitations of the pivot to online therapy? What has been the mental health impact of COVID-19 on students and therapists? How have students and therapists adapted to online work and ought a form of online therapy to continue after the pandemic has lifted?

Thus, there remains much to explore and much to be learned in this unique form of school social work.

Conclusion

The North American school system was developed to provide mass education, not to be a component of the mental health system. However, over time the importance of student mental health needs has become more recognized and has been brought to a crescendo through the unintended outcomes of school closures in response to the COVID-19 pandemic. Thus, school social work has, by necessity, become a core component of the child mental health system. However, the pandemic has also impacted national, regional and local budgets, such that there will not be the ability to fully address all unmet needs moving forward. CAPS is a short-term, school-based intervention that has been demonstrated to assist in meeting student mental health and related needs. Modeled upon Employee Assistance Programming that arose in most nations without any formal government assistance, CAPS demonstrates how new programming can emerge to address unmet needs and create not only a healthier school environment but also healthier communities.

References

Apsler, R., Formica, S., Fraster, B., & McMahan, R. (2006). Promoting positive adolescent development for at-risk students with a student assistance program. *Journal of Primary Prevention*, *27*(6), 533-554. DOI: 10.1007/s10935-006-0063-7

Bahn G. H. (2020). Coronavirus disease 2019, school closures, and children's mental health. *Journal of child & adolescent psychiatry*, *31*(2), 74–79. doi.org/10.5765/jkacap.200010

Bemme, D., & Kirmayer, L. J. (2020). Global mental health: Interdisciplinary challenges for a field in motion. *Transcultural Psychiatry*, 57(1), 3-18. doi:10.1177/1363461519898035

Bond, C., Woods, K., Humphrey, N., Symes, W., & Green, L. (2013). Practitioner review: The effectiveness of solution focused brief therapy with children and families: A systematic and critical evaluation of the literature from 1990–2010. *Journal of Child Psychology and Psychiatry*, *54*(7), 707-723. DOI: 10.1111/jcpp.12058

Clemens, V., Deschamps, P., Fegert, J. M., Anagnostopoulos, D., Bailey, S., Doyle, M., ... & Visnapuu-Bernadt, P. (2020). Potential effects of "social" distancing measures and school lockdown on child and adolescent mental health. *European Child & Adolescent Psychiatry*, *29*, 739–742. https://doi.org/10.1007/s00787-020-01549-w

Csiernik, R. (2002). An overview of Employee and Family Assistance Programming in Canada. *Employee Assistance Quarterly*, 18 (1), 17-34. DOI: 10.1300/J022v18n01_02

Csiernik, R. (2014). From welfare capitalism to workplace wellness: A history of occupational assistance. In R. Csiernik (Ed.). *Workplace Wellness: Issues and Responses.* Toronto: Canadian Scholars Press.

Csiernik, R. & Csiernik, A. (2012). Canadian Employee Assistance Programming: an overview. *Journal of Workforce Behavioral Health, 27(2),* 200-216. DOI: 10.1080/15555240.2012.666465

Csiernik, R., Knezevic, D., Smit-Vandezande. M., & Vander Vennen, M. (2020). Why we pay outsiders to counsel our congregation members: Investigating the motivation for funding a Congregational Assistance Plan. *Journal of Religion and Spirituality in Social Work: Social Thought, 39*(2), 138-155. DOI: 10.1080/15426432.2019.1706693

Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and

research needs in the acute phase and the long return to normality. *Child and adolescent psychiatry and mental health*, *14*, 1-11. doi.org/10.1186/s13034-020-00329-3

Goldberg, J., Sklad, M., Elfrink, T., Schreurs, K., Bohlmeijer, E., & Clarke, A. (2019). Effectiveness of interventions adopting a whole school approach to enhancing social and emotional development: a meta-analysis. *European Journal of psychology of Education*, *34*(4), 755-782. DOI:10.1007/s10212-018-0406-9

Government of Ontario. (2020). *Expenditure estimates for the Ministry of Education (2020-21).* Retrieved from https://www.ontario.ca/page/expenditure-estimates-ministry-education-2020-21

Griffin, E., & McMahon, E. (2020). Adolescent mental health: Global data informing opportunities for prevention. *EClinicalMedicine*, *24*. doi: 10.1016/j.eclinm.2020.100413

Hamoda, H. M., Chiumento, A., Alonge, O., Hamdani, S. U., Saeed, K., Wissow, L., & Rahman, A. (2021). Addressing the Consequences of the COVID-19 Lockdown for Children's Mental Health: Investing in School Mental Health Programs. *Psychiatric services*, doi.org/10.1176/appi.ps.202000597

Hoare, E., Bott, D., & Robinson, J. (2017). Learn it, live it, teach it, embed it: Implementing a whole school approach to foster positive mental health and wellbeing through positive education. *International Journal of Wellbeing*, *7*(3), 56-71. doi.org/10.5502/ijw.v7i3.645

Kola, L. (2020). Global mental health and COVID-19. *The Lancet Psychiatry*, *7*(8), 655-657. doi: 10.1016/S2215-0366(20)30235-2

Lalonde, G. & Csiernik, R. (2010). An exploratory study of school social work in Ontario. *Canadian Social Work, 12*(2), 60-67.

Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet Child & Adolescent Health*, *4*(6), 421. Doi.org/10.1016/S2352-4642(20)30109-7

Lester, L., Cefai, C., Cavioni, V., & Barnes, A. (2020). A Whole-School Approach to Promoting Staff Wellbeing. *Australian Journal of Teacher Education*, *45*(2), 1 DOI: 10.14221/ajte.2020v45n2.1

Loneck, B., Corrigan, M. J., Videka, L., Newman, L. J., Reed, J. C., & Moonan, K. E. (2010). Prevention counseling and student assistance programs: A review of the literature. *Journal of Child & Adolescent Substance Abuse*, *19*(4), 279-299. DOI: 10.1080/1067828X.2010.488976

Manthei, R. (2012). Counselling effectiveness at a city counselling centre. *New Zealand Journal of Counselling*, *32*(1), 37-55.

McGovern, J. P., & DuPont, R. L. (1991). Student assistance programs: An important approach to drug abuse prevention. *Journal of school Health*, *61*(6), 260-265. DOI: 10.1111/j.1746-1561.1991.tb07396.x

Michelson, D., Malik, K., Parikh, R., Weiss, H. A., Doyle, A. M., Bhat, B., ... & Sharma, R. (2020). Effectiveness of a brief lay counsellor-delivered, problem-solving intervention for adolescent mental health problems in urban, low-income schools in India: a randomised controlled trial. *The Lancet Child & Adolescent Health*, *4*(8), 571-582. DOI: 10.1016/S2352-4642(20)30173-5

Milgram, G. G. (1998). An analysis of student assistance programs: Connecticut, New Jersey, and New York. *Journal of drug education*, *28*(2), 107-116. DOI: 10.2190/H62U-B31Y-D8FR-Q2M5

Mojtabai, R., & Olfson, M. (2020). National trends in mental health care for US adolescents. *JAMA psychiatry*, *77*(7), 703-714. doi:10.1001/jamapsychiatry.2020.0279

National Association for Alcoholism and Drug Abuse Counselors. (2011, December 5). *Student Assistance Professionals Join NAADAC.* https://www.naadac.org/press-releases/posts/student-assistance-professionals-join-naadac

Nishio, A., Kakimoto, M., Bermardo, T. M. S., & Kobayashi, J. (2020). Current situation and comparison of school mental health in ASEAN countries. *Pediatrics International*, *62*(4), 438-443. doi.org/10.1111/ped.14137

Smit-Vandezande, M., Vander Vennen, M., Van Wyk, K. & Csiernik, R. (2013) A tale of two churches: the development of a Congregational Assistance Program. *Journal of Spirituality in Mental Health*, 15(1), 34-46. DOI: 10.1080/19349637.2013.744631

Taylor, S. R., & Baker, S. A. (2012). The student assistance program: Higher education's Holy Grail. *Pastoral Care in Education*, *30*(1), 39-47. DOI: 10.1080/02643944.2011.651226

Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International Journal of Social Psychiatry*, *66*(4), 317-320. doi.org/10.1177/0020764020915212

Torres-Rodriguez, L., Beyard, K., & Goldstein, M. B. (2010). Critical elements of student assistance programs: A qualitative study. *Children & Schools*, *32*(2), 93-102. DOI: 10.1093/cs/32.2.93

Vander Vennen, M., Smit-Vandezande, M., Van Wyk, K. & Csiernik, R. (2013). Bringing EAP to Faith Communities: Genesis of a Canadian Congregational Assistance Program, *Journal of Workplace Behavioural Health*, *28*(2), 81-93. DOI: 10.1080/15555240.2013.779500

Vander Vennen, M., Smit-Vandezande, M., Van Wyk, K., Ebear, J., Vanden Akker, D., & Csiernik, R. (2020). The Shalem Congregational Assistance Plan: A ten year retrospective. *Journal of Religion & Spirituality in Social Work*. DOI: 10.1080/15426432.2020.1802393

Wassell, C., Preston, P. & Jones, H. (2007). Transition: a universal issue, Pastoral Care in Education, 25(1), 49–53. DOI: 10.1111/j.1468-0122.2007.00400_2.x