



## Mental Health and Student Well-Being Strategy 2014- 2017

*The Near North District School Board recognizes the clear relationship between student mental health problems and academic achievement. Schools are well positioned to enhance the well-being of all our students through a culture of caring staff. This is the foundation for good mental health for all. The Board will bring together our ongoing efforts at creating safe and accepting schools; ensuring equity and inclusion, and implementing the healthy schools framework to address all aspects of student success.*



*Believe \* Achieve \* Inspire*

## WE CARE ABOUT STUDENT MENTAL HEALTH AND WELL-BEING

*We will:*

- ✓ *Build a culture of caring, respect, trust that is safe, inclusive and nurturing to staff and students*
- ✓ *Foster wellness through the promotion of healthy lifestyles that addresses mind, body spirit*
- ✓ *Build a community of caring through cooperation, collaboration, and shared responsibility with our service partners, parents and students*
- ✓ *Implement innovative and promising approaches that enhance student achievement and practical life-long learning*
- ✓ *Ensure a student voice in addressing student mental health and well-being*

***Believing in the potential of all students to achieve and inspiring them to overcome mental health challenges is our commitment. We Care.***

**MESSAGE FROM THE DIRECTOR OF EDUCATION**

The launching of the Provincial Mental Health and Addictions Strategy through Open Minds, Healthy Minds is a welcome support as we endeavour to enhance a Culture of Caring for every student, family and employee in the Near North District School Board. We recognize that the responsibility for child and youth mental health and well-being of our students crosses many sectors. Our schools are well positioned to enhance the well-being of our students through education and caring. If we are to create caring cultures, it is necessary to have mentally healthy classrooms and working environments with measures in place to identify and respond to various needs. Together alongside our community partners, we are committed to developing better understanding around mental health and are committed to working towards eliminating the stigma associated with mental health problems, through education.

Let’s all work together to develop a greater sense of belonging for all associated with the Near North District School Board.



Geof Botting  
Director of Education  
Near North District School Board

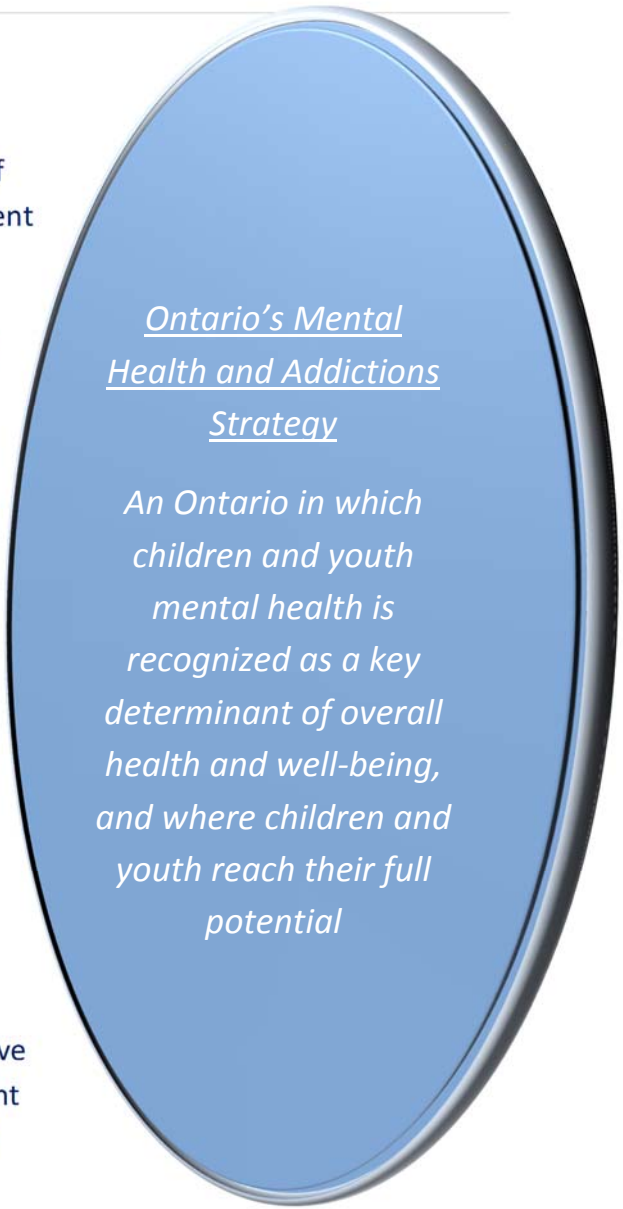


***To educate learners to their fullest potential in preparation for life-long learning***

## **INTRODUCTION AND OVERVIEW**

Administrators and educators across Ontario have identified mental health as their top area of concern in respect to student achievement. Educators are dedicated to reducing gaps in student achievement and recognize that mental health challenges impact learning potential. In June 2011, the Ontario government released the document *Open Minds, Healthy Minds: A Comprehensive Mental Health and Addictions Strategy*. The strategy explicitly recognizes the need to build school-based capacity in promoting awareness, prevention, and early intervention and in connecting students to community services. The launching of the Provincial Mental Health and Addictions Strategy has provided the opportunity and resources to connect these important initiatives and to determine the priorities unique to the Near North District School Board.

We have learned from our school culture surveys that some of our students could benefit from a deeper sense of connection and belonging that is the foundation for good mental health. Staff report that mental health can be a barrier to student success and are committed to building their capacity in mental health promotion. The stigma of mental health and issues of poverty were identified by students as factors in acceptance. Parents want assurance that teachers have the necessary processes and strategies to address aggression in the school and that all students are treated fairly. Within our Healthy Schools Framework we have worked with our community partners to implement changes to our physical environments and to promote healthy lifestyles and student nutrition. Our safe and accepting schools initiatives have introduced a consistent process and application of progressive discipline in combination with character education to impact school cultures. The development of our Mental Health Strategy is the next step forward in focussing our efforts on building our capacity and strategies to respond to the mental health and well-being of all our students.



*Ontario's Mental  
Health and Addictions  
Strategy*

*An Ontario in which  
children and youth  
mental health is  
recognized as a key  
determinant of overall  
health and well-being,  
and where children and  
youth reach their full  
potential*

**WHAT IS CHILD AND YOUTH MENTAL HEALTH?**

Mental health problems are emotional, behavioural, and brain-related difficulties that may have a negative impact on students’ well-being and interfere with their functioning at school, at home in the community, and in social settings. Development, school attendance, academic achievement and relationships with family and friends may be affected. A mental health problem that is severe, persistent, and causes impairment in daily life is called a mental health disorder or illness. It is helpful to think of mental health as occurring along a continuum of severity. A child/youth’s experience of a mental health or addiction problem can range from mild to severe and change based on the situation and protective factors in place.

Mental Health - Mental Illness **Continuum**



**WHAT SORTS OF MENTAL HEALTH PROBLEMS ARE PREVELANT AT SCHOOL?**

Schools are well positioned to notice emotional and behavioural difficulties associated with learning, attention, hyperactivity and impulsivity. The more common difficulties amongst Canadian children are anxiety, behaviour and mood. Some types of problems emerge earlier in development than others and some are more commonly seen in primary, junior and intermediate settings while others are most prevalent within secondary schools. Secondary educators are more likely to observe more serious mental health because untreated problems become more pronounced over time.

## **WHAT ARE THE FACTS?**

- Approximately 20% or one in five children struggle with a mental health problem
- Fewer than 25% of children with mental health problems receive specialized treatment
  - It is estimated that 50% of children experiencing a mental health disorder have 2 or more disorders at the same time
- Rates of mood and anxiety disorders are higher in girls, rates of behaviour disorders are higher in boys



- 75% of mental health disorders are diagnosed before the age of 18 and 50% before the age of 15
- Early intervention can improve outcomes
- Suicide is the 2<sup>nd</sup> leading cause of death in ages 16- 24
- Suicide rates for First Nation youth are 5 to 6 times higher, Inuit 11 times higher depending on the community
- Estimates for suicide rates for LGBTQ youth range from 4 times to 14 times higher \*

Statistics are taken from School Mental Health Assist \* sexual orientation statistics are not collected so only estimates based on other research Rainbow Health Ontario

## Mental Health Tiered Framework

Using a tiered approach we can promote mental health and well-being for ALL students through a universal approach and through providing the foundational elements that are known to promote mental health. We can help identify SOME at-risk students and provide targeted skill building and mental health support. With the support of our community partners with mental health expertise we can link and refer a FEW students that require more intensive intervention.

### SCHOOL-BASED SUPPORTS

Our focus, in District School Boards, is to create mentally healthy environments for students and to build skills amongst students who are vulnerable through prevention programming

- Child Counsellors
- Social Work
- Behaviour Counsellors

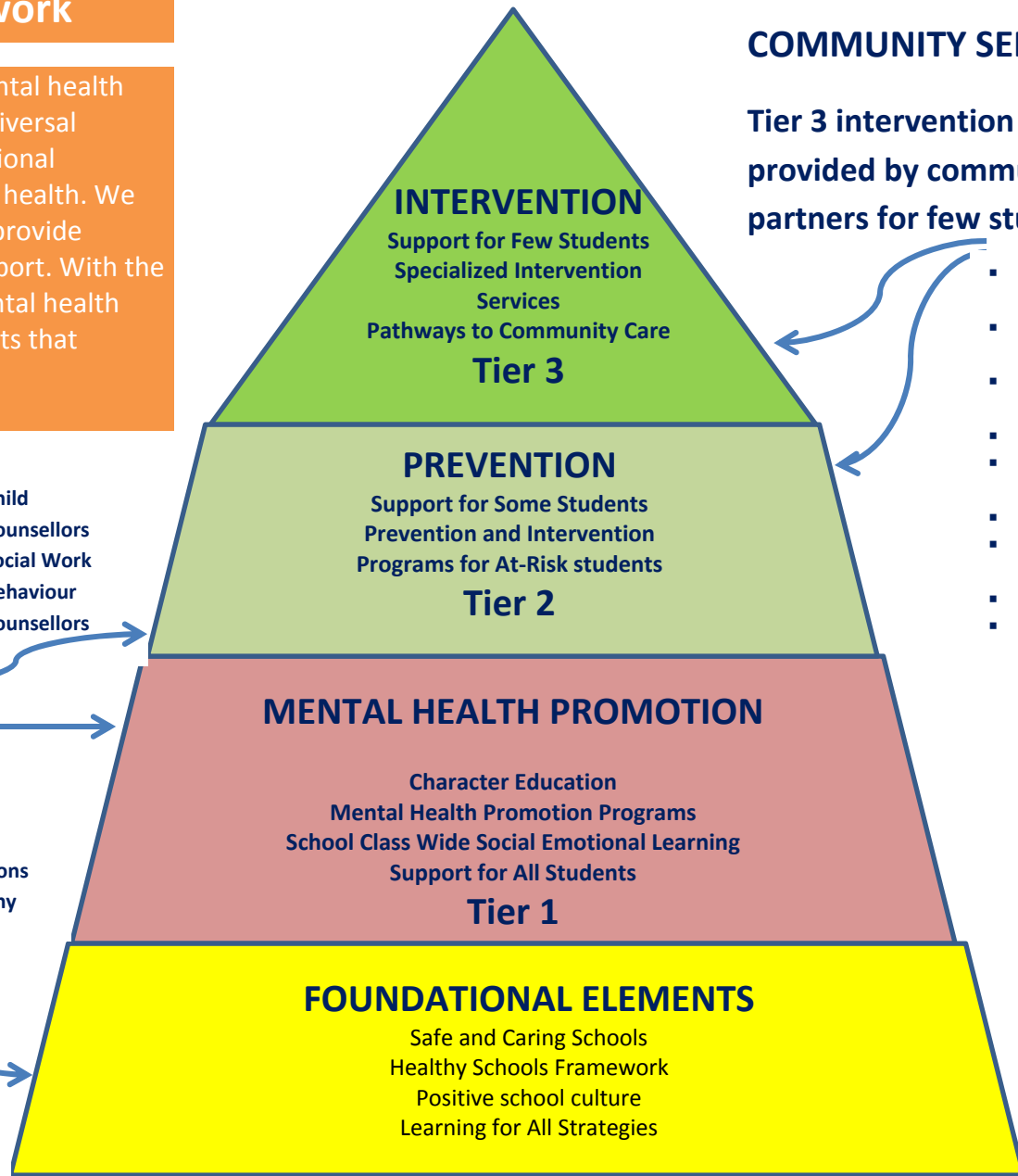
- Anti-bullying
- Collaborative Proactive solutions
- Roots of Empathy

- Nutrition programs
- Involved parent councils
- Sports, clubs activities
- Best Start

### COMMUNITY SERVICES

Tier 3 intervention services are provided by community partners for few students

- Children’s Mental Health
- Mental Health Nurses
- Addictions Outreach
- Indian Friendship Children’s Treatment Centres
- Youth Justice
- Developmental services
- Health services
- Other community supports





The mental health strategy will provide focus, momentum and guide our actions as we align all of our strategic directions and partnerships to improve the mental health and well-being of all students so that they can reach their full potential.



Our educators will be able to recognize and respond to the signs of behavioural and social/emotional problems and will utilize clear service pathways to connect students to community services. Our students will thrive in mentally healthy classrooms surrounded by caring adults and communities and learn the skills for managing academic and social/emotional challenges.

**WE ARE COMMITTED TO:**

- ✓ Reducing the stigma of mental health and eliminating discrimination
- ✓ Respecting and understanding the lived experience of mental health challenges
- ✓ Building the resiliency, hope, strengths and protective factors for all students
- ✓ Ensuring a student and parent voice in making informed decisions on their care plan
  - ✓ Linking or providing culturally relevant high quality programs and services
- ✓ Supporting and developing our staff to provide a welcoming environment where the focus is the well-being of all students
  - ✓ Coordinating, and collaborating with community partners in creating pathways to care
- ✓ To providing services that use the best available evidence, research that improve quality of life
  - ✓ Continuous quality improvement and striving towards excellence and innovation

NNSDB STRATEGIC GOALS	MENTAL HEALTH STRATEGIC GOALS
EXCELLENCE IN CREATING A CULTURE OF CARING	<ol style="list-style-type: none"> <li>1. To create caring cultures in all schools as the foundation for mentally healthy classrooms.</li> <li>2. To create clear service pathways with our community partners in connecting students with the service that they require.</li> </ol>
EXCELLENCE IN TEACHING AND LEARNING	<ol style="list-style-type: none"> <li>3. To build social/emotional skill teaching into classroom curriculum</li> <li>4. To support the provision of evidenced-based programs at the school and Board level</li> </ol>
EXCELLENCE IN INFORMATION AND EDUCATIONAL TECHNOLOGY	<ol style="list-style-type: none"> <li>5. Create a knowledge dissemination plan for resource sharing across the Board and Professional Learning Protocols</li> </ol>
EXCELLENCE IN HUMAN AND PHYSICAL RESOURCES	<ol style="list-style-type: none"> <li>6. To build the capacity of staff to identify and respond to the mental health needs of all students</li> </ol>

**Mental health strategies will be implemented, evaluated and modified and revised over the 3 year time frame and into the future as part of a continuous quality improvement process.**

**WHAT CAN STUDENTS EXPECT?**

*Students can expect to feel a greater sense of belonging, feel more resilient, and have learned new coping skills. Students will experience timely access to community based services and supports and reduced stigma to mental health challenges. Students will be identified earlier and receive interventions resulting in a decrease in symptoms and severity of mental health symptoms. Students will be experience a culture of caring adults that support them to reach their full potential.*

**WHAT CAN STAFF EXPECT?**

*Staff can expect to feel more comfortable, skillful and knowledgeable in responding and supporting students with mental health problems in the classroom. Staff will have access to resources and support on issues relating to mental health. Staff will be able to identify problems earlier before they become more severe. Staff will experience improved collaborative relationships with community partners.*

**WHAT CAN FAMILIES EXPECT?**

*Families can expect to feel a stronger connection to the school community and improved communication. Families will experience improved access to community services and satisfaction with in-school responses to students with mental health challenges.*

**WHAT CAN THE COMMUNITY EXPECT?**

*The community will experience a more collaborative and coordinated approach to assisting and supporting our vulnerable children and youth.*



## ***SUMMARY OF AREAS OF STRENGTH***

Throughout the process of gathering information it was apparent that the commitment to mental health was strong by all the school leadership teams. The trickle down or cascading effect of sending key messages to staff is seen as the bigger challenge in reaching all of the educators who are juggling multiple priorities and expectations. Even though the vision has not been clearly articulated to date, there is a good understanding of the strong connection between achievement and mental health challenges and a genuine desire to support and help students with these significant life challenges. The Principals, Vice Principals, Differential Learning Resource Teachers, were described in every school as the “go to’s “ for mental health challenges and are providing solid and effective leadership. The concept of student well-being is a strong key message that is well understood. Introducing shared language and a deeper understanding of mental health, mental health problems and mental disorders is the next step forward. The area of collaboration within schools and with community partners has been identified as strong but could be strengthened in rural and remote areas where access to service can be a challenge. Through the school improvement plans which were informed by the school culture surveys and other achievement data the emphasis on building school culture addresses many of the foundational elements that are critical to healthy classrooms.

### **Foundational Elements in Place**

- ✓ Nutrition/Breakfast/Snack programs
- ✓ Active parent councils and volunteers
- ✓ 90% of schools involved in Me” to We” (global and local fund raising)
- ✓ Defined processes for welcoming students and visible presence of leadership
- ✓ Cultural awareness and First Nations programs and activities available
- ✓ Gay Straight alliances in most secondary high schools
- ✓ Promotion of differential learning
- ✓ Full participation in anti-bullying and character education including a progressive discipline process used Board wide
- ✓ Active safe and caring schools promotion



- ✓ Designated areas for stress reduction and/or “go to” staff identified in each school
- ✓ After school programs and Best Start early learning programs available
- ✓ Transition planning support using One Page Profiles is in development for all students with IEP’s

### **Mental Health Promotion and Programs**



There are many mental health services and programs currently provided by community partners and by internal specialized services. Within the Board all schools have access to Child Development Counsellors (CDC); Attendance Counsellors; First Nations (CDC); Special Education services; Critical Events Response team; and Social Work (narrowly defined role). All schools reported that they depended on the support of the CDC’s and experienced their service as effective and vital to a well-functioning school. The CDC’s provide social/emotional skill teaching and supportive counselling some crisis response and work within a geography of schools. The majority of small rural and remote elementary schools report that the school culture is very supportive and most mental health needs can be addressed within the school and with the support of the Resource Teacher and part-time CDC support. Please note this in the very small schools under 100 students.

The addition, of 2 mental health and addictions nurses (MHAN’s) positioned in high schools has been effective for our students that are in transition from hospital and their expertise with medical professionals has been welcomed. There was also a high degree of satisfaction reported on the autism services provided by Children’s Mental Health which were described as responsive timely and the service was effective. Our Children’s Mental Health provider also has a team of School Mental Health workers that go into the schools in most of our geographic areas. Our CDC’s often work in partnership with school mental health as they provide a similar service and strive to align the services accordingly. The introduction of walk-in clinics and brief services by our community partners has improved access to service in the North Bay region. There are many other service providers coming into the schools such as Addictions Outreach; Children’s Treatment Centres (OKP); public health; Community Care Access and developmental support agencies. Given the complexity of a service system the inherent challenges are good communication and collaboration.

In terms of mental health awareness training there has been considerable activity in reaching key audiences. Presentations to date include:

2012 to 2013

- ✓ Board wide training on the ABC's of Mental Health

2014- 2015

- ✓ Supervisory Officers Executive Council (6)
- ✓ Principals and Special Education Coordinators (44)
- ✓ First Nations Advisory Council (8)
- ✓ Elementary Child Development Counsellors ( 13)
- ✓ Secondary presentation to teachers and CDC's 3 schools to date (approx. 125)
- ✓ OSSTF – teachers and support staff (40)
- ✓ Educational Assistants (approx. 70)

### **Evidenced-Based Programming**

One of the most promising initiatives is the launching of Cooperative Proactive Solutions – (Dr. Greene) as a school wide approach. This was launched in partnership with Children's Mental Health and extensive training was provided. The pilot started last year with 3 schools supported by the Behaviour Counsellors. This has now expanded to 14 schools in total that will begin after training is provided at the beginning of May 2014. Roots of Empathy is offered in a few schools and Coaching for Success is ongoing as part of the Student Support leadership Initiative. Twenty-two staff have been trained in Suicide Assist, which includes; all of the elementary and secondary CDC's, Attendance Counsellors, Behaviour Counsellor, Social Work, Psychology, Principal, Vice Principal, teacher and a Special Education Coordinator and the Mental Health Lead. In addition, there are 11 members (of the 22) on the Critical Response Team that respond to traumatic events including a completed suicide. Restorative Practices was launched in some high schools a

few years ago and some schools are still using the concepts. The resource mapping is ongoing and it is anticipated that there are small pockets of promising programming yet to be discovered.

### ***SUMMARY OF NEEDS IDENTIFIED***

A consistent trend and area of need that emerged was how to support the anxious child. Anxiety in children and youth is the number one behaviour profile identified as the most common and currently the most challenging. The younger children have been identified as having high levels of anxiety, emotional outbursts and significant lags in social skills. Oppositional and social relationships were also identified but educators feel more competent addressing this area of concern with the exception of the high behavioural needs child that does not respond to traditional approaches and requires intervention services from community partners. Some schools in the North Bay area are challenged by transient population trends due to the impact of parents attending school at Nipissing University or College or relocating for employment opportunities. The secondary schools see more needs related to mood disorders such as depression and suicide ideation which is common for this age group of students. Elementary schools at times struggle with the high needs child on the autism spectrum and trying to support the high needs child with a trauma history. There are pockets of problems related to self-harming behaviour, and other mood related issues. Substance abuse was not identified as a high need but given it is a concurrent disorder it is suspected this is a more salient issue but still of concern.

All Principals expressed the need for capacity building on mental health awareness and literacy with each school having unique needs based on the experience of their teachers. The need for clearer understanding of service pathways and referral routes in combination with early identification was also indicated. Teachers also want more literacy training on specific issues such as anxiety depression and self-harm. CDC's identified more need for youth engagement and to continue with efforts to build school culture and healthy classrooms. The Resource Teachers identified the need for enhancements in process and infrastructure in accessing services as it relates to internal services.

Communication with service providers after a significant event, such as hospitalization, and in regards to ongoing service was expressed as a high need in all the high schools and some elementary schools. Addressing role clarity and areas of responsibility with service providers is in development. A community mobilization process for suicide prevention was initiated in March 2014 and it is anticipated that a community protocol and shared responsibility framework will be ready for launch in Sept 2014.

## ***SUMMARY OF PRIORITY NEEDS***

The following priorities are listed in rank order. Organizational conditions are the foundational work for all other priorities and will be ongoing and in conjunction with other activities. Capacity building has already begun with key audiences and will be a focus for 2014 and 2015. The pathway and process for Mental Health and Addictions Nurses was the first priority for alignment as the nurses are hosted in our schools and understanding their scope of service has improved referral rates and service effectiveness. Developing an internal process to generate referrals for the new community mobilization hub in North Bay has added a new service route for the students presenting with elevated risk. Participation in the community mobilization for suicide prevention and intervention will enhance the communication, support and coordination of services for our students presenting with mood disorders. Developing a joint referral process with the Children's Mental Health provider is also a pressing need as alignment of service and increased partnering opportunities could potentially expand service options. Supporting the expansion of Cooperative Proactive Solutions as an evidenced-based program Board wide is additional priority.

### **Organizational Conditions**

The following Conditions will be the focus and priority for the mental health strategy:

1. Commitment – cascade down from leadership to educators
2. Mental Health Leadership – develop the school-base teams
3. Clear and Focused Vision – now that vision established communicate to all staff
4. Shared Language – develop key messages and shared understanding
5. Collaboration – to build on the key external and internal partnerships

### **Capacity Building**

1. Mental Health awareness and literacy for all secondary schools and some high needs elementary schools
2. Intervention training for CDC's
3. Expansion of suicide Assist and introduce Safe Talk

4. Training modules on anxiety and depression and suicide

### **Service Pathway development**

1. Align the MHAN service and define the scope of practice
2. Community suicide response protocol
3. Develop a joint referral process with School Mental Health (Hands)
4. Develop a quick reference service pathway diagram

### **Mental Health Programming**

1. Complete the resources scan to include inventory on current programming
2. Expansion of CPS
3. Introduce evidenced- based programs for anxiety with CDC support
4. Develop an inventory of evidenced –based programming that CDC’s can have access to
5. Research and determine what programs would fit the needs and school culture



## **2014-2015 Action Plan**

### MENTAL HEALTH STRATEGY 2014-2017

**VISION:** Our educators will be able to recognize and respond to the signs of behavioural and social/emotional problems and will utilize clear service pathways to community services. Our students will thrive in mentally healthy classrooms surrounded by caring adults and communities and learn the skills for managing academic and social/emotional challenges.

- GOALS:**
1. To create caring cultures in all schools as the foundation for mentally healthy classrooms.
  2. To create clear service pathways with our community partners in connecting students with the service that they require.
  3. To build social/emotional skill teaching into classroom curriculum
  4. To support the provision of evidenced-based programs at the school and Board level
  5. Create a knowledge dissemination plan for resource sharing across the Board and Professional Learning Protocols
  6. To build the capacity of staff to identify and respond to the mental health needs of all students

CORE ELEMENTS	ORGANIZATIONAL CONDITIONS	CAPACITY BUILDING	SYSTEM COORDINATION	PROCESS INFRASTRUCTURE	EVIDENCED-BASED PROGRAMMING
<b>PRIORITY START UP ACTIVITIES</b>	<ol style="list-style-type: none"> <li>1. Compile and circulate survey results from Board scan</li> <li>2. Complete Resource Mapping</li> <li>3. Commitment – meet and interview all Principals</li> <li>4. MH leadership - form MH leadership team</li> <li>5. Develop vision statement and MH strategy</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide MH awareness training to senior leadership</li> <li>2. MH lead to attend Asist training for refresher</li> <li>3. Provide clinical supervision to elementary CDC's</li> </ol>	<ol style="list-style-type: none"> <li>1. Align MHAN service with internal referral routes</li> <li>2. Join the Gateway Hub Community Mobilization Group</li> <li>3. Meet with IFC and other FN providers</li> </ol>	<ol style="list-style-type: none"> <li>1. Review existing internal referral processes</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide further training for CPS</li> </ol>
Priority Areas / Strategic Themes	Initial Scan Rating/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility
<b>Organizational Conditions</b>					
	<b>Commitment and MH leadership</b> – awareness	<ul style="list-style-type: none"> <li>• MH Awareness training for senior</li> </ul>	<ul style="list-style-type: none"> <li>• Release time capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Completed by June 2014</li> </ul>	MH Lead

<p><b>Short term</b></p>	<ul style="list-style-type: none"> <li>Form school-based MH teams to develop organizational conditions in SIP</li> <li>Create a communication plan on clarity of vision</li> <li>Develop key messages on shared language</li> <li>Meet with key service partners to assess collaboration and build partnerships</li> </ul>	<ul style="list-style-type: none"> <li>Form a Capacity Building task group</li> <li>Expand MH awareness training to secondary schools and targeted elementary schools and EA's and CDC's</li> <li>Disseminate information from Supporting Minds</li> <li>Provide MH Awareness to Secondary and targeted Elementary schools</li> <li>Pilot MH Literacy modules - anxiety</li> <li>Secure intervention training for CDC on anxiety</li> <li>Pilot MH literacy modules - youth issues</li> </ul>	<ul style="list-style-type: none"> <li>Formation of a Service Pathway task group</li> <li>Mental Health Lead to join Community Suicide Prevention and Response committee</li> <li>Meet with CMH to develop joint referral process</li> </ul>	<ul style="list-style-type: none"> <li>Determine processes for student and parent engagement to obtain feedback on MH</li> <li>Develop linkage to MH School-based teams and MH leadership</li> <li>Review existing referral forms and documentation processes</li> <li>Research evaluate and referral triage models</li> </ul>	<ul style="list-style-type: none"> <li>Expansion of school wide CPS implementation</li> <li>Complete an inventory of current evidenced-based programming and social emotional skill teaching</li> </ul>
<p><b>CORE ELEMENTS</b></p>	<p><b>ORGANIZATIONAL CONDITIONS</b></p>	<p><b>CAPACITY BUILDING</b></p>	<p><b>SYSTEM COORDINATION</b></p>	<p><b>PROCESS AND INFRASTRUCTURE</b></p>	<p><b>EVIDENCE-BASED PROGRAMMING</b></p>
<p><b>Intermediate</b></p>	<ul style="list-style-type: none"> <li>Form an Organizational Task Group to support School-based teams</li> <li>Focus on At-risk youth, equity and inclusion</li> <li>Pursue interdisciplinary</li> </ul>	<ul style="list-style-type: none"> <li>Provide MH awareness to all elementary schools</li> <li>Develop Professional Learning Protocols</li> <li>Develop an organic knowledge dissemination plan including web-based strategies, resource</li> </ul>	<ul style="list-style-type: none"> <li>Create and disseminate service pathway quick reference chart and provide training</li> <li>Develop/modify or refresh partner protocols</li> <li>Implement recommendations of</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate parent and student feedback into MH strategy and develop process for ongoing communication and collaboration</li> <li>Explore a single point of entry for mental health</li> </ul>	<ul style="list-style-type: none"> <li>Form an emotional social curriculum task group</li> <li>Continued expansion of CPS</li> <li>Develop method of vetting evidenced-based programming selection</li> </ul>

	integrated training opportunities	portals and interactive learning strategies <ul style="list-style-type: none"> <li>• Provide Safe Talk training to targeted staff in all Secondary schools</li> <li>• Provide training module on Compassion Fatigue for educators</li> </ul>	service pathway group	referrals – assess viability of on line process	
<b>CORE ELEMENTS</b>	<b>ORGANIZATIONAL CONDITIONS</b>	<b>CAPACITY BUILDING</b>	<b>SYSTEM COORDINATION</b>	<b>PROCESS AND INFRASTRUCTURE</b>	<b>EVIDENCED-BASED PROGRAMMING</b>
<b>Long term</b>	<ul style="list-style-type: none"> <li>• School-based teams implement quality review of progress on SIP</li> <li>• Implement school climate surveys and review results</li> <li>• Determine the next organizational conditions that will become the focus</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with Mental Health Literacy training by specific topic request</li> <li>• Develop train the trainer model for sustainability on suicide</li> <li>• Develop coaching and mentoring to sustain knowledge exchange</li> <li>• Provide training on at-risk populations, equity and inclusion and cultural diversity</li> <li>• Develop a substance abuse strategy including training</li> <li>• Ensure “go to educators are positioned in all schools</li> </ul>	<ul style="list-style-type: none"> <li>• Develop sustainability plan of keeping service information current and easily accessed</li> <li>• Determine what community planning activities require Board involvement</li> <li>• Protocol refinement with partners</li> </ul>	<ul style="list-style-type: none"> <li>• Support the connections to community and parent groups and develop web-based interactive education and community forums</li> <li>• Develop appropriate documentation to support new processes</li> </ul>	<ul style="list-style-type: none"> <li>• Continued expansion of CPS</li> <li>• Implement new evidenced-based programs</li> <li>• Pilot social/emotional skill teaching in curriculum and provided by CDC’s</li> </ul>
	and a general level of investment was strong	leadership including Board of trustees	<ul style="list-style-type: none"> <li>• SMH Assist portal for power point</li> </ul>		

To create caring cultures in all schools	and 50% had begun to plan and implement. Important to increase the level of understanding and cascading effects of leadership 57% of schools had well established teams while 43% needed to build their teams	<ul style="list-style-type: none"> <li>• Develop MH leadership team</li> <li>• Develop School-based teams and linkages to MH Leadership to develop MH strategies built into SIP's</li> </ul>	material and other internet resources <ul style="list-style-type: none"> <li>• Board and Executive Council support</li> <li>• Time commitment</li> </ul>	<ul style="list-style-type: none"> <li>• March 31, 2014</li> <li>• December 31, 2014</li> </ul>	Executive council  MH Leadership Team (MHL)
	<b>Clear Vision and Shared Language</b> - 50% of administrators are beginning to plan and implement and it is important to provide clear consistent messages on the vision and shared language to ensure consistency of implementation	<ul style="list-style-type: none"> <li>• Finalize mission/vision/value statements and circulate</li> <li>• Develop a communication plan with definitions, key messages and promotional strategies</li> <li>• Update web site and other social media</li> </ul>	<ul style="list-style-type: none"> <li>• Time commitment</li> <li>• MH lead draft</li> <li>• Support of education technology/admin support</li> <li>• Review time with MH leadership team</li> <li>• Materials costs for promotional material</li> </ul>	<ul style="list-style-type: none"> <li>• March 31, 2014</li> <li>• May 30, 2014</li> </ul>	SO & Executive Council  MH Lead under direction of MHL
	<b>Collaboration</b> – 44.5% of administrators were at the implementation stage of partnerships. New administrators need to establish internal teams and community partnerships in rural and remote	<ul style="list-style-type: none"> <li>• Support the development of the School-based teams to include MH strategies in SIP</li> <li>• Meet with Hands to review existing process</li> </ul>	<ul style="list-style-type: none"> <li>• Time Commitment</li> <li>• Past process documents, case loads of all CDC's</li> </ul>	March 31, 2015  <ul style="list-style-type: none"> <li>• May 31, 2014</li> </ul>	MHL  MH Lead and Manager of School Mental Health – Hands

	areas require development	<ul style="list-style-type: none"> <li>• Finish Resource Mapping and begin service mapping by region</li> </ul>	<ul style="list-style-type: none"> <li>• Web tools and past service inventories</li> </ul>	<ul style="list-style-type: none"> <li>• June 2014</li> </ul>	MH Lead
<b>Capacity Building</b>					
To build the capacity of staff to identify and respond to the mental health needs of all students - Anxiety is the Priority Oppositional, Aggression Secondary level mood disorders and suicide prevention	The ratings (2.7 mean) on confidence of the educators to respond to mental health needs, indicates overall a low level of confidence. Principals reported a great deal of variability in staff knowledge and skill set. It is important to set a baseline of knowledge level for all	<ul style="list-style-type: none"> <li>• MH awareness provided to Board Trustees; senior level administration; all secondary schools; all EA's; all CDC's; all DLRT's</li> <li>• MH awareness to targeted Elementary schools</li> <li>• Provide all schools with quick reference sheets from Supporting Minds document</li> <li>• Secure intervention training at tier 3 level for elementary CDC's</li> <li>• Provide, or coordinate MH literacy for Secondary schools</li> <li>• Provide basic Anxiety literacy for EA's</li> </ul>	<ul style="list-style-type: none"> <li>• SMH Assist resource portal</li> <li>• Access to staff that is low cost – mileage costs</li> <li>• venues and associated training costs</li> <li>• Admin support lamination and other material costs</li> <li>• Community partner hospital, MH outreach – CDC one day time commitment, venue and minimal materials etc.</li> </ul>	<ul style="list-style-type: none"> <li>• June 2014</li> <li>• December 2014</li> <li>• April 30, 2014</li> <li>• May 27, 2014</li> <li>• December 2014 – March 2015</li> <li>• June 30, 2014</li> <li>• October 2014- March 2015</li> </ul>	<p>MH Lead supported by Spec Ed. and Administration</p> <p>MH Lead and Admin Support</p> <p>MH Lead North Bay hospital Mental Health Outreach</p> <p>MH lead to coordinate and provide</p> <p>MH Lead</p> <p>MHL</p>

		<ul style="list-style-type: none"> <li>• Develop train the trainer model for Safe Talk</li> </ul>	<ul style="list-style-type: none"> <li>• Asist Living Works</li> <li>• Costs of the model</li> </ul>		
Create a knowledge dissemination plan for resource sharing across the Board including Professional Learning Protocols	Access to various staff groups is cost prohibitive and requires a multi-faceted approach to adult learning and the need to identify the level of training that corresponds with the job role and is keep with adult learning principles.	<ul style="list-style-type: none"> <li>• Form a Capacity Building Task Group</li> <li>• Assess capacity to use web-based tools and potential costs</li> <li>• Pilot a web cast</li> <li>• Build a knowledge exchange and dissemination plan</li> <li>• Develop professional Learning Protocols for staff</li> </ul>	<ul style="list-style-type: none"> <li>• Support of Education technology team</li> <li>• Partner with Early Learning SO</li> <li>• Web-based tools</li> <li>• Templates for protocols</li> </ul>	<ul style="list-style-type: none"> <li>• January 2015</li> <li>• March 2015</li> <li>• April – June 2014</li> <li>• March 31, 2015</li> <li>• January, 2015</li> </ul>	<p>MHL</p> <p>MH Lead Early Learning SO</p> <p>MH Lead</p>
To create clear service pathways with our community partners	Services are organic and evolving and a difficult landscape for educators to maneuver. It is recognized this is ongoing but in order to achieve early identification the staff need the basics of service road map	<ul style="list-style-type: none"> <li>• Finalize process elements with MHAN</li> <li>• Develop a process for joint referrals/ closer alignment of referrals with the School Mental Health Program at Hands(CMH)</li> <li>• Form Service Pathway Task Group</li> <li>• Join the Suicide Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Existing protocol, internal process documents consultation with CCAC</li> <li>• Time commitment with Hands Manager</li> </ul>	<ul style="list-style-type: none"> <li>• June 2014</li> <li>• June 2014</li> <li>• January 2015</li> <li>• March 2014</li> </ul>	<p>MH Lead and Spec Ed Coordinators CCAC Management</p> <p>MH Lead and Hands Manager</p> <p>MHL</p> <p>MH lead</p>

		<p>Community Mobilization Group</p> <ul style="list-style-type: none"> <li>• Develop internal referral process for the Gateway Hub</li> </ul>			Section 23 Liaison Administrator/MH lead
<b>Implementation of Evidence-Based Mental Health Promotion and Prevention Programming</b>					
To support the provision of evidenced-based programs at the school and Board level	To ensure the use of evidenced-based; evidenced informed or promising practices programming is consistent across all schools and be implemented effectively	<ul style="list-style-type: none"> <li>• Compile an inventory of all social emotional skill teaching programs currently in use</li> <li>• Expansion of Proactive Collaborative Solutions training and implementation</li> <li>• Explore appropriate programs</li> <li>• Complete Resource Mapping</li> </ul>	<ul style="list-style-type: none"> <li>• Lists from the CDC's of current programs</li> <li>• Training \$</li> <li>• Web searches/SMH Assist</li> </ul>	<ul style="list-style-type: none"> <li>• June 30, 2014</li> <li>• Training in May 2014, implementation time period May to Dec 2014</li> <li>• July 2014</li> <li>• May 31, 2014</li> </ul>	<p>CDC's and MH Lead</p> <p>Principal of Special Education/Behaviour Counsellors</p> <p>CDC and MH Lead</p> <p>MH Lead</p>

# Educating Learners to Their Fullest Potential in Preparation for Life-Long Learning



## RESOURCES AND LINKS

- **Supporting Minds: An Educators Guide to Promoting Student’s Mental Health and Well-Being- Draft version 2013 – Ontario**
- **Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health Strategy - 2011**
- **Taking Mental health to School: A policy-oriented paper on school-based mental health for Ontario – August 2009 – Darcy Santor, Kathy Short, Bruce Ferguson**
- **Leading Mentally Healthy Schools: A resource for School Administrators**

<http://smh-assist.ca/>

<http://www.kidsmentalhealth.ca/>

<http://www.hincksdellcrest.org/ABC/Welcome>

<http://suicideinfo.ca/Library/AboutSuicide/YouthatRisk>

[www.RainbowHealth.ca](http://www.RainbowHealth.ca)