

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

Mental Health and Addictions Strategy 2016-2019

Overview Statement

“A Catholic school is one in which God, His truth, His life are integrated into the entire syllabus, curriculum and life of the school.”

Archbishop Philip Pocock, “What is A Catholic School” (1971)

The mission of Catholic Education in Hamilton-Wentworth, in union with our Bishop, is to enable all learners to realize the fullness of humanity of which our Lord Jesus Christ is the model. As a Catholic school community, the Hamilton-Wentworth Catholic District School Board (HWCDSD) is rooted in faith and the philosophy of Each Belongs permeates all aspects of learning within all schools. The Board strives to meet the spiritual and social-emotional needs of all students and is committed to ensuring that student well-being and achievement be given priority. The HWCDSD Mental Health and Addictions Strategy recognizes that positive mental health is imperative to ensure student academic success. It is committed to providing a safe, secure and inclusive learning environment where all students can work towards reaching their fullness of humanity.

Catholic Social Teaching tells us that God creatively and lovingly calls us into the wonder of life. As stewards of the life God has entrusted to us, we are charged to assist young people in recognizing that gift by:

- Affirming the God-given potential of each person, developing the body, mind and spirit of each and every student;
- Entering into open dialogue, increased self-awareness and shared information about mental health and well-being; and
- Responding as the hands, feet and eyes of Christ to those in our schools who experience isolation, illness, powerlessness, or poverty in any form.

Mental Health: Hope, Dignity and our Compassionate Response, Catholic Curriculum Corporation, October 2012, p. 5

“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 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.” *“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

Executive Summary

The HWCDSB is recognized locally, provincially, nationally, and internationally as a fully inclusive Catholic Board supporting all students of varying abilities and needs. The Board recognizes that student mental health and well-being is necessary to student achievement. The Board is committed to supporting the needs of students identified with mental health issues, as well as providing intervention for students at risk of mental health disorders and fostering a climate that promotes mental health and well-being for all. Our Catholic faith is the foundation of our work, and it is our faith that supports our students in their mental health and well-being. Our practices, some of which include: daily prayer of praise, gratitude, seeking God’s guidance and help, Christian Meditation, participation in liturgies, Mass and daily classroom faith-based instruction serves to enhance student’s sense of hope.

The HWCDSB Board Improvement Plan for Student Achievement (BIPSA) purposefully addresses mental health promotion as a component of the Catholic Community, Culture and Service pillar. Inclusion in this pillar and the Board Strategic Plan emphasizes the role that trustees, senior administration, school and support staff have to ensure that all students feel safe, secure and accepted at school.

The HWCDSB Mental Health and Addictions Strategy 2016-2019 will focus on the three following Goal Areas:

- 1) Sustainability of the 10 Organizational Conditions and ensuring that the Mental Health and Addiction Strategy is aligned with system goals and founded on evidence-based practices;
- 2) Continue to increase mental health awareness, literacy and build capacity. The focus will include using student voice to inform, staff, parents/caregivers and communities on what students identify as their needs;
- 3) Working with community partners to create clear protocols, pathways and processes to facilitate access to mental health services and pathways within the school setting and with community partners.

Mission

The HWCDSB ensures learners realize the fullness of humanity in learning communities that are a lived experience of the Catholic faith. The HWCDSB believes that mental health and well-being is critical for success for all students. In the development of the Mental Health and Addictions Strategy, the Board continues to remain committed to:

- raising awareness, building capacity, supporting evidence-informed approaches to Mental Health and Addictions; and
- collaborating with stakeholders both within the Board and the community in supporting the mental health and well-being of all students and their families, as well as staff within the HWCDSB.

Vision

The HWCDSB strives to create mentally healthy, safe, respectful and inclusive faith-based environments for all students, families and staff. We promote student growth through Catholic values and the Gospel message of the inherent value and dignity of the individual as one created in the image and likeness of God. The HWCDSB vision is one where all Catholic school communities are mentally healthy.

- Teachers, support staff, principals and senior administrators will have increased Mental Health awareness. They will be better able to recognize signs related to mental health problems and know how to access support for their students and staff. This increase in awareness will, in turn, decrease stigma;
- Students will have a better understanding of the determinants of mental health, possible risk factors, positive sense of well-being and an awareness of how to access supports;
- There will be increasing evidence of a safe and accepting school culture within all school communities, one where caring relationships flourish, whether it be staff to staff, teacher to student, student to student, school to home or home to community;
- There will be evidence of organizational charts clearly outlining how to access services within the Board and community; and
- There will be a process in place to ensure that students, staff and parents have a voice in the development and ongoing review of the HWCDSB Mental Health and Addictions Strategy.

Values/Commitments

As a Catholic school system, the HWCDSB:

- Is committed to developing and promoting excellence in Catholic Education. It strives to build a strong and collaborative relationship among the home, school, and parish. Its goal is to provide a safe, inclusive, positive, enriching and nurturing Christ-centered Catholic learning environment for all students entrusted to its care, so that all students can realize their fullness of humanity;

- Encourages the use of prayer including Christian Meditation as spiritual disciplines that promote harmony of body, mind and spirit and bring stillness, silence and attentiveness;
- Recognizes the direct link between student mental health and student achievement;
- Believes in the self-worth and dignity of every person and strives to ensure that students' learning environments are safe, secure and accepting;
- Believes that all students have a right to attend school and reach their fullness of humanity in alignment with the Each Belongs philosophy;
- Endeavors to continuously monitor system capacity to ensure that the mental health and well-being of all stakeholders are equipped to improve the mental health and well-being of students and staff;
- Collaborates with teachers, principals, Special Education resource and support staff, guidance, student success teams, and chaplaincy leaders to address mental health promotion and prevention;
- Works towards the implementation of evidence-informed best practices as they relate to mental Health and well-being; and
- Works towards collaborating with community mental health and addictions stakeholders to develop processes and share information to achieve mentally healthy schools.

2016-2017 Action Plan

Priority Areas / Strategic Themes	Initial Scan Rating/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility
10 Organizational Conditions					
1. Commitment	Full Implementation	M.H. Steering Committee Update M.H. Strategy at Sr. Admin meeting	Meetings to occur two times per year Time on Agenda	November June Ongoing	S. Scime – Assistant S.O and Jenny Athanasiou-Malisa M.H. Lead Assistant S.O.

<p>2. Board and School Mental Health Leadership Teams</p>	<p>Full Implementation</p>	<p>Regular meetings S.W. Manager, Respectful Workplace Advisor, M.H. Lead and Assistant S.O. to address M.H. Strategy and system needs</p> <p>M.H. Lead responsible for chairing safeTALK training initiative</p> <p>M.H. Lead sits on various community committees to liaise about M.H. initiatives</p> <p>Implementation of Student M.H. Advisory Council</p>	<p>Monthly and/or as needed meetings scheduled</p> <p>Regular meetings and email communication to support delivery</p> <p>Facilitators from HWCDSB</p> <p>Time to develop meeting goals and plan</p> <p>Completed</p>	<p>Ongoing</p> <p>2 sessions per year</p> <p>Ongoing</p> <p>Meetings occur 3 times per year</p>	<p>M.H. Lead</p> <p>M.H. Lead</p> <p>M.H. Lead and System Trainers</p> <p>Assistant S.O and M.H. Lead</p> <p>MH Chair and Assistant S.O</p>
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		<p>M.H. working groups at the system level</p>	<p>Working Groups to be established as initiatives arise</p> <p>School Mental Health and well-Being Leadership Teams</p>	<p>VTRA has been established, CCCRT has been established, Suicide Prevention, Intervention, and Postvention has been established, Professional Development and Communication to be established.</p> <p>Staff from each school have been identified and have attended training. Training 2 times per year will continue</p>	<p>M.H. Steering Committee (Assistant S.O, M.H. Lead, Chief Psychologist, Manager S.W. services, Respectful Workplace Advisor, and other professionals as required)</p> <p>Mental Health Lead and any other staff. Community agencies will also be invited to present</p>
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3. Clear and Focused Vision	Full Implementation	Mental Health Strategy completed and approved May 2016. 2016-2017 Strategy updated to reflect year plan	Work collaborately with principals and school staff, social workers and other key staff	June 2016/September 2017	M.H. Lead and M.H .Steering Committee
4. Shared Language	Full Implementation	School Surveys indicated staff feel they have a clear understanding of Shared Language	<p>Provided training and education with respect to defined terms that will be integrated into the M.H Strategy, schools and the classrooms.</p> <p>All school staff were provided with Supporting Mind Document</p>	Ongoing	Full Implementation

<p>5. Assessment of Initial Capacity</p>	<p>Partial Implementation</p>	<p>Board Scan was completed in January 2015 Each school and identified groups have completed a survey on Organizational Conditions.</p> <p>Review Resource mapping with schools as well as system.</p>	<p>The survey is to be completed</p> <p>Time to individually meet with school teams and student representatives</p>	<p>Yearly</p> <p>Meet with School Teams when available</p>	<p>M.H. Lead, Assistant S.O Steering Committee</p> <p>M.H. Lead</p>
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<p>6. Standard Process</p>	<p>Initial Implementation</p>	<p>Develop communication process to ensure that M.H. strategy and key messages are shared with all stakeholders</p> <p>Implement CCCRT system response</p> <p>Suicide Prevention Protocol to be revised to include intervention and postvention</p> <p>SafeTALK provided to Trustees, Sr. Admin., Managers, Supervisors, Unions/Associations Principals, and VPs</p> <p>Christian Meditation was presentation to Elementary Religion Representatives. This will expand to include</p>	<p>Completed Mental Health Protocols</p> <p>Time to establish roll out system team and expectations</p> <p>Committee has made changes and will complete</p> <p>Trainers to continue to facilitate</p>	<p>Continue to review yearly as new school ongoing</p> <p>Ongoing, review in September 2016</p> <p>March 2016 – in service staff</p> <p>Ongoing</p> <p>Began in May 2014. Ongoing in 2016 – 2017 school year</p>	<p>M.H. Lead to attend Principal, SERT and any other relevant meetings</p> <p>M.H. Lead and members of working group (Social Work and other key stakeholders)</p> <p>M.H. Lead and members of working group (Social Work and other key stakeholders from within the board and the community)</p> <p>Target new staff in Administrative positions</p> <p>Religion and Family Life Consultant and Sister Ann Marshall CSJ</p>
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		<p>further initiatives and Secondary schools</p> <p>safeTALK training to be offered to all groups and to include teachers and educational assistants</p> <p>System Crisis Response Team members to begin new team implementation</p>		<p>Completed throughout the 2014-2015 year and to continue in the 2016-2017 school year</p> <p>Implement new model September 2016</p>	<p>M.H. Lead and Board trained safeTALK trainers</p> <p>CCCRT Team and M.H. Lead</p>
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<p>7. Protocols for Professional Development</p>	<p>Partial Implementation</p>	<p>Develop a system to determine capacity of building in keeping with the Tiered Approach to Mental Health where system level support staff will learn and be able to support/coach schools to implement the M.H. Strategy</p> <p>Provide information to staff about ongoing protocols created both internally and in the community</p> <p>Ongoing training for staff at the M.H. Expertise level</p>	<p>Continue to obtain data and implement</p> <p>With working teams, arrange for time at staff meetings to offer M.H. presentations</p> <p>Funding for ongoing PD, and recertification</p>	<p>Over the course of 2016 -2017 year and ongoing</p> <p>Began in 2015-2016 school year and will continue in the 2016 -2017 school year</p> <p>Ongoing</p>	<p>M.H. Lead and working group members</p> <p>M.H. Lead and working group members to coach School Based M.H. Teams so that they can deliver material to their school staff</p> <p>M.H. Lead, SWs, psychologist and working group members</p>
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8. Mental Health Strategy and Action	Initial Implementation	M.H. Lead to continue to work with Sr. Administration regarding developing the Board Mental Health Strategy with multi-year plan	With support from SMH ASSIST coach	Ongoing	M.H. Lead, Steering Committee and SMH ASSIST coach
9. Collaboration	Initial Implementation	<p>M.H. Lead and SWs meet regularly and collaborate with community partners</p> <p>Increase collaboration with parent and student groups</p>	<p>Attended Catholic Parent Council meetings and other groups to provide education</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>M.H. Lead, Social Work manager, S.O., and other key stakeholders</p> <p>M.H. Lead, Assistant S.O, Superintendents of Education and other key stakeholders</p>

10. Ongoing Quality Improvement	No	Establish a method to collect data of current and future practices to measure change in attribution, knowledge and outcomes	With support from SMH ASSIST and our internal key stakeholders	Ongoing	M.H. Steering Committee, SMH ASSIST and other key stakeholders
Capacity Building					
Create a sustainable plan for building skills and knowledge related to mental health that will: Increase mental health awareness for students and staff across the system; increase mental health literacy for administrators and educators, and; increase mental health expertise for those delivering specialized assessment and intervention.		a) Continue the development of foundational mental health awareness with all staff, students, parent groups and community; b) Encourage all school administrators to review and use as appropriate the Leading Mentally Healthy Schools resource guide; c) Encourage and provide opportunities for staff and students to develop the knowledge required to develop and maintain positive mental health, as well as having the knowledge to identify	Collaboration from several departments to support this priority: Special Education, Safe Schools, Equity and Diversity, Special Education, Religion and Family Life, Curriculum, Psych Services, Social Work... Resources required to support this priority include: Meeting time for various initiatives on agendas;	Ongoing	a) Through communication plan and ongoing PD, educators and administrators will be versed in the “Key Messages” regarding mental health and wellness. Awareness of Mental Health Plan will be evident through the system. Awareness PD will be provided as “stand alone” events and integrated into staff meetings and related training as appropriate; b) Leading Mentally Healthy Schools reviewed at Senior Level and school levels. With ongoing support to increase mental health skills and knowledge through targeted PD activities at Administrators meetings. Communication plan to align with this priority; c) Guidelines/protocol to support school based decision making regarding mental health activities

		and respond to symptoms of mental illness and/or distress; and d) Establish a sustainable approach to PD which supports new and existing staff and enables integration of mental health as part of ongoing PD opportunities across departments.	Printing costs for training material as needed. Inter-departmental Support; and Release time for staff.		and initiatives. Developed a core group of trained staff using School M.H. ASSIST – Supporting Minds modules. The team will enhance educator capacity to respond to students in mental health distress and mental health problems; and d) Collaborate between departments to inform PD planning. Use communication plan and multi-media resources to ensure access to M.H. awareness and literacy materials throughout the system.
		Some staff were trained to deliver Tools for Life – Social-Emotional Lessons in some pilot schools: Parenting and Family Literacy Centres, FDELK and Grade 1	Time and funding for training and purchase of program	Ongoing	Supported by the Board
		ASIST training for SWs, a few other System Crisis Response Team members and school administrators	Time for training and trainer fee	Ongoing	Living Works Facilitator

Implementation of Evidence-Based Mental Health Promotion and Prevention Programming

Social Work		All SWs currently being trained to deliver evidence-based and best practice programs, screening tools and groups	Time to train, material cost and any additional PD required to further enhance knowledge and build capacity	Ongoing	Social Work Manager
Develop a list of evidence based and evidence informed M.H. programs at promotion and prevention level		In collaboration with psychologist, SWs, special education and behavior staff create working group to research and develop data base	Time to establish working group and complete research	Ongoing	M.H. Lead and Social Work and Curriculum