Toronto Catholic District School Board

Mental Health Strategy

2012 – 2015
CDSB’s commitment to student wellbeing and achievement figures prominently in its BLIP for 2011-2014. TCDSB’s BLIP for 2011-2014 incorporates student well-being and achievement as one of its primary system goals. “By June 2014, there will be a 6% increase in the number of students who view themselves as positively engaged in their own learning and in their Catholic learning community as measured by each of the system wide surveys in elementary and secondary”. This strategy is part of a larger board vision to craft safe, healthy, engaging and inclusive schools, and aims to support the overall TCDSB Board Learning Improvement Plan. Student engagement is contingent to a large degree upon student mental health and wellbeing. Student mental health is inextricably tied to student engagement and achievement. This strategy recognises that mental health is critical in the promotion of student success and wellbeing. TCDSB’s Mental Health Strategy will endeavour to address this fundamental area in an effort to assist our students reach their fullest potential.
**Executive Summary**

TCDSB maintains a strong reputation among school boards across Ontario, as demonstrating exemplary practices in student mental health, leadership, and student success. We continue to recognise the inextricable link between student mental health and student achievement. This relationship is the foundation for productive, well rounded, contributors of our community. All children have a right to attend school and reach their fullest potential. We need to support the needs of students identified with mental health as well as provide interventions for students at risk of mental health disorders. This can only be achieved by fostering a climate in our schools, families, and communities which promotes mental health and wellness for all.

The state of children and youth mental health in Ontario has reached a climax over the past few years. In their policy oriented paper published in 2009, The Provincial Centre for Excellence in Child and Youth Mental Health addresses the need for school based mental health supports. Below is an excerpt from the paper which summarizes the critical status of children and youth mental health in Ontario 1:

1 Taking mental health to school: A policy-oriented paper on school-based mental health for Ontario (2009) by Dr. D. Santor, Dr. K. Short and Dr. B. Ferguson

“Epidemiological studies indicate that up to one in five children and youth suffer from a diagnosable mental disorder including substance abuse. Many more students experience mental health difficulties that cause significant problems. These disorders and difficulties impose considerable barriers to the normal academic, emotional and social-developmental tasks of childhood and adolescence. Adult mental health disorders frequently onset in adolescence or before. Therefore, treating and coping with these students has a significant financial cost to education, health and social service systems.” ... “A paramount concern is the recognition that mental health disorders and difficulties are closely associated with declining academic performance.”

Based on the literature review and the survey of Ontario school boards, the study includes the following recommendations:

1. That school boards develop strategies, leadership and management plans for addressing student mental health;
2. That school boards develop strategies for increasing the mental health literacy of teachers, students and parents.
3. That school boards recognize that student programs that promote positive self development also enhance mental wellness, resilience and improve academic achievement,
4. That a high degree of collaboration is required between all stakeholders.

The evidence is overwhelming, the path is clear. Through its current strategic directions, the Ministry of Education recognises the importance of students’ psychological well-being, as it incorporates “improved student achievement and well-being” into its goals. The impact of not addressing the issues affecting students’ psychological well-being in a timely manner becomes a significant “barrier to learning” not only for the individual student, but, through a “ripple effect”, to a number of other students in his/her immediate environment. When student succeed, schools succeed, and communities thrive. 3 Barriers to Learning (2010) by D.S. Lean, and V.A. Colucci
The TCDSB Mental Health Strategy 2012-2015 will focus on the 4 following Goal Areas:

1. Developing and strengthening the Organizational Conditions needed to support our Mental Health Strategy.
2. Raising staff, student, and parent awareness and expand literacy of mental health thereby building capacity and decreasing stigma.
3. Implementing evidences informed and evidence based mental health promotion and prevention strategies and programs in both elementary and secondary schools.
4. Establishing key working relationships and protocols with our community stakeholders in coordinating school based mental health efforts.

Mental Health Strategy Pillars

Mission

The Mental Health Strategy is designed to raise awareness, build capacity, and provide a coordinated and evidence-based/informed approach to mental health, engaging partners in supporting student mental health and well-being within TCDSB.

Vision

TCDSB is a school board where children and youth mental health is recognized as a key determinant of well-being and achievement, where children and youth grow to reach their full potential. Every school in the Toronto Catholic District School Board will be a mentally healthy school that demonstrates pervasive caring, promotes wellbeing and achievement for students, staff, and our community.
What will this look like?

- Students will have a positive sense of well-being; understand the determinants of mental health as well as possible risk factors to their mental health.
- Staff and parents will increase their mental health awareness, know the signs related to mental health problems, and know how to access support for their students/children. This awareness will nurture a culture where stigma is eliminated.
- Schools will have a welcoming environment where caring is pervasive within teacher to student, student to student, school to home and school to community relationships. These relationships will encourage a sense of belonging, trust, and engagement.
- Evidence based/informed mental health services within the area of promotion, prevention, and intervention will be available to each school and will be seamless and easy to access. These services will include school based services as well as those supported by board Special Education multidisciplinary teams, guidance, and community resources.
- Student achievement and well-being will be positively impacted as evidenced through school and board based measures.

Values/Commitments

- Our Catholic values instil a belief in the worth and dignity of every person, that people thrive in a safe, healthy and compassionate environment, and that each of us shares responsibility for creating collaborative communities of learning (TCDSB MYSP 2012-2015)
- We continue to recognise the inextricable link between student mental health and student achievement. This relationship is the foundation for productive, well rounded, contributors of our community.
- All children have a right to attend school and reach their fullest potential.
- We commit to the continued development of our systems’ capacity to understand and service each student with a view towards improved mental health.
- We will utilize the existing mental health expertise of our Special Education multi-disciplinary and guidance teams in addressing mental health promotion and prevention to the fullest of our capacity.
- We will focus on the implementation of evidenced based, “best in class” programs and services for our schools and students.
- Our community mental health and health stakeholders are our partners in achieving mentally healthy schools across our school board
Areas of Need

- Make Mental Health a priority at TCDSB
- Make our leaders more aware of the impact of mental health upon achievement.
- School Mental Health Response Staff need to re-prioritise mental health as a top priority and utilize existing mental health resources in this vein.
- More prevention programs across the board.
- More class wide and school wide promotion programs. Currently these programs are in a select number of classes in a select number of schools.
- More Mental Health Literacy at the elementary level.
- More Stigma reduction programs at the elementary level.
- Targeted areas of need include: anxiety, behaviour problems, non-attenders, suicide/self-harm, and addictions.

Areas of Priority for the Strategy

Up to five areas that the MH Steering Committee has identified as being a priority to take on in 2012-2013; a combination of easy wins and tough issues is recommended.

What will you achieve by the:
- End of December 2012
- End of spring 2013
- End of spring 2014 - 2015
<table>
<thead>
<tr>
<th>Goals</th>
<th>Strategies/Actions/Responsibility (What short and long term strategies/actions will enable you to reach each goal?)</th>
<th>Performance Measures (How will you be able to measure your Progress toward your goal?)</th>
<th>Timelines (When will we get there?)</th>
<th>Expected Outcomes (Where do you expect to be?)</th>
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| 1. Developing and strengthening the Organizational Conditions needed to support our Mental Health Strategy. | SHORT TERM: Continue to develop the role and work of our TCDSB MH Steering Committee by implementation of clear Mental Health Response procedures. | ✓ Our TCDSB MH Response Guidelines will be approved by necessary channels. Board approval Feb. 2013  
✓ Our soon to be finalized Guidelines for Response to Suicide ideation will be approved by necessary channels. Board approval Feb. 2013  
✓ We will be able to communicate and share the MH response guidelines board wide. Schools will be clear as to how to access help. Published on TCDSB website, shared with all principals, school presentation Fall 2013  
* Jan.-June 2014 presentation of “Journey to Wellness” Video explaining MH Response Guidelines and Suicide Intervention Guidelines to ALL TCDSB schools.  
* TCDSB Mental health Policy Approved June 2013  
* TCDSB Crisis Response Guidelines ready to present to Education Council for review. |
| MEDIUM TERM: Implement a MH Advisory council comprised of parent, student, community, and union representation to assist in the guidance of the MH Steering committee. | After initial information meeting with various union representatives we will have representation from various groups on our soon to be formed MH Advisory Council: members to include union and association representatives, parents (C-PIC), students (MHSAC), community members (SEAC and others), Trustees. MH Advisory Council developed and meeting since Jan. 2013 | Spring 2013 | ✓ We will have an established MH Advisory council guiding the MH initiatives and strategy of TCDSB. Formed Jan. 2013. MH Advisory council will provide valuable input to TCDSB MH strategy and initiatives  
| LONG TERM: We will have the beginning of standard processes and PD protocols, and broad collaboration in place. MH Response Guidelines and Suicide Intervention Guidelines were approved by Board Feb. 2013,  
* TCDSB Mental health Policy S.03 Approved June 2013 | We will be implementing the new MH Response and Suicide Intervention Guidelines. These guidelines are approved, they are public, and they will be shared with each school beginning Fall 2013.  
* Jan.-June 2014 presentation of “Journey to Wellness” Video explaining MH Response Guidelines and Suicide Intervention Guidelines to ALL TCDSB schools.  
* 2013-14 Revision of TCDSB Crisis response Guidelines | Spring 2015 | ✓ Schools and service providers will readily use the guidelines and protocols to support students MH. (Spring 2015)  
* Jan.-June 2014 presentation of “Journey to Wellness” Video explaining MH Response Guidelines and Suicide Intervention Guidelines to ALL TCDSB schools  
* June 2014 have a draft of the TCDSB Crisis Response Guidelines ready to present to Education Council for review. |
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| * Exploring the inclusion of School Mental Health Goal as part of School Learning Improvement Plans (SLIPs).  
* Exploring the inclusion of Well-Being as part of the Board Learning Improvement Plan (BLIP) | * Collaboration with School Effectiveness and Safe and Caring Schools to determine “best fit” for school mental health goals. | Spring 2014 - 2015                                                                                         | * June 2015 SLIPS or Safe and Caring School Action plans will include School Mental health Goals. |
| 2. Raising Educator, staff, and parent awareness and literacy of Mental Health thereby building capacity and decreasing stigma. | SHORT TERM: Continue the foundational development of Mental Health awareness and literacy within the secondary school level. | ✓ Complete all MH Literacy In-services in all Secondary schools (nearing completion, get stats from SW)  
✓ 26 of 32 Secondary School Completed June 2013 (81%) | Dec. 2012                                                                  | ✓ Each school will be utilizing the same language when describing MH problems and disorders.  
✓ Each school will be aware of signs of MH Problems and know where to get help. Elementary MH Lit as part of PE curr/ic/get feedback from all schools after Fall 2013 presentation on Strategy.  
* Spring 2014 - 2015 Interdisciplinary Committee developing elementary level resources. For teachers, students, and parents. |
| SHORT TERM: Continue the foundational development of Mental Health awareness and literacy within the secondary school level. | ✓ Continue to offer MH PD via SSLI initiatives and grants (SSLI training offered April – May 2013)  
✓ Increase the secondary School Stop the Stigma Initiative by 5 more schools.  
* (32 of 33 secondary schools participating) | Spring 2013                                                                                                             | ✓ Stigma will be reduced and reducing stigma a widely endorsed initiative.  
* 32 of 33 secondary schools endorse Stop the Stigma. |
| MEDIUM TERM: Develop and target mental health awareness and literacy within the elementary school level. | ✓ Extend the Stop The Stigma Initiative into elementary schools dev. Age appropriate models. (Pilot schools).  
* 2 Elementary STS Pilot Schools 2013-14 (Transfiguration, and St. Bernard)  
* Mental health presentations to Secondary School Parents via Stop the Stigma (ongoing)  
* Mental health presentations to CSAC, and CPIC Parent groups Spring 2014-  
* Mental health presentation at Special Ser. Fair to Parents (Fall 2013) | Spring 2013                                                                                                             | ✓ Each school will be utilizing the same language when describing MH problems and disorders. Each school will be aware of signs of MH problems and know where to get help. Stigma will be reduced and reducing stigma a widely endorsed initiate. (School lev. Presentation on MH Strategy and Guidelines Fall 2013).  
* Jan.-June 2014 presentation of “Journey to Wellness “ Video |
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<td>2. Raising Educator, staff, and parent awareness and literacy of Mental Health thereby building capacity and decreasing stigma.</td>
<td>LONG TERM: Increase existing expertise in Suicide Intervention.</td>
<td>✓ Train the Trainer model via &quot;Living Works&quot; Applied Suicide Intervention Skills Training (Completed Feb. 2013) ✓ Those trained will begin to train various targeted staff groups. Most targeted staff trained by 2015. * 79 SW, 61 Psych, 77 Guidance, 16 school administrators Trained in ASIST as of Nov. 2013 * Added SafeTALK training Fall 2014. 206 TCDSB staff trained in safeTALK as of March 2014</td>
<td>Fall 2012-Spring 2015</td>
<td>✓ We will have a core group of staff trained in the training techniques of suicide intervention. (Trainers completed Feb. 2013) ✓ We will have trained a group of targeted staff * (79 SW, 61 Psych, 77 Guidance 16 school admin. Trained in ASIST) ✓ Expanding the number annually. * Fall 2013 Adding suicide awareness training “safeTALK” available to all staff. 206 TCDSB staff trained in safeTALK as of March 2014</td>
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<td>3. Implementing evidenced informed and evidence based mental health promotion and prevention strategies and programs in both elementary and secondary schools.</td>
<td>Consultation and reference of the SMHSAC data base as well as SMH Assist. Ensure that our practices are evaluated and reviewed. CASEL: Collaborative for Academic, Social, and Emotional Learning data base, and Centre for Excellences in Mental health to be consulted</td>
<td>✓ Develop our own Evidence Base/Evidence Informed MH practice data base outlining services we endorse and which school / contacts are using them. ✓ This will help school s choose services. Partner with TCDSB Research Department in establishing evaluation of selected EB /EI practices / Programs. Use data to inform future decisions.</td>
<td>Dec. 2012–Spring 2015</td>
<td>✓ We will be able to make selection of programs based on our own amassed evidence. Spring 2015 ✓ Our EB data base will be available for schools to access and inform themselves on best practices across the board. Spring 2015 * Interdisciplinary Committee Developing Elementary Resource List for 2014-15</td>
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<td>4. Establishing key working relationships and protocols with our community stakeholders in coordinating school based MH efforts.</td>
<td>Collaborating w/MCYS children and youth mental health agencies (Priority Access Counselling) and CCAC Mental health and Addiction Nurses working with our board to further develop a pathway to care that is seamless and promotes fast access to high quality services.</td>
<td>✓ Establish an Advisory Board with CCAC and boards to develop the role of the MH and Addiction Nurses. Meeting with TDSB and TC-CCAC since Dec 2012</td>
<td>Dec. 2012</td>
<td>✓ Clearly defined roles and expectations for CCAC and TCDSB regarding the implementation of the MH and Addictions Nurses. Role clearly defn. In Partnership agree. w/ TC-CCAC. TC-CCAC collecting stats</td>
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<td>Establishing key working relationships and protocols with our community stakeholders in coordinating school based MH efforts.</td>
<td>Further developing our implementation of Partnership Agreements as they pertain to children and youth MH services with our Board.</td>
<td>✓ Document the process where by students can be referred to the Children’s MH Workers assigned to TCDSB from the MCYS agencies. Communicate this process to all board level MH services. &lt;br&gt;※ Priority Access Process shared with all SW and Psychology Fall 2013 &lt;br&gt;✓ Collaborate with MCYS regarding referral procedures as well as partner on future &lt;br&gt;✓ MH Literacy initiatives for our schools. Develop standard referral procedures for all agencies. In progress via Partnership agreement rev. process</td>
<td>Dec. 2012</td>
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<td>✓ Review the Partnership Agreement Vetting process. ( Fall 2012) &lt;br&gt;✓ Consider establishing partnerships with existing Children’s MH agencies involved via MCYS collaboration. 7 Priority Counselling Agencies are currently reviewing Terms of Reference, Partnerships to follow. &lt;br&gt;※ 2 of 4 of the Distinct Service Providers have completed Partnerships</td>
<td>Spring 2013-Spring 2015</td>
<td>✓ Increased collaboration with MCYS agencies regarding MH Literacy initiatives within our Board and the investigation of evidence based and evidence informed practices for use at our Board. ( Spring 2015)</td>
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<td>✓ Target areas of service collaboration with MCYS ( referral criteria are set) and CCAC will be reached ( Partnership signed)</td>
<td>Spring 2013</td>
<td>☆ Partnership Agreements with all MCYS Priority Access Counselling Agencies by 2015</td>
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The Nine Strategic Themes/Key Activities/Needed Resources

Organizational Conditions:

1. Shared Language
   - Continue work on Mental Health Literacy across system including staff, students, and parents.
   - Begin to work within the Elementary Schools, to build our shared languages
     - Mental Health Literacy framework appropriate for elementary schools
     - Review of secondary school resource for appropriateness for the elementary school model.

2. Shared Process
   - Finalizing Mental Health Response Guidelines, including communication plan for staff, students, and parents.
   - Develop Suicide Response Guidelines
   - Develop roles/responsibilities for Mental Health and Addictions Nurses
   - Develop Protocol for Mental Health resources
     - Use Living Works resource in development of suicide response guidelines
     - TCDSB/CCAC advisory committee to meet and discuss

3. PD Protocols
   - SSLI sponsored PD
   - Board wide Mental Health literacy PD
   - Board wide mental health PD
   - Special Services Fair including mental health
   - Annual Student Mental Health Symposium
   - Annual Psychology Symposium
   - MH Partnership agreements
     - Need to ensure that Board wide mental health PD aligns with Mental Health Strategy
     - Need to ensure that future mental health PD related Partnerships align with Mental Health Strategy

4. Broad Collaboration
   - Membership on SSLI
   - Meet with MCYS agencies to further plan and review collaboration
   - TCDSB/CCAC advisory committee
5. Ongoing Quality Improvement
   - Develop mechanism to review promotional and preventative MH programs across the system
   - Focus on more evaluation of services not merely feedback
     - Systematic review of key mental health promotional programs already in practice at TCDSB, use of pre-existing scale or board developed scale
     - Utilize the TCDSB Mental Health Advisory Council (including representatives from various community and staff groups, parents, and students.) to support and encourage quality improvement.

Capacity Building
6. MH awareness and MH Literacy building
   - Continue work on MH Literacy across system
   - Begin to work within the Elementary Schools, to build our shared language
     - MH Literacy framework appropriate for Elementary Schools
     - Review of secondary school resource for appropriateness for the elementary school model.

Implementation of Evidence-Based Mental Health Promotion and Prevention Programming
7. Develop board based and broad based data base of EBP promotion and prevention programs
   - Collect a list of existing data bases and conduct a search to match existing TCDSB programs (CMHO, SMHSAC...)
   - Organise existing services as EBP, or EIP
     - Various clearing house data bases for EBP

8. Ensure proper and ongoing evaluation of programs
   - Consult with Research Dept. regarding their input/support
   - Use existing evaluation tools or develop our own
     - Consult with research dept.

9. Increase existing expertise in Suicide Intervention
   - Pursue Train the Trainer model in Suicide Intervention
   - Begin the roll out of suicide Intervention training to targeted groups
     - Suicide Intervention training: Living Works (e.g. ASIST and Safe Talk).
## District Mental Health Steering Committee/Consultation Team Membership

**Mental Health Steering Committee Member’s Deliberation:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Fernandes, Odette</td>
<td>School Social Worker</td>
</tr>
<tr>
<td>Giardini, Carmela</td>
<td>Coordinator for Guidance, Pathways, and Student Success</td>
</tr>
<tr>
<td>Gilkinson, Sheila</td>
<td>Lead Resource Teacher, Student Success</td>
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<tr>
<td>Jatoe, Augustine</td>
<td>School Social Worker, Safe Schools Advisor</td>
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<tr>
<td>King, Marcia</td>
<td>School Social Worker, Safe Schools Advisor</td>
</tr>
<tr>
<td>Kokai, Maria</td>
<td>Chief of Psychology Services</td>
</tr>
<tr>
<td>Kozlowski, Iwona</td>
<td>Psychological Associate</td>
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<tr>
<td>Lenardon, Rose</td>
<td>Lead Resource Teacher, Guidance</td>
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<tr>
<td>Pariselli, Odilia</td>
<td>Program Coordinator and Elementary Principal</td>
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<tr>
<td>Parish, Tracey</td>
<td>Principal of Apple Program, Secondary School Principal</td>
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<tr>
<td>Shannon, Amy</td>
<td>Program Teacher, Child and Adolescent Mental Health Section Classroom,</td>
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<td>St Joseph’s Health Centre</td>
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<tr>
<td>Vanayan, Marina</td>
<td>Research department Head</td>
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<tr>
<td>Wilhelm John</td>
<td>Chief of Social Work Services</td>
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</tbody>
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**Author**

Signature: Patricia Marra-Stapleton, Mental Health Leader

**Author**

Signature: Frank Piddisi, Superintendent of Learning and Achievement Special Services