

## **OCDSB Mental Health Strategy**

**Mission:** Student well-being and achievement are fostered within a context of a safe, caring and inclusive school community. Building on the Ottawa-Carleton District School Board's Strategic Plan and the Framework for Student Well-Being, the Mental Health Strategy will continue to focus on building and sustaining mentally healthy schools through capacity building for staff, youth and parent engagement and collaboration with community partners. The Strategy will incorporate an evidence-based, tiered approach to intervention to support all of our students.

**Vision:** Engaging, educating and empowering our students, staff and communities provides a safe, caring and inclusive learning environment that promotes student mental health, well-being and achievement.

**Values:** At the OCDSB we value:

- Equitable and inclusive education (fostering a community of belonging)
- Student voice to inform and guide our work
- Collaboration with our families in support of their children's mental health
- Our community partnerships
- Evidence-based and evidence informed approaches
- The vital role our staff play in promoting and supporting student mental health and we are committed to deepening their knowledge, understanding and capacity to support all of our students while also recognizing and supporting staff well-being

### **What is Mental Health?:**

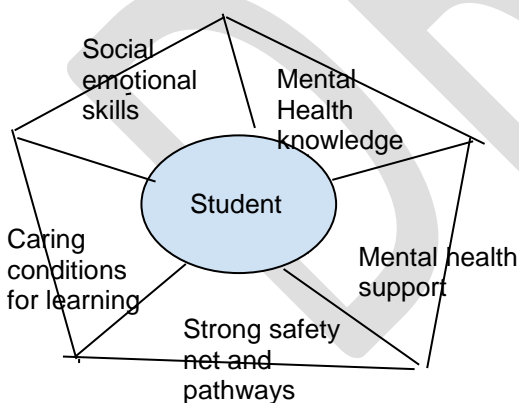
The concept of mental health is perceived and understood differently across cultures. In some cultures, mental health is considered living a good life. In others, it is linked with physical health, while in others there is no equivalent language for mental health. For the purpose of this Strategy, we will use the World Health Organization's definition, where mental health is described as : a state of well-being in which every individual realizes their potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community. In other words, mental health is about being able to enjoy life in a meaningful way, to flourish and thrive and to cope with challenges when they arise. Mental health is a positive concept.

Similarly, the concept of mental illness is viewed differently across cultures resulting in various levels of stigma. It is important to recognize the impact of cultural differences in understanding mental illness.

The language used to distinguish mental health and mental illness requires consideration. Some think they are the same. In fact, mental health and mental illness are two separate, but interconnected concepts. This video describes the relationship between mental health and mental illness: [Promoting Mental Health: Finding a Shared Language](#)

## **Approach to Mental Health & Well-being at School**

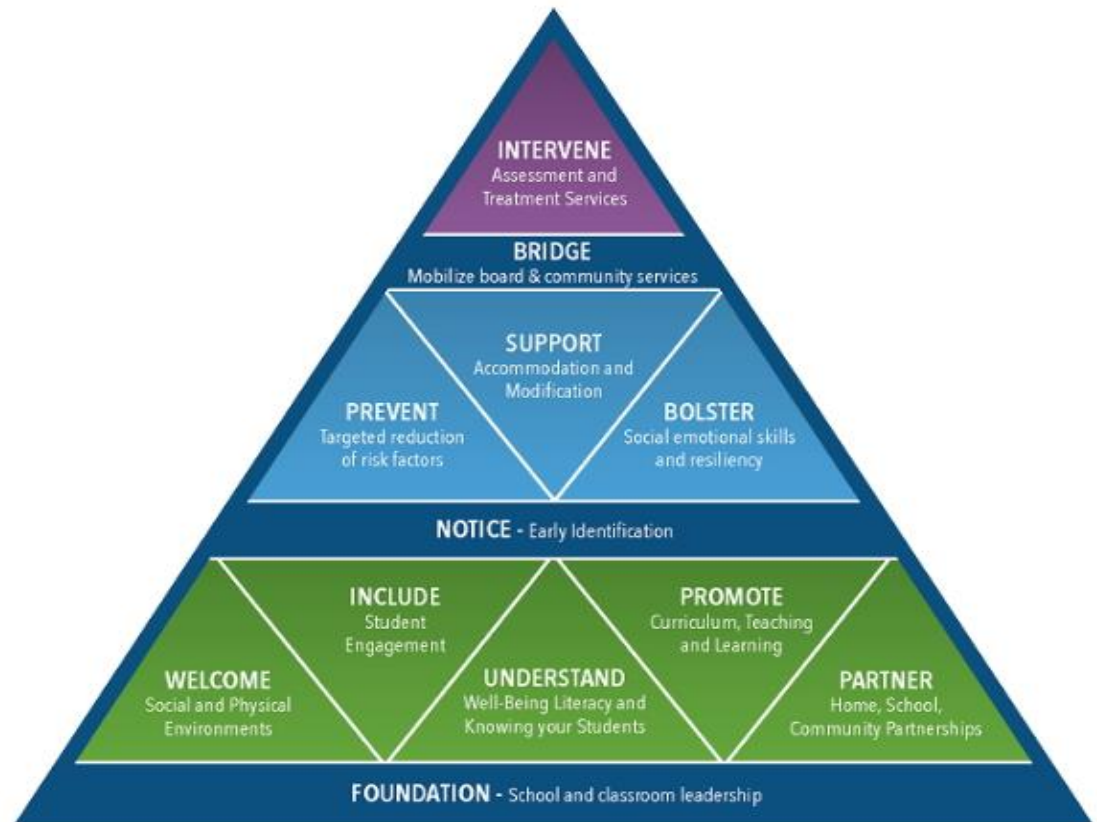
At the OCDSB, we understand that mental health is essential to student success. Mental health affects academic achievement as well as social and emotional development. This relationship is grounded in the OCDSB 2015-2019 Strategic Plan where well-being is identified as one of the key priority areas. What students need to build and sustain mental health is reflected in the School Mental Health Ontario (formerly School Mental Health ASSIST) 2019: Action Plan. This model illustrates the importance of building a foundation of caring by creating and sustaining mentally healthy and inclusive classrooms and schools. This includes supporting students to develop social emotional learning skills and to learn about mental health. As well, the model also illustrates that students need educators who have the knowledge and skills to notice signs of emotional difficulty and to access appropriate services and interventions. Clear pathways to, from and through care in the community need to be understood and information needs to be available to parents/guardians.



Providing access to resources, supports and services follows a tiered approach. This aligned and integrated model, developed by School Mental Health Ontario, ensures that students have access to the right level of support at the right time from the right service

provider. The foundation focuses on universal mental health promotion that is good for all students. Some students who are at risk for mental health challenges need targeted prevention support and more vulnerable students require more intensive support and intervention.

### Aligned and Integration Model (AIM) for School Mental Health and Well-Being



Source: \*School Mental Health Ontario

### **Summary of OCDSB Accomplishments from 2014-2018**

Over the past 5 years, the OCDSB Mental Health Strategy and accompanying annual Action Plans focused on organizational conditions, capacity building, evidence mental health promotion programming, and system coordination. Highlights of accomplishments include:

- Presented to all administrators mental health awareness sessions which included a focus on the importance of using language to promote mental health and reduce stigma
- Introduced Supporting Minds to administrators, school staff, new teachers
- Provided training to administrators in understanding anxiety
- Presented workshops to administrators, staff and parents on promoting positive behaviour, building relationships through attachments and promoting self-regulation,
- Developed and shared information on cultural proficiency with a mental health focus
- Training provided for professional staff to increase knowledge around 2SLGBTQ+ and Indigenous communities.
- Provided resources for administrators in leading mentally healthy schools
- Revised the board procedure on crisis prevention, intervention and postvention
- Created guidelines to support students who exhibit non-suicidal self-injury (NSSI)
- Provided training in suicide prevention and our urgent care protocol
- Created a Pathways to Care document
- Continued to train staff in Collaborative Problem Solving (CPS)
- Encouraged the implementation of Mindmasters2
- Introduced Kids Have Stress Too and Stress Lessons
- Collaborated with community partners in developing innovative pilot programs
- Collaborated with community partners to raise awareness around substance use, specifically related to opioids and cannabis

## **Current State of Child and Youth Mental Health**

- 70% of mental health problems start during childhood or adolescence;
- 1.2 million children and youth are affected by mental illness, yet less than 20 per cent receive appropriate treatment;
- Suicide is the second leading cause of death among teens in Canada, accounting for 24% of all deaths among 15-to 24-year-olds.
- Nearly one-quarter of First Nations youth report psychological distress at a level that suggests moderate to severe mental disorder
- Black youth are significantly underrepresented in mental health and treatment services and over-represented in correctional facilities
- 2SLGBTQ+ youth face approximately 14 times the risk of suicide and substance abuse than heterosexual peers
- Youth living in the lowest-income communities had the highest rates of suicide, emergency department visits for deliberate self harm, acute mental health service use, treated prevalence of schizophrenia

Source: Children's Mental Health Ontario,

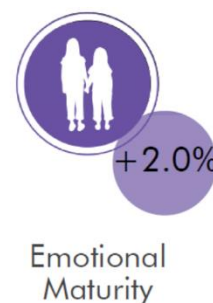
## **Early Development Instrument (EDI)**



The EDI reports on a number of domains for children in senior kindergarten, including emotional maturity. The data has been collected at four different time points in Ontario, with cycle 1 in 2005/2006 and cycle 4 in 2014/2015.

The number of vulnerable children in the domain of emotional maturity trending higher (10.3% in cycle 1 vs. 12.3% in cycle 4).

A growing percentage of children never or almost never demonstrate prosocial and helping behaviours (28.9% vs. 32.2%), often show anxious behaviours (2.1% vs 2.5%) and often demonstrate aggressive behaviours (7.5% vs 10.2%).



Source: EDI in Ontario Over Time Report (2015), Offord Centre for Child Studies

### Ontario Student Drug Use and Health Survey (OSDUHS)



The OSDHUS reports on trends in substance use and mental health in students grades 7-12. The latest data, presented below, was collected in 2017.

A majority of Ontario students (54%) rate their mental health as excellent or very good, however, the percentage of students who report their mental health as poor or very poor is trending upwards (11% in 2007 vs. 19% in 2017).

Over a quarter of Ontario students (29%) reported that their mental health affected their school grades “a great deal” or “quite a lot”.

In the Ottawa region, nearly 1 in 5 secondary students (19.6%) reported their mental health as poor or very poor, which was below the provincial average (21.7%). More specifically, 14.8% of secondary students in the Ottawa region reported moderate to severe anxiety or depression. 48% of students in grades 9-12 are at risk for problematic use of electronic devices, with 17% reporting they use social media 5+ hours per day. 18% of students(grade 7-12) report being cyberbullied at least once in the past year.

Approximately 30% of students in Ottawa reported accessing mental health services, however 32% of students reported wanting to talk to someone but didn't know where to turn.

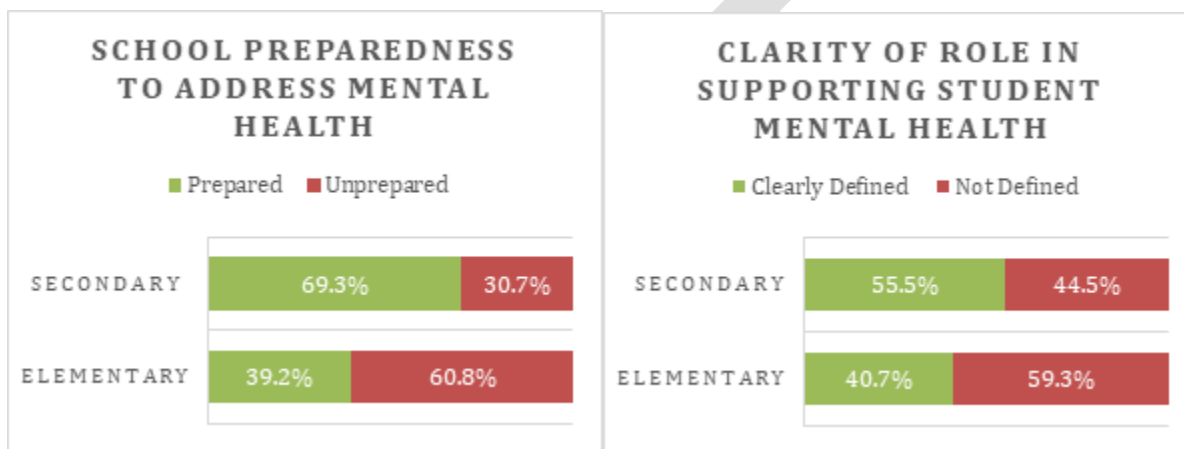
Source: The Mental Health and Well-Being of Ontario Students 1991-2017 (2018), Centre for Addiction and Mental Health

## **OCDSB Data collection results:**

### **ADULT VOICE**

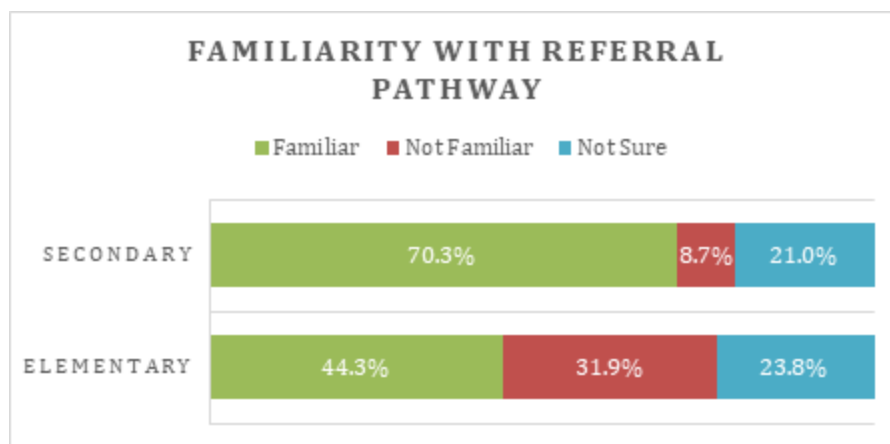
#### **School Preparedness & Clarity of Roles:**

More secondary staff than elementary staff felt their school was prepared to address mental health (69% vs. 39%) and their role in supporting students' mental health was clearly defined (55% vs. 41%).



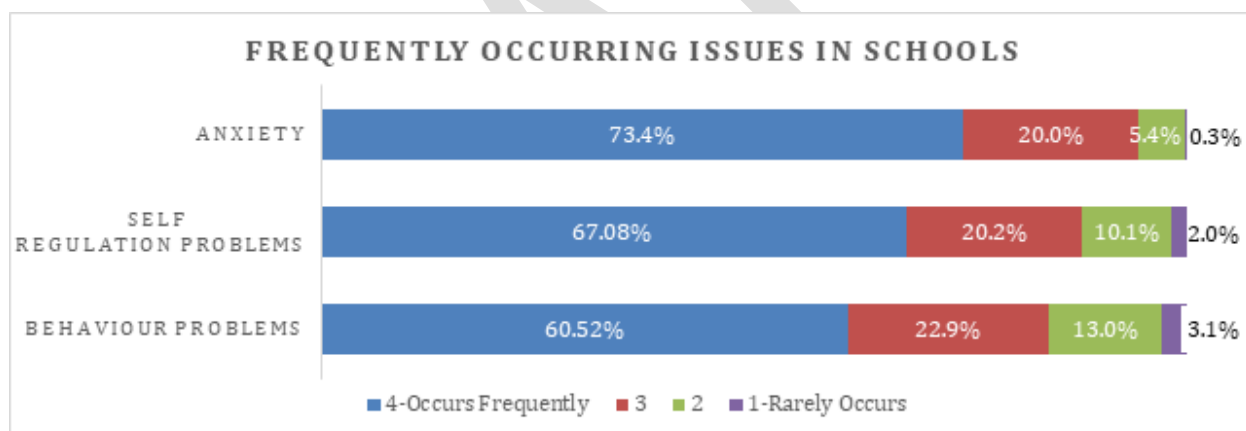
#### **Familiarity with Referral Pathway:**

More secondary staff than elementary staff were familiar with the referral pathway (70% vs. 44%).



### Frequently occurring issues:

The majority of staff (61-73%) reported that anxiety, self-regulation problems, and behaviour problems were occurring frequently in their schools. These were the most frequently reported issues of a list of 10 mental health related issues. Notably, anxiety was more commonly reported by secondary staff while self-regulation and behaviour problems were more commonly reported by elementary staff.



### Staff training:

Parents and staff felt that increased opportunities for staff training and increased awareness of ongoing training opportunities could enhance capacity to deal with mental health related issues and better support all students. Training was most requested in the areas of: stress and anxiety, self-regulation, resiliency, and dealing with challenging behaviours.

*“Proactive approaches to mental health strike me as the best way to approach the issue” – Staff*

### Supporting Specific Populations:

The majority of staff (85%) agreed that certain groups of students, particularly those who are 2SLGBTQ+, Indigenous, have special education needs, and/or children and youth in care,

require a different level of mental health support. Parents and staff suggested that awareness and sensitivity training, anxiety and mindfulness-based training, and cultural training for staff could help support these populations.

*“Staff need to be made aware of the history and the specificity of issues affecting particular groups. The information and training need to be given in sensitive, accurate and empathetic ways.”- Staff*

### **Community partnerships:**

Common themes brought forward by staff and parents regarding community partnerships were the need to strengthen these relationships through enhanced collaboration and communication between all partners.

*“Parents as partners” – Parent*

*“I think that a greater presence [of community partners] in the school may strengthen relationships.”-Staff*

## **YOUTH VOICE**

### **Clarity in Pathways to Care:**

In general, OCDSB secondary students reported that they knew who to talk to about the mental health services at the school. Typically, this was the school guidance counsellor. However, some students noted they were less likely to approach their school's guidance counsellor for support because they believed that the guidance role was limited to academics or career counselling, rather than support for mental health issues.

*“Help adults understand it's not easy to speak out”- student*

### **General Mental Health Knowledge:**

Students indicated that it would be helpful to start talking about mental health earlier in elementary school to reduce stigma and ultimately increase the use of mental health resources throughout a student's academic career at OCDSB. Students would like clear information as to what differentiates normal stress from an anxiety disorder, or sadness from depression, so that they can seek out help when appropriate. They also stated they would find it helpful to know what to do or what to say when a peer is distressed and in need of mental health support.

*“Create awareness about mental health, the signs of stress & how to cope” - student*

### **Mental Health Promotion:**

Students believe mental health promotion should be integrated into the curriculum and be done in a personal, hands-on approach (e.g., hearing from experts or those with lived experience) as opposed to an assembly or a brief mention in health class.

*“Different needs at different schools. There should be a minimum standard for mental health support and flexibility” -student*

### **Supporting Specific Populations:**

Students believe the best way to cultivate support for specific populations is through more personal approaches. For example, a meet and greet with a slide show presentation given by the specific population could help inform others of their backgrounds. Additionally, students said it may benefit others to shadow the person for a day, or have that person record their day to experience their perspective and struggles at school.

*“All people, different needs” - student*

### **Timely Access to Services:**

Enhanced collaboration and communication with school, family, and external agencies was mentioned by students. Students indicated that it can be difficult to see a psychologist and social worker at school as they are only available one day per week. Students believe teachers (or other school staff) should promote mental health services in each class to raise awareness. Students also believe more involvement from parents is necessary. If parents are aware of approved school-based and external mental health services, they are more likely to encourage their child to seek support.

### **Next Steps:**

National, provincial and local data, consistently point to increases in mental health concerns and mental disorders among our children and youth. In fact, the World Health Organization predicts that by 2030, mental health disorders will be the world’s leading cause of disability (OCT, Professional Advisory, 2019). The reasons for this increase are varied and complex and addressing this troubling issue requires collaboration among government and community partners. However, educators and other caring adults working in schools can help promote mental health and well-being, develop the knowledge to identify early signs of emotional distress based on the diverse lived experience of our students, facilitate and support access to services at school and in the community. With this purpose in mind, the following strategic priorities have been set to guide our work for the next 3 years.

## **Strategic Priorities 2019-2022:**

**Consolidate Organizational Conditions:** Organizational conditions set the context for sustainable mental health practices in our classrooms and our schools.

Our focus:

- Shared Language:
  - Continue to develop a shared understanding of mental health, concurrent mental health and addiction issues, how to support student mental health and well-being through a health equity lens
  - Reinforce key messages around promoting mental health and understanding and reducing stigma
  - Communicate information related to mental health promotion in multiple ways
- Standard Processes:
  - Focus on role clarification
  - Create and/or revise protocols and procedures related to identifying and supporting student mental health needs
  - Ensure that all staff have knowledge of the Board's suicide prevention, intervention and postvention protocol
- Continuous Quality Improvement:
  - Identify success indicators to monitor progress and measure impact
  - Use data to inform school improvement plans (well-being) and mental health action plans

**Build Capacity** : Systematic, focused level of training that is appropriate for staff in various roles. Providing professional development for staff across the District will help ensure that our staff, families and students have the knowledge they need to understand mental health and the resources to access support and services for our students and for themselves.

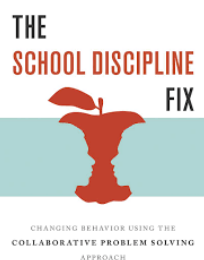
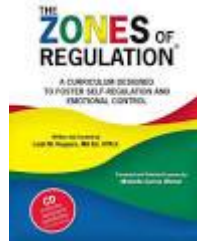
- Together with Staff Wellness, promote staff well-being by sharing information related to self-care and compassion fatigue
- Expand learning with administrators on creating and sustaining mentally healthy and inclusive schools
- Continue sharing Supporting Minds with all educator groups
- Expand awareness around promoting mental health through presentations on attachment, self-regulation and other specific topics for all educator staff
- Build sustainability through targeted follow up and coaching/mentoring
- Provide mental health literacy through professional development on topics related to anxiety, stress behaviour, depression, impact of technology for guidance counsellors

- Provide opportunities for mental health expertise training for professional staff on topics related to supporting the mental health of students with specific lived experiences and evidence based intervention approaches.
- Provide presentations on mental health awareness (promoting mental health & well-being) and specific topics (e.g., stress and anxiety) for parents
- Together with curriculum partners support student learning in mental health through the curriculum

## **Expand Evidence-based Mental Health Promotion & Prevention**

**Programming:** Following a tiered approach, everyday practices to promote mental health & well-being will benefit all students. Targeted programming will support students who are at risk for mental health challenges and specific, individualized programming and referral to community partners will benefit those students who need a more intensive level of support.

- Promote the use of everyday practices that promote mental health & well-being
- Continue to implement Mindmasters2, Zones of Regulation, Collaborative Problem Solving at the classroom level
- Introduce Youth Connections-Ottawa (a peer-to-peer mental health promotion initiative) to secondary schools
- Continue to promote Kids Have Stress Too & Stress Lessons
- Continue training staff in suicide prevention using safeTALK and Applied Suicide Intervention Skills Training (ASIST) aligned with crisis prevention, intervention, postvention procedure
- Continue training staff in Violence/threat Risk Assessment (VTRA)
- Seek opportunities to pilot and evaluate promising new practices and programs in collaboration with our community partners



**Support Specific Populations:** Applying an equity lens to mental health will ensure that specific groups of students will access differentiated support to mental health & addiction

services. These groups include early learners, students in care, chronic non-attenders, 2SLGBTQ+, Indigenous and racialized youth, Newcomers, immigrants and students with special education needs.

- Build capacity across all OCDSB staff in cultural competency
- Increase awareness and understanding of the mental health needs of our diverse populations
- Build a sense of belonging in early learners through healthy educator-student attachment
- Expand knowledge and skills in promoting self-regulation and resilience in early learners
- Expand opportunities to collaborate with community partners to support mental health needs of Newcomers, immigrants, 2SLGBTQ+, racialized and Indigenous youth
- Explore best practices in supporting the mental health needs concurrent with student special education needs
- Together with CAS, support students in care through the Joint Protocol for Student Achievement
- Explore best practices, together with community partners, in engaging chronically non-attending students

**Participate in System Coordination:** Student mental health & well-being is a shared responsibility between home, school and community. Working with community partners to enhance supports to students in school and to facilitate access to community resources will help ensure that students are provided with the right service at the right time.

- Collaborate with Rideauwood Addiction Services to ensure quality intervention services for students with substance use/abuse issues
- Continue our role working with Ottawa's Lead Mental Health Agency (Youth Services Bureau) to identify and address services gaps in the community
- Continue our work with community based mental health & addiction tables (e.g., Multiagency Early Risk Intervention Table (MERIT), Substance Abuse & Youth in School and Community (SAYSAC), Integrated Plan of Care (IPC), Coordinated Access/Referral)
- Expand school based community partnerships through central partnership process
- Amplify communication around internal and external pathways to care to ensure that all staff understand access to supports and services
- Explore opportunities to enhance family engagement

**Encourage Child/Youth Engagement:** As students are the focus of this work, student voice and leadership are essential to ensure that student perspectives and ideas inform the development of school-based initiatives and how best to support student needs.

- Establish a youth advisory on mental health to help identify areas of focus and co-create mental health awareness activities and programs for youth

- Together with Ottawa Public Health, implement Youth Connections Ottawa, a peer to peer wellness program in secondary schools
- Explore ways to engage elementary students in mental health awareness and promotion initiatives

### **Monitoring progress and impact:**

Success indicators for the OCDSB Mental Health Strategy will be monitored regularly through: i) the annual reporting process for the District's Strategic Plan 2020-2024; ii) annual action plans focusing on the six key pillars of the OCDSB Mental Health Strategy (organizational conditions; capacity building; evidence-based mental health promotion prevention programming; support for specific populations; system coordination; and youth engagement); and iii) work with other Departments (i.e., Curriculum Services and/or Human Resources) to gather data and implement methods to collect information related to student and staff mental health. Finally, the Learning Support Services Department will also continue to engage in ongoing evaluation of various mental health programs and services offered to staff and students across the District.

### **Mental Health Steering Committee:**

Cathy Bailey, OSSTF, TBU  
 Natasha Baines, OSSTF, SSP  
 Sandra Blakely, Principal, Sir Guy Carleton Secondary School  
 Dr. Petra Duschner, Manager, Mental Health & Critical Services, Learning Support Services  
 Susan Fullerton, Parent representative  
 Amy Hannah, Principal, Learning Support Services  
 Dr. Tim Hogan, Supervisor, Psychological Services  
 Kristen Grant, Vice-principal, Bell High School  
 Elizabeth Kettle, President, Ottawa-Carleton Elementary Teachers' Federation  
 Kathryn Langevin, Supervisor, Social Work  
 Reg Laverigne, Principal, Curriculum Services  
 Steve McKibbin, Program Evaluator, Learning Support Services  
 Andrew Nordman, Principal, D. Roy Kennedy Public School  
 Peter Symmonds, Superintendent, Learning Support Services

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