







# **COMMITTEE OF THE WHOLE (PUBLIC)**

16 April 2024

**Report No. 24-058** 

Mental Health & Well-Being Strategy

# **Key Contacts:**

Peter Symmonds, Superintendent of Learning Support Services, 613 596 8211 ext 8254 Emily Balla, Mental Health Lead, 613-596-8211 ext 8608

## **PURPOSE:**

1. This report provides information regarding the new Mental Health & Well-Being Strategy (2023-2027) and outlines the direction provided by the Ministry of Education to Ontario school boards in support of student mental health and well-being.

# **STRATEGIC LINKS:**

2. The presented information directly contributes to the Ottawa-Carleton District School Board (OCDSB) Strategic Plan's Well-Being goal to renew the mental health strategy with a focus on student engagement and leadership, building on individual, cultural and community strengths.

### **CONTEXT:**

3. Student mental health and well-being is inextricably linked to academic achievement. Schools play a critical role in safeguarding and promoting student mental health and are uniquely positioned to provide early identification, prevention and early intervention services. Over the past three years, there have been increasing rates of complex mental health needs and concern for those who have disengaged from school. The current geopolitical environment, including the pandemic and other global events, has magnified existing inequities and disparities related to mental health both inside and outside of education. An explicit and intentional focus on reconciliation, equity, and identity-affirming mental health care is required to meaningfully serve the full diversity of students within the school board.

On 28 July 2023, the Ministry released Policy/Program Memorandum 169 - Student Mental Health (see Appendix B). The memorandum outlines the

requirement for school boards to provide culturally responsive, evidence-informed student mental health promotion, prevention and early intervention services that respect students as complex individuals and provide appropriate supports for their diverse needs (Ministry of Education, 2023). This includes the requirement of districts to develop and implement a three-year mental health strategy and annual action plans guiding the implementation of the strategy. A new expectation outlined in the PPM includes that these documents are to be publicly available by 30 June of each school year and reflect the input of various stakeholder groups.

The new OCDSB Mental Health and Well-Being Strategy (2023-2027) aims to further the work outlined in the previous strategy. This Strategy also aims to ensure schools and classrooms foster connection rooted in authentic and reciprocal relationships, engage in active collaboration with students, staff, and families and pursue meaningful coordination with service providers so that students and families have seamless pathways to, from and through care.

### **KEY CONSIDERATIONS:**

# 4. A Tiered Approach to Mental Health and Well-Being

When it comes to mental health, the role of schools is to promote wellness, facilitate skill development, and support early identification and intervention when problems arise. Schools are uniquely positioned for mental health promotion, early identification, prevention and early intervention services. School staff play a key role in noticing signs of struggle and can help to bridge students to further services as required.

Support for student mental health within the OCDSB is based on the Aligned and Integrated Model (AIM) of mental health services (see diagram below). This model outlines a multi-tiered system of support and is useful in ensuring a shared understanding of resources available and helps to ensure students receive the appropriate level of support requiredSchool Mental Health Ontario (SMH-ON, 2023).

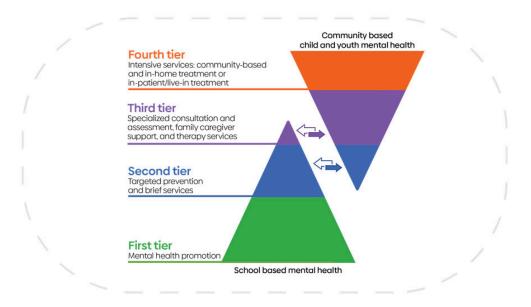
<u>Tier One:</u> Foundational work we do everyday to create the conditions for learning so that all students can thrive. This is the majority of the work done in schools.

<u>Tier Two:</u> Targeted prevention and brief services that may be necessary for some students to bolster skill development.

<u>Tier Three:</u> Specialized and intensive supports for the few students experiencing significant distress.



Supporting the mental health and well-being of young people is a shared responsibility and it is important to note that schools are a part of a wider system of care. The Right Time, Right Care report (April, 2022), a partnership between SMH-ON, Lead Agency Consortium, tThe Knowledge Institute, and Children's Mental Health Ontario (CMHO), highlights the importance of this integrated system of care across both school districts and community services as demonstrated in the figure below. Ensuring a coordinated, responsive system of mental health support for children and young people is critical. This report highlights the need to create cohesion and collaboration across systems by establishing role clarity, robust pathways and protocols to, and through, accessible mental health services with children, young people and families placed at the centre of care. The Mental Health & Well-Being Strategy will align with this model as we centre the needs of the child and aim to advance the circles of support available to each student within the school board.



## 5. Mental Health Strategy (2019-2023): In Review

The previous Mental Health Strategy (2019-2023) and accompanying action plans had three priority areas of focus: setting the conditions for culturally relevant and sustainable mental health practices; systematic and focused training for staff, students and families on mental health literacy; and awareness of resources and working with families and communities to facilitate pathways to culturally responsive community resources.

While unprecedented circumstances including the COVID-19 pandemic and other world events called for a shift in priorities and intensified work, significant steps were taken including:

 focused and evidence informed training on topics such as equity-centred, trauma-informed education, building attachment relationships with students, and creating mentally healthy and inclusive classroom and school communities;

- newly established identity-specific mental health supports to service African, Caribbean, and Black students, Indigenous students, 2SLGBTQ+ students, and deaf and hard of hearing students;
- increased student leadership through the expansion of school-based clubs and the creation of the Youth Action Committee on Mental Health;
- increased intensive mental health supports and interventions, with staff serving on average 4,000 students per school year;
- parent/caregiver workshops on a broad range of topics including Supporting your Child's Mental Health & Well-Being, Recognizing and Responding to Stress and Anxiety, Parenting through the Early Years, Attachment Parenting, Emotion-Focused Parenting, Human Trafficking Prevention, and Problematic Technology Use; and
- new and expanded community partnerships including Upstream Ottawa, Children's Hospital of Eastern Ontario (CHEO), YouTurn, VoiceFound, and the Centre for Resilience and Social Development.

### 6. Current Research on the State of Mental Health

Increasing mental health needs were identified prior to 2019, however, over the acute phase of the pandemic, studies show that levels of emotional distress reported by children and youth and the requirement for mental health services increased exponentially. This has resulted in increased pressures for services both within school boards and across community health agencies.

The Centre for Addiction and Mental Health's Ontario Student Drug Use and Health Survey (OSDUHS) conducts school surveys of adolescents (Grade 7-12).

Compared to 2019, the 2021 survey of Ottawa students indicated:

- 44% reported fair/poor mental health (twice that of 2019);
- 16% considered suicide in the previous year (this doubled for those in low income households);
- 24% indicated their relationship with caregivers worsened;
- 25% of students often or always worried about their weight/body shape in the past month; and
- 42% reported wanting to talk to someone but not knowing where to turn (this doubled for those students who are part of the 2SLGBTQ+ community and those living in low income households).

Research conducted at SickKids Hospital (2021) noted heightened mental health concerns amongst children and youth. Factors found to be related to a higher incidence of mental health concerns included: pre-existing mental health conditions, lower socio-economic status, and level of parental/caregiver distress.

It is crucial to acknowledge that educators, school staff, mental health professionals and parents/caregivers also faced significant strain and decline in mental health throughout the pandemic (Ontario Coalition for Children and Youth Mental Health, Nov 2022). This is critical as the well-being of adults and their ability to provide a supportive environment plays a significant role in shaping the mental health of children and youth.

# 7. Findings from the OCDSB

The OCDSB regularly collects data on student well-being through Valuing Voices, School Climate Surveys and school board scans that are reported to the Ministry of Education and School Mental Health Ontario (SMH-ON). In 2020-2021, data was also gathered through a project by Learning Support Services (LSS) exploring the barriers to accessing mental health support among Black and Indigenous students. Finally, to inform the development of a new Mental Health & Well-Being Strategy, data was gathered from staff, students, parents/caregivers and community members through surveys, focus groups, and consultation meetings.

The following themes emerged from the data to inform the development of the Mental Health & Well-Being Strategy:

- access to mental health learning that is frequent, begins early, and is varied; students want mental health to be embedded into daily conversations;
- opportunities for educators, parents/caregivers and families to learn about mental health;
- access to mental health services for students both in school and the community;
- opportunities for student leadership, participation and agency in the creation of mental health events, resources, and supports;
- stronger equity-based and culturally responsive mental health resources and supports for students;
- opportunities to equip students to handle the stressors they face and a wish to learn more coping skills;
- address stigmas around mental health, substance use, and special education;
- relationships with adults based in trust, knowledge of culture and a recognition of their strengths and values; and
- adults who listen, believe and respond to students' experiences in particular those from equity deserving groups.

It is important to note that many of the OCDSB findings were closely aligned with School Mental Health Ontario's provincial student voice data captured in #HearNowON 2021.

# 8. Identity-Affirming School Mental Health Frame

The intersection between mental health and equity is clear. Research shows that the three most significant determinants of mental health are: social inclusion, freedom from violence and discrimination, and access to economic resources (Mental Health Promotion in Ontario: A Call to Action, 2008). Clearly, establishing a foundation rooted in anti-racism and anti-oppression is a prerequisite for cultivating a mentally healthy learning community.

School board data highlighted the need to ensure students have access to culturally relevant and responsive care. School Mental Health Ontario's Identity-Affirming Mental Health Framework recognizes and affirms the

intersectional identities of every student, regardless of their background or experiences (see figure below). This framework provides an important foundation for the development of this Strategy.

As defined by SMH-ON (2023), identity-affirming mental health care ensures that we:

- recognize and dismantle colonial systems and structures that provide uneven access to, and outcomes for, mental health services;
- collaborate with culture/faith/community leaders and groups to understand available and required identity-affirming mental health supports;
- amplify the perspectives of young people and communities who are racialized and marginalized in the co-creation of mental health services and supports; and
- respond to student mental health in ways that honour the identities, values and culture of each individual student.



# 9. The Mental Health & Well-Being Strategy (2023-2027)

The 2023-2027 Mental Health & Well-Being Strategy aims to build on previous priorities and achievements and reflects the direction provided by both the Ministry of Education and SMH-ON to all Ontario School Boards. This Strategy is created based on a review of local, provincial and school board data and aims to centre the voices of the young people we serve. This Strategy aligns the plan under three pillars that reflect a commitment to ensure that every student feels they **belong** in their schools and classrooms, where we **build** and bolster skills when necessary and where we **bridge** students and families to more intensive services as required.

The following will provide an overview of the three pillars, their goals and priority areas, along with some examples of key actions and outcome measures that will be explored through the creation of annual action plans.

#### BELONGING

"Belonging is being able to be who you are, just as your are, to be accepted by just existing, not having to earn respect"
-OCDSB Student

Creating and maintaining spaces where students are valued, celebrated and affirmed, is foundational to mental health promotion and prevention. Creating spaces of belonging for every student rooted in authentic, trusting relationships with students, staff, families and communities comes with an intentional focus on listening, learning and seeking to understand one another's experiences. This requires reflecting on one's own positionality and approaching this work with humility and openness, in order to walk alongside students, staff and families. Mental health promotion in schools and classroom communities is a collective responsibility. It is critical for students, staff and families to build a shared understanding and to strengthen wellness as a part of our daily routines and practices. Staff will effectively address the diverse needs of all students through the integration of mental health promotion, stigma reduction initiatives, and the enhanced capacity for early identification of those students who may be struggling.

**Goal**: Improve belonging in our schools and classrooms where every student feels seen, heard and valued and where mental health is woven into every day conversations and practices.

We will accomplish this through the following priority areas:

- Strength based mental health promotion;
- Mental health awareness, literacy and stigma reduction; and
- Parent/Caregiver community collaboration, coordination and partnership.

### Examples of Key Actions:

- Training for staff on setting the conditions for learning for mentally healthy and identity-affirming classrooms and school environments (e.g., The Power of Language, Supporting 2SLGBTQ+ students, Indigenous specific resources and services, Ableism modules, etc.);
- Support the implementation of Ministry mandated mental health literacy modules and increase the use School Mental Health Ontario materials;
- Expand the delivery of workshops to students across the District (e.g., The Power of Language, Healthy Relationships, Managing Stress, etc.); and
- Deliver workshops to parents/caregivers on supporting your child's mental health and well-being, attachment parenting, supporting your child through co-regulation, etc.

### **BUILDING**

"Every student has different needs that need to be met and recognized" -OCDSB Student

While all students can benefit from warm, welcoming and inclusive spaces, some students require support to build and bolster their **skills** through enhanced programming and support. Ensuring interventions are evidence informed and culturally responsive is essential as is prioritizing mental health **prevention and early intervention** efforts. Engaging with multi-disciplinary teams where consideration is given to improve self-awareness, stress management, healthy relationships and critical thinking skills can be beneficial. Building staff capacity to respond to students with escalating mental health needs requires an understanding of the resources available and the appropriate steps to take.

**Goal**: Build and strengthen staff, parent/caregiver and students' skills to support mental health while centering students' individual, cultural and community strengths and unique abilities.

We will accomplish this through the following priority areas:

- Student leadership, participation and agency; and
- Prevention and early intervention.

## Examples of Key Actions:

- Organize an annual mental health symposium for students on mental health and substance use health:
- Provide staff training in Violent Threat Risk Assessment (VTRA), Prepare, Prevent, Respond, and Applied Suicide Intervention Skills Training (ASIST), and Restorative Conferencing; and
- Facilitate mental health groups for students on topics such as Supporting the Resilience of Newcomer Groups (STRONG), emotion regulation groups, AFFIRM for 2SLGBTQ+ students, and healthy relationships.

### BRIDGING

"Yes, I may be struggling, but I just need the resources to thrive"
-OCDSB Student

Students with significant, acute or complex mental health needs require more intensive or specialized mental health services. Working alongside students, families and community partners ensures a smooth and seamless bridge to community care. Mental health professionals can offer consultative services, direct support and facilitate connections to culturally appropriate community mental health resources or other relevant agencies for ongoing care.

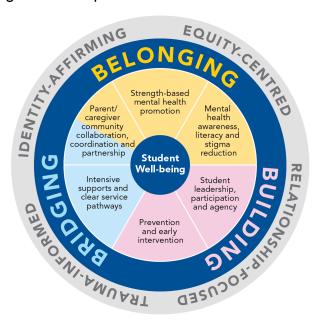
**Goal**: Bridge and enhance service pathways to, through and from differentiated, identity-affirming and responsive mental health care spanning from school to community mental health services.

We will accomplish this through the following priority areas:

- Parent/cCaregiver & community collaboration, coordination and partnership; and
- Intensive supports and clear service pathways.

Examples of Key Actions:

- Develop an attendance and re-engagement strategy working alongside other school boards and community partners;
- Create new and expand existing partnerships with community mental health agencies, in particular those serving equity-deserving groups; and
- Review and update the Tragic Event Response manual and the Suicide Prevention, Intervention and Postevention protocol based on current knowledge and best practices



See Appendix A for the Strategy along with the vision and mission statement.

# 10. Implementation and Outcome Measures

Creating a clear and focused vision and plan is critical to this work. Communicating this vision, shared language and core messages with key stakeholders will be instrumental in ensuring a collective understanding of school mental health service delivery, mentally healthy schools and student mental health. Further, regular opportunities to revisit the strategy and action plans, as well as the service delivery model are key to ensuring they remain relevant as circumstances and needs evolve. Moving forward, the development and maintenance of a Mental Health Advisory Group which includes key stakeholders (e.g., central administrators, union representatives, students, parents/guardians, mental health leadership) will be essential. This group will meet a minimum of twice a year in order to ensure ongoing collaboration, feedback, and support.

In alignment with Ministry requirements outlined in PPM 169, an action plan will be created annually with clearly outlined activities that will be evaluated and measured in order to successfully implement this Strategy. The annual plan is created through a comprehensive review of annual board scans and data captures along with consultation with various stakeholder groups. Reporting on the implementation status of the PPM requirements will be submitted to the

Ministry annually along with the Mental Health & Well-Being Strategy and action plan to ensure alignment across the province with best practices in supporting student mental health. See <u>Appendix C</u>.

Success indicators will be monitored through a review of SMH-ON board scans, training evaluations, Ministry data captures, school climate surveys, attendance rates, suspensions rates and ongoing consultation with the Mental Health Advisory Group.

### **RESOURCE IMPLICATIONS:**

11. The mental health resources supporting the implementation of the Mental Health & Well-Being Strategy are funded through both Grants for Student Needs (GSN) and Priority Partnership Funding (PPF) resources, including summer mental health supports.

# **COMMUNICATION/CONSULTATION ISSUES:**

12. The development of the Mental Health & Well-Being Strategy (2023-2027) was informed through consultations with Mental Health Staff (psychology, social work and itinerant educational assistants), advisory committees (Advisory Committee on Equity (ACE), Parent Involvement Committee (PIC), Special Education Advisory Committee (SEAC)), the Mental Health Advisory Group, School Based Focus Groups - elementary and secondary, Student Advisory Groups (student trustees, Rainbow Youth Forum, Black Youth Forum, Youth Action Committee), Safe School leads, and Central Equity leads. It was further informed by both provincial and local data on the mental health and well-being of children and youth.

### **GUIDING QUESTIONS:**

- 13. The following questions are provided to support the discussion of this item by the Committee:
  - Does the Mental Health & Well-Being Strategy (2023-2027) clearly align with the goals of the Strategic Plan?
  - What additional considerations should inform the annual action plan for the 2024-2025 school year?

Peter Symmonds Superintendent, Learning Support Services	(ext. 8254)
	Pino Buffone Director of Education and Secretary of the Board









# **APPENDICES**

Appendix A Mental Health & Well-Being Strategy Appendix B Policy and Program Memorandum 169 Appendix C Alignment of the Mental Health Strategy & PPM 169 Appendix D References