

# Mental Health and Well-Being Strategy

2014-2017



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SCHOOLS**

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# Strategy Overview

At the Sudbury Catholic District School Board, we are guided by a vision of creating hopes and dreams through a mission to nurture and develop the mind, body, and spirit of every student within our Catholic learning community. We, at Sudbury Catholic, recognize the interconnectedness of academic achievement and student mental health and are committed to supporting the balance of mind, body, and spirit in our students.

The 2014-2017 SCDSB Mental Health and Well-Being Strategy sets our commitment into action by focusing efforts on increasing student well-being and success. The Sudbury Catholic Mental Health and Well-Being Leadership Team, comprised of students, parents, and board staff and administration, collaborated to create a strategy based on an assessment of current board strengths and needs, a mental health and well-being vision and mission for our board, and board strategic priorities.

Over the next 3 years, the Strategy aims to create:

- A shared language for mental health throughout the board community.
- Standard board processes related to mental health protocols and pathways.
- A connectedness and collaboration between school, home, and community.
- Assessment and outcome measures that provide voice to key stakeholders and ensure mental health needs are met.
- Mental health awareness and literacy among staff, parents, and students.
- Consistent and evidence-based programming and support in all 3 tiers of the mental health support model (promotion, prevention, and intervention), with a focus on promotion.

## SCDSB adopts the World Health Organization definition for mental health

“mental health is not just the absence of a disorder. It is defined as a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”



# Strategy Pillars

The pillars for the SCDSB Mental Health and Well-Being Strategy are the product of a visioning exercise completed by the SCDSB Mental Health and Well-Being Leadership Team. Student, parent, and staff voice came together in the creation of a vision and mission that encompasses our values and reflects the vision and mission of the Sudbury Catholic community with an enhanced focus on well-being. Our vision, mission, and values have guided the development of our strategies, goals and priorities and will continue to lead the way for mental health efforts in our board.

The vision and mission of the Mental Health and Well-Being Leadership Team:

## Vision

*Sudbury Catholic Schools...where your well-being matters!*

## Mission

*Building a community that nurtures a healthy mind, body, and spirit.*

is aligned with the vision and mission of the Sudbury Catholic District School Board

### **SCDSB Vision**

*Sudbury Catholic Schools...creating hopes and dreams through excellence.*

### **SCDSB Mission**

*To nurture and develop the mind, body, and spirit of every student within our Catholic learning community.*

## Values

- A balance of mind, body, and spirit for student achievement and well-being.
- Connectedness of school, home, and community for a team approach to well-being and support.
- The power of student voice to guide us in our efforts to support them.
- Supporting adults to nurture the lives of students.
- Consistent, on-going, and evidence-based efforts toward improving the mental health and well-being of students.

Love  
one another  
as I have  
loved you

John 13: 34



# Goals

The goals for the 2014-2017 SCDSB Mental Health and Well-Being Strategy are guided by our vision, mission, and values and are rooted in the strategic priorities of Sudbury Catholic Schools. The following illustrates Sudbury Catholic's strategic priorities with specific mental health goals related to each.

## *We are called to live a culture of **Catholic faith and community**.*

- † A positive, hopeful, and shared mental health philosophy communicated across the Sudbury Catholic community.
- † A school board community where the value of each member's well-being is communicated.

## *We are called to live a culture of **excellence and learning for all**.*

- † Consistent and effective student support in all tiers –promotion, prevention, and intervention – with a focus on promotion.
- † Increased knowledge and capacity among staff, parents, and students to meet mental health and well-being needs.
- † Improved mental health and well-being of students.

## *We are called to live a culture of **innovation**.*

- † Evidence-based approaches and programs for professional development and mental health promotion programming.
- † Tools and resources available to stakeholders to build capacity.

## *We are called to live a culture of **respectful relationships and responsible governance**.*

- † Increased teamwork with home, school and community.
- † Student and stakeholder voice guides mental health strategy and actions.
- † School and community relationships are built and nurtured so students, parents, and staff members feel connected and supported.

## *We are called to live a culture of **stewardship in the use of all resources**.*

- † Clear pathways to board and community support.



# Assessment

In 2013, the SCDSB Mental Health and Well-Being Lead conducted resource mapping which involved interviews with senior and school administration to collect information related to student mental health and relevant school activities. Also, in 2011 and 2013, students in grades 4-12 completed the *Tell Them From Me Survey* where mental health information was collected. The SCDSB Mental Health and Well-Being Leadership Team used the information to assess the board's strengths and needs related to supporting student mental health and well-being and to develop key priority items for this strategy.

## Areas of Strength

### **Commitment**

- 100% of board administrators view student mental health and well-being as a high priority that is vital to academic success. This is evidenced through their words and actions.
- 100% of board administrators view mental health and well-being as highly or extremely linked to academic achievement.
- In 2011 a Social Worker was hired to support student mental health and well-being.
- In 2013/2014 student achievement and well-being was introduced as a component of Board and School Improvement Plans.
- Board Senior Administration is represented on the board Mental Health and Well-Being Leadership Team.

### **Mental Health Leadership**

- A Mental Health and Well-Being Leadership Team meets regularly to provide input into the board mental health strategy.
- Mental Health Leadership team is multi-disciplinary, representing students, parents, board administration and staff and school administration and staff.
- Mental Health and Well-Being Leader works with School Mental Health ASSIST in the development of mental health strategy.
- Mental Health and Well-Being Leader liaises with community partners on various protocols and initiatives (see community partners).
- In 2012, school mental health teams of 5 members were formed, including school administration, special education staff, and teachers.
- School administrators see staff members as key individuals in support of student well-being (Resource Mapping).

## Clear and Focused Vision

- A Mental health and well-being vision and mission were created in collaboration with key stakeholders to encompass the mission, vision, values, and priorities of Sudbury Catholic Schools.
- The mental health and well-being vision and mission guided the development of the mental health strategy and are the centre of all board mental health efforts.

## Capacity

- Board Mental Health staff consists of the Mental Health Lead, Social Worker, Child and Youth Worker, and Mental Health and Addiction Nurse who provide mental health promotion, prevention, and intervention in schools as well as job-embedded capacity building.
  - In 2014, the focus of the Child and Youth Worker and Mental Health Nurse became mental health promotion and prevention.
- In 2013/2013, teams from every school received mental health literacy training.
- In 2013, school teams were trained in a mental health early identification tool, Child and Adolescent Needs and Strengths [CANS-EI]. The use of this tool has been incorporated into board processes for identifying and supporting students of concern.
- In 2013 and 2014 over 100 board and school staff have been trained in SafeTALK (Suicide Alertness for Everyone). Secondary Guidance Counselors and Chaplains have been certified in ASIST (Applied Suicide Intervention Skills Training).

## Assessment

- Board Scan and Resource Mapping was completed with board and school administrators to collect information to inform this strategy.
- In 2011 and 2013, students completed the *Tell Them from Me Survey* which is used to inform and monitor board and school improvement plans.

## Evidence-Based Programming

- In 2013 board mental health staff and teachers and educational assistants in 5 schools were trained on the FRIENDS program. The FRIENDS program is currently being offered in schools to classes and small groups and impact on student well-being is being evaluated.
- In 2012 Kelso's Choices Conflict Management Skills Program was implemented in all schools.
- Appendix A illustrates current support and programming in each tier of mental health support.

## Collaboration

- School administrators are committed to parent collaboration in supporting student well-being (resource mapping).
- 44% of school administrators partner with community agencies/services for student presentations and workshops.
- All school administrators recognize community partners as key in school mental health efforts.
- Community collaboration to support student well-being occurs at each tier of support (See Appendix A). Main community collaborations and partners include the following:

## Community Collaborations and Partners

Child and Family Centre

*School Based Mental Health  
Working Together for Kids Mental Health  
Children's Mobile Crisis –school transition protocol in  
development  
Day Treatment*

Community Care Access Centre

*Mental Health & Addictions Nurse –School Program*

Health Sciences North

*Crisis Intervention  
CAMHP (Child and Adolescent In-patient)– hospital  
transitions protocol*

Sudbury & District Health Unit

*School Health Promotion Team –Developmental Assets  
Programming  
Triple P-Positive Parenting Program*

Greater Sudbury Police Service

*Violent Threat Risk Assessment  
School Resource Officers -VIP Program, Police Buddies,  
Mediation*

Northern Ontario Suicide Prevention  
Network [NOSPN]

*Youth for Youth Concert  
Elephant in the Room Campaign*

Children's Aid Society

*Reporting Child Protection Protocol*

Northern Ontario Assessment  
And Research Centre

*“Mentoring Northern Ontario School Boards to Meet the  
Mental Health Needs of their Student Body”*

- *Ripple Effects Program*

Violent Threat Risk Assessment

*Community Protocol  
VTRA Steering Committee*



- ◆ 1 in 5 students in Canada are challenged with a mental health problem that impacts their daily functioning.
- ◆ In Canada, only 20 percent of children and youth in need of mental health support receives services.
- ◆ Left untreated, child and youth mental health concerns become adult mental illnesses.

# Areas of Need

## Shared Language

- School administrators indicate the top mental health concerns of students to be:
  - Anxiety and Stress (88%)
  - Self- Regulation (47%)
  - Depression (41%)
  - Family and Relationship concerns (41%) (Resource Mapping, 2013).
- 25% of student grades 4-6 and 23% of students grades 7-12 report moderate to high levels of anxiety (Tell Them from Me, 2013).

## Standard Processes

- Board and school administrators indicate a need for standard processes and pathways related to mental health.
  - Suicide protocols (Board Scan, 2013)
  - Clear pathways to board mental health supports (34%)
  - Information on community supports and pathways (35%) (Resource Mapping, 2013).

## Ongoing Quality Improvement

- 100% of school administration use Tell Them From Me for a measurement of student well-being but minimal mental health topics are covered in the survey.
- Most programming and support in all tiers is not being monitored for success.

## School, Parent, Community Collaboration

- Community and parent collaboration in student mental health support was indicated as a need by school administrators.
  - Community engagement at the school level (29%)
  - Information on community supports and pathways (35%)
  - Parent engagement in mental health support (29%) (Resource Mapping, 2013).

## Capacity Building

- Capacity building among school staff is rated as #1 priority for the mental health strategy by school administrators.
- Ninety-four percent of educators are a little or somewhat equipped to support student mental health (Resource Mapping, 2013).

## Evidence-Based Promotional Programming

- The majority of board and school mental Health support is preventative. A gap exists in promotional support (Resource Mapping, 2013 -see Appendix A).

# Strategy Priorities

1. *Establishing a shared language*
2. *Enhancing board processes*
3. *Building assessment and outcome measures*
4. *Strengthening collaboration between school, home, and community*
5. *Raising mental health awareness*
6. *Increasing literacy of staff, parents, and students*
7. *Implementing universal mental health promotion programming*



A combination of the sun and a dandelion. Dandelion is regarded as a weed, despite its many beneficial health properties. A weed is to dandelion as words like crazy are to mental health. The warm colour and sun-like qualities promote positivity, brightness, and growth. At the centre is a cross to symbolize how our faith is at the centre of all that we do.



# Core Strategy Elements

The 2014-2017 mental health and well-being priorities of Sudbury Catholic District School Board are represented in three core elements: organizational conditions, capacity building, and evidence-based promotion programming.

## Organizational Conditions

### **Shared Language**

Positive and hopeful language around mental health that is reflective of our mission, vision, and board community will be created and communicated with all stakeholder groups –students, staff, parents, and community partners.

### **Standard Board Processes**

Board processes related to mental health will be enhanced, developed, and communicated to all stakeholders. Focus will be on the following board processes:

- Suicide prevention, intervention, and postvention,
- Board pathways to mental health support,
- Re-visiting existing and establishing new protocols with community partners, including VTRA, hospital transitions, and crisis transitions,

A cascading approach to professional development will be employed to ensure learning throughout the board.

### **Collaboration**

Collaboration between home, school, and community will be improved to more effectively promote well-being and support the mental health needs of students.

Home-school collaboration will include:

- Enhancing the parent-school team approach

Community-school collaboration will include the following:

- Enhancing and communicating pathways to community services, and
- Implementing mental health support programming

### **Assessment and Outcome Measures**

Student and staff voice will be enhanced by providing them with opportunities for input and feedback on the strategy and action plans to ensure suitability and effectiveness.

Processes will be established for measuring the outcomes of strategy priorities.

# Educator Mental Health Capacity Building

## **Mental Health Awareness**

Education will be delivered to all students, parents, school board staff, and community partners in an effort to build capacity in our board community surrounding mental health awareness. Awareness education will focus on the following:

- key components of mental health,
- the link between mental health and school,
- our vision and mission for student mental health,
- the board mental Health Strategy and the role of the Mental Health and Well-Being Leadership Team, and,
- board and community pathways to support.

An approach and format will be used to build awareness that is suitable and useful to each stakeholder audience.

## **Mental Health Literacy**

Education will be provided to staff and parents to build capacity surrounding mental health literacy. Literacy education will focus on the following:

- types of child and adolescent mental health concerns,
- identification of concerns,
- effective strategies to support students in the classroom and home, and
- pathways to community supports.

An approach and format will be used to build awareness that is suitable and useful to staff and parents.

# Promotion and Prevention Programming

Mental health board staff will be consistently positioned in schools to provide and support mental health promotion and prevention programming including FRIENDS, Kelso's Choices, and Restorative Practices.

Universal mental health and well-being promotion programming will be implemented in schools. This process will involve:

- evaluating current programs for effectiveness,
- selecting an evidence-based program for universal implementation,
- determining a scale-up plan for implementation,
- training staff, and
- monitoring program effectiveness.



# Mental Health and Well-Being Leadership Team

The Mental Health and Well-Being Leadership Team is comprised of representatives from key stakeholder groups. Members are committed to supporting the well-being of students. Under the direction of the board Mental Health and Well-Being Lead, the leadership team guides the development of the mental health strategy and action plan and provides ongoing direction and feedback in the area of student mental health and well-being.

## Mental Health Leadership Team Members:

Maaria Moxam	<i>Mental Health Lead</i>
Rossella Bagnato	<i>Superintendent of Special Education</i>
Mackenzie Connelly	<i>Student Trustee 2013/2014</i>
Katherine Boyce	<i>Student Trustee 2014/2015</i>
Marisa Cheslock	<i>Parent</i>
Laurie Zahra	<i>Elementary School Principal</i>
Lucie Cullen	<i>Secondary School Principal</i>
Roland Dutrisac	<i>Community Service Representative</i>
Jennifer Geddes	<i>Secondary School Chaplain</i>
Jennifer Connelly	<i>Teacher, Safe Schools Lead</i>



# Action Plan 2014-2015

The action items for the first year of the strategy are based on rational sequence and determined areas of need. In subsequent years, action plans will continue to build on the priorities and core elements of the 2014-2017 SCDSB Mental Health and Well-Being Strategy. See Appendix B for 2014-2015 Action Plan.

## **INTERVENTION**

Elder  
VTRA  
Social Work Services  
Section 23 PEACE SBMH  
ASIST/Suicide draft protocol  
Pathways to Community (Triple P, CCN)

## **PREVENTION**

Student Mentorship Caring Adult Programs Student Success  
GPS Police Buddy/SRO In-School Support Teams  
Community Awareness (Kids Help Phone)  
SDHU Developmental Assets Faith Retreats  
Triple P CYW/MHAN Supportive Counselling  
Mental health Literacy Training Safetalk Social-Emotional Skills Programs  
(FRIENDS, Kelso's Choices, Social Skills groups)

## **PROMOTION**

Social-Emotional Skill Building (Roots of Empathy, Virtues,  
Student Engagement (teams/clubs, awards and recognition) Parent Engagement

## **FOUNDATION**

Faith Activities Board and School Vision Safe Schools Initiatives Healthy Schools  
Equity and Inclusive Education Positive School Culture and Climate Best Start Hubs  
Learning for all Student and Parent Engagement Effective Instructional Strategies

## SCDSB Mental Health Action Plan 2014-2015

Priority	Key Activities	Needed Resources	Timeline	Responsibility
<b>Organizational Conditions</b>				
<b>1. Shared Language</b> Establish <b>MH language</b> that reflects our vision/mission and is used in all mental health communication with stakeholders.	Research language used by other boards/committees/agencies	Internet	July 2014	Working group (Lucie/ Jen G.)
	Capture faith language	Board mission/vision/strategic priorities Catholic graduate expectations	July 2014	
	Examine vision/mission language Finalize vision/mission	February MHSC meeting minutes (visioning activity)	July 2014	MHSC
	Name committee/mental health lead	February MHSC meeting minutes (visioning activity) Correct mental health language	July 2014	MHSC
	Define terms Develop statements	Correct mental health language	September 2014	MHSC-working group
	Develop representative symbol	Board PR staff (Gina)	September 2014	MHSC-working group
	Communicate with stakeholder groups	See priority #2	October 2014	MHSC- working group

## SCDSB Mental Health Action Plan 2014-2015

<p>2. Standard Processes</p> <p>Enhance and create board processes related to mental health</p>	<p>SIPSA goal related to mental health</p>	<p>Examples from other boards</p> <p>Senior Administration</p>	<p>September 2014</p>	<p>Senior Admin.</p> <p>Mental Health Lead</p> <p>Principals</p>
	<p>Enhance board pathways to mental health services a) review existing pathways; b) communicate pathways</p>	<p>PD opportunities/staff meeting module</p> <p>website</p> <p>binder</p>	<p>October 2014</p>	<p>Special Education team</p> <p>Mental Health Lead</p>
	<p>Develop processes for suicide prevention, intervention, and postvention</p> <p>a) review current processes</p> <p>b) research evidence-based processes used in other boards/ASSIST</p> <p>c) establish new processes and create APG</p> <p>d) review and establish support/safety plan</p> <p>e) communicate with staff</p>	<p>Current processes</p> <p>ASSIST resource</p> <p>Board protocols (examples)</p> <p>APG</p> <p>Support Plan template</p> <p>Safety Plan template</p> <p>PD opportunity</p>	<p>December 2014</p>	<p>Mental Health Lead</p> <p>Senior Admin.</p>
	<p>Establish protocols with community partners –Crisis, CAMHP –and communicate with stakeholders</p>	<p>Meetings with managers from CAMHP and crisis</p> <p>Senior admin. approval</p> <p>Website, binder, principals' meeting, staff meeting, school calendar</p>	<p>December 2014</p>	<p>Mental Health Lead</p>

## SCDSB Mental Health Action Plan 2014-2015

3. Ongoing Quality Improvement  Enhance assessment and outcome measurement	Deepen assessment of student needs for action planning			
	a) focus groups	Mix of students focus group questions	2015/16	
	b) "white board" in school hallway	"White boards" question	November 2014	
	c) Tell Them from Me Survey	mental health questions	September 2014/June 2015	
	d) Comment box on website	website/comment box staff to monitor	November 2014	
	Deepen assessment of staff need related to action planning			
	a) "white board" in staff room	White board Question	November 2014	Working group
	b) comment box on website	Website Comment box	November 2014	Mental Health Lead PR staff (Gina)
	Establish processes for measuring strategy outcomes	Ministry documents	September 2014	Mental Health Lead
	a) research			
4. Collaboration  Increase collaboration with board and between home, school, and community	collaborate with board wellness coordinator on efforts toward staff wellness	Meeting with board wellness coordinator	January 2015	
	Engage parents, students, and staff	- Shared language campaign - Awareness and literacy campaigns		
	Increase partnerships with community services	-Additional school-based mental health worker - Crisis/CAMHP protocols		

## SCDSB Mental Health Action Plan 2014-2015

Mental Health Capacity Building				
<p>5. Raising Awareness Enhance collaboration with students, parents, and community partners toward improving the mental health of students</p>	<p>Outline key component of mental health and well-being and link to school.</p> <p>Launch vision and mission</p> <p>Launch strategy and 2014-2015 action plan</p>	<ul style="list-style-type: none"> <li>- Mental health page on board/school websites</li> <li>- Pamphlets/handouts</li> <li>- Newsletters</li> <li>- Agenda insert</li> <li>- Mental health item for staff meetings</li> <li>- Prizes for staff</li> </ul>	<p>October 2014 (with ongoing additions)</p>	<p>Mental Health Lead</p>
	<p>Mental health resource binder</p>	<ul style="list-style-type: none"> <li>- Content</li> <li>- Binders</li> <li>- Cover</li> <li>- Binder costs</li> <li>- Timeslot at Principals' meeting/PD sessions to inform</li> </ul>	<p>October 2014 (with ongoing additions)</p>	<p>Mental Health Lead</p>
	<p>Research mental health curriculum expectations</p> <ul style="list-style-type: none"> <li>a) review current curriculum</li> <li>b) review evidence-based curriculum guides</li> </ul>	<p>Current curriculum documents related to mental health</p> <p>Mind Up Curriculum</p>	<p>April 2015</p>	<p>Working group</p>
	<p>Community services awareness</p> <ul style="list-style-type: none"> <li>a) handout</li> <li>b) presentations by community service reps</li> </ul>	<p>Insert for binder</p> <p>Card/pamphlet for staff</p> <p>Card/pamphlet for parents</p> <p>Card for students</p> <p>Community partners</p> <p>PD opportunities/staff meetings</p>	<p>May 2015</p>	<p>Working group</p>

## SCDSB Mental Health Action Plan 2014-2015

6. To enhance mental health literacy, including types of mental health problems, signs, and effective strategies	PD at staff meetings, including role plays/practicing	Supportive Minds document Modules Prizes for staff	January 2015	Working group
	Reference charts for classrooms	Supportive Minds document Coloured paper Rings Laminator	January 2015	Mental Health Lead
<b>Promotion and Prevention Programming</b>				
7. To implement universal mental health promotion programming	Mental health staff assigned to each school with promotion/prevention focus	2+ mental health staff schedule	June 2014	Mental Health Lead
	Continue to implement FRIENDS as prevention/promotion program	Trained staff	June 2014- June 2015	Mental Health Team School admin. Of trained schools
	Review FRIENDS evaluations and determine future use	Evaluation data	June 2015	Mental Health Lead Working group
	Research promotion programs (i.e. health unit) and present to steering committee	SDHU school team Ministry resources	June 2015	Mental Health Lead