

Nipissing-Parry Sound Catholic District School Board

Mental Health and Well-Being Strategy 2017-2020



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Overview Statement

The NPSCDSB is committed to the ongoing creation of caring Catholic learning communities where students feel engaged in their learning and have a sense of belonging and acceptance. Additionally, the board is committed to the support and development of the whole person, spiritual, physical, intellectual, emotional and social, and recognizes that overall wellness is a critical component of student achievement.

The Board Mental Health and Well-Being Strategy is aligned with our Board Improvement Plan, Special Education Plan and Safe Schools Policy to create the foundation and action plan for achieving our vision and values as a Catholic community. It is a reflection of our focus on collaboration as a necessary strategy for building our capacity to respond to the needs of our students, families and staff.

Ultimately, it is part of our larger plan to support and encourage all members of our board community to reach their full potential. This strategy is also recognized to be a living document that grows and adapts to the changing needs of our students, families and staff and incorporates current practices on early identification, health promotion and intervention. Essentially, it is a tool that gives structure to our vision so that we can strategically promote wellness, respond to needs, and celebrate our growth as a whole community.

Mental Health and Addiction Strategy Pillars

Vision

- *We are all committed to working together toward a future where all members of our board community live, work and learn in an environment that is rooted in faith and one that promotes mental, physical, intellectual and spiritual wellness.*

Mission

- *The NPSCDSB Mental Health and Well-being Strategy provides guidance and structure to our vision. It is rooted in our understanding that wellness, safety and a sense of belonging for our students are necessary conditions for achieving success at school and for them to reach their full potential. This strategy serves to outline our commitment to promoting positive mental health throughout our board community.*

Values/ Commitments

- *As a board community we believe that we need to work together to achieve our vision. We also value our community partnerships and the importance of collaboration. We believe that we all own our challenges and our triumphs. We believe in the power of early identification and that promoting health and wellness is a priority. Our Catholic faith guides our beliefs that each person deserves to be treated with respect and dignity and to belong to a safe and accepting school community that is free of judgment and created in God's image.*
- *We have a commitment to promoting overall wellness in our board community and to keep the pursuit of our vision as a priority. We are committed to working together to achieve an environment where students, staff and parents feel a sense of belonging and are viewed as always doing their best. We are committed to a collaborative approach to achieving our goals. We are committed to building capacity in all of our school communities to more effectively promote wellness and to support students and families who are faced with mental health challenges. We are committed to professional development and to supporting the implementation of evidence based health promotion, prevention and intervention programs.*

Areas of Strength

Organizational conditions already in place:

- The NPSCDSB has a clear **commitment** to improving mental wellness in our board community as communicated via professional development initiatives and in our Board Improvement Plan.
- **Broad collaboration** already exists between the board and other boards as well as with other community partners via the Service Pathway committee, The Crown Ward Education Championship committee, The Suicide Prevention committee, The North Bay Parry Sound Health Unit Health Promotion committee, and participation at the Gateway Mobilization HUB table. This year our senior administration team including our Director of Education and two Superintendents in collaboration with the Mental Health Leader, participated in a full-day strategic planning session with numerous community partners to set goals for our community around improving well-being and access to service.
- There is a framework for **standard processes** in place with regards to postvention and critical incident response, codes of conduct for staff and students, our Safe Schools policy and a Special Education Plan that incorporates Memoranda of Understanding with outside service providers. Additionally, we have created a centralized intake process for Student Support Services and promote ongoing use of the Decision Support Tool for Principals to vet presentation requests and initiatives.
- Some **Professional Development protocols** are in place particularly around Behaviour Management System Training and Critical Event Response. This year we will add Applied Suicide Intervention Training (ASIST) and SafeTALK in a more standardized way.
- We are diligently working on a pervasive **shared language** around the link between well-being and achievement. This is demonstrated in our commitment to infusing well-being discussions at our curriculum table with our special education team, parent involvement committees, Principal's meetings and at our senior administration level.
- This document represents the school mental health **clear and focused vision and action plan** for the next three years.

Resources that are already working effectively:

- Student Support Services is a small group of staff that is comprised of The Mental Health Lead, Local Health Integration Network (LHIN) Mental Health and Addiction Nurse, four NPSC Social Workers and our Behaviour Management Consultant. This team functions as a multidisciplinary team that offers support for students in all three tiers of intervention in all schools.
- Additionally, we have a Chaplaincy program that also provides faith based support to our students.
- Every school has a Safe Schools committee that meets regularly. All schools run nutrition programs with 0-25% both breakfast and lunch, 26-50% breakfast and all run a snack program.
- We also have a solid implementation plan for our Tools For Life Social Emotional Learning program at the elementary level.



Areas of Strength

Audiences that have already received mental health and addiction awareness training:

- **2014:** There has been a board-wide commitment to learning more about mental health and addiction. The board offered professional development to all in the **ABC'S of mental health and Equity and Inclusion**.
- Educational Assistants (EA'S) and classroom resource teachers have received **Trauma and the Brain**.
- Two target staff from each school have received tier one training in **Collaborative Problem Solving** for a total of 17 : three student support services staff, 2 Principals one secondary level Vice-Principal and 12 teachers.
- Additionally we have had a broad roll out of **Second Step** for elementary staff.
- **2015:** All but two Principals have received Leading Mentally Health Schools, [School Mental Health-Assist](#); 19 teachers and front line staff have received ASIST, and all EA's and elementary secretarial staff have received Safe Talk.
- All staff were part of a keynote address on resiliency building and some teachers and Principals received the Anxiety modules offered by School Mental Health-Assist.
- Our community, including parents, staff and other stakeholders were offered mental health awareness training at our annual Carousel Evening. Those in attendance were offered a variety of choices including workshops on Anxiety and general mental health problems.
- Additionally, the Board of Trustees received a brief on the Mental Health and Addiction Strategy and our priorities for the year.
- **2016-17:** Audiences that have received training continued.
- We continue to offer [Applied Suicide Intervention Skills Training](#) (ASIST) and **SafeTALK** training to targeting groups and have 30 staff including 2 Principals and our Resource Teachers trained in ASIST. Our goal for this year is to have all support staff trained in SafeTALK and all Principals trained in ASIST.
- We have also dedicated a Professional Development day to well-being and positive mental health. All staff present from the system, with the exclusion of ELK/DECE staff, received **The Mentally Healthy Classroom module created by School Mental Health-Assist**.
- We have also hosted Dr. Jean Clinton in our community via our Parent Involvement Committee and also provided Mental Health sessions as part of our annual Carousel Evening menu of choices.
- 8 elementary schools, with a focus on primary teachers and educational assistants but with also some Junior/Intermediate attendance, have received training in self-regulation, **Tools For Life** and **Trauma Informed Practices in The Classroom**.
- 7 staff, three student support service staff and four teachers received dedicated training in Self-Regulation from the Mehrit Centre.
- Two teachers from every elementary school were given a one day self-regulation/ Tools For Life champion training.
- Our New Teacher Induction Program group has been trained in SafeTALK and has received Anxiety module 1.
- Additionally, our MISA group hosted Dr. Stuart Shanker for a full day workshop on self-regulation and stress behaviour.
- We continue to offer well-being segments to our School Team Leadership days, Principals' meetings and PD days to ensure widespread knowledge transfer.

Areas of Strength

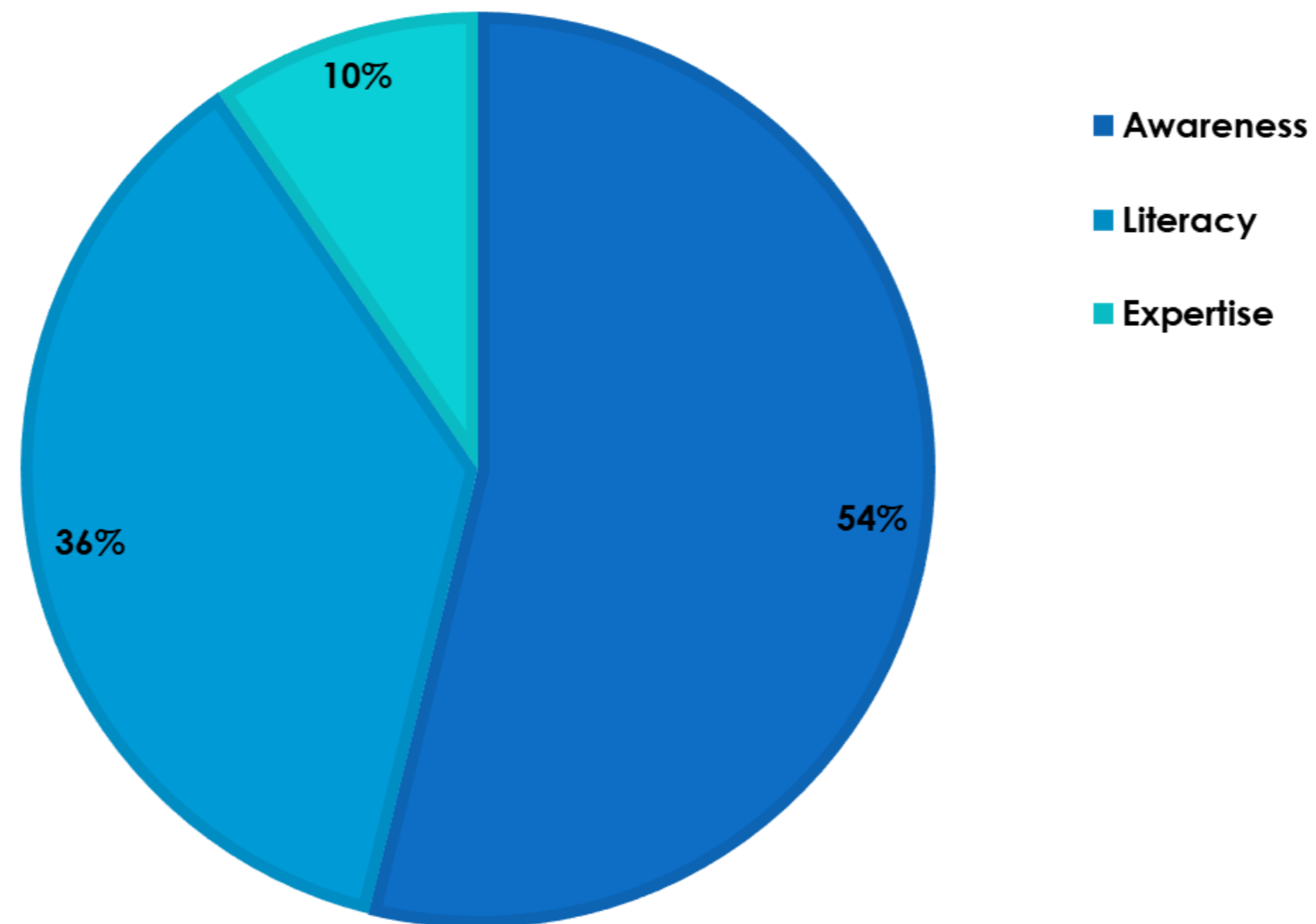
Audiences that have already received mental health and addiction awareness training:

- **2018-19:** All Educational Assistants have received Safe Talk and we offered another summer institute in **ASIST** this year. We had an additional 3 secondary teachers trained.
- Secondary teachers had the opportunity to choose workshops dedicated to mental health and well-being as well as resiliency building at one of the school based professional development days.
- Additionally, we offered a lunch and learn series on mental health disorders weekly over the month of May, which was open to all secondary staff and students.
- We successfully infused mental health and well-being at all of our system professional development days via workshops like building resilience and self-regulation.
- We also started the school year with our leadership teams working through the **Well-Being Reflection Tool** to support their School Improvement Plan development with regards to building mentally healthy schools.
- Our EA group received an additional training on **Indigenous Cultural Awareness** with the afternoon dedicated to understanding self-care as it contributes to wellness for self and healthy modelling for students.
- All of our Principals and support staff were re-certified in **Behaviour Management Systems Training** with a focus on the prevention of crisis escalation.
- We continued our focus on resilience building, self-regulation and relationship focused classrooms via our Parents Reaching Out (PRO) grant funds and our annual Carousel evening. Our Parent Involvement Committees as well as our Special Education Advisory Committee continue to support improving understanding around mental health and well-being for our entire board community. We held two separate evenings with this theme, including a keynote address from Alyson Schafer on raising resilient children.
- We also continued with our school based parent engagement plan via parent workshops using the **Tools For Life Homestart** program. We were able to target three elementary schools with this 4 session module.
- Similarly, we targeted approximately 50% of our elementary schools with a **Tools For Life** introductory session at our Welcome To Kindergarten events. We hope to scale this initiative up this coming school year.
- Our student support services team provided PLC's on mentally healthy classrooms and self-regulation to 5 elementary schools targeting all classroom teachers and the Principal. We have now provided this training to all of our elementary panel and will follow-up with individual school based coaching.
- Our secondary Social Workers have received training in **Brief Intervention for School Clinicians (BRISC)** and **Cognitive Behaviour Therapy (CBT)**.
- Our Trustees received a presentation on our self-regulation and social emotional learning programming in the elementary panel.
- Finally, we started two student led mental health committees. One at secondary and one at elementary. Both of these committees received a half day training on mental health promotion and mentoring.

Areas of Strength

NPSCDSB Staff Self-Assessment of Knowledge, Understanding, and Experience of Youth Mental Health in Schools.

** Information gathered from our Professional Development Survey, June 2017.*



Areas of Strength

Community partnerships that are already in place and functioning well:

- NPSCDSB has a Memoranda of Understanding in place with Hands the Family Help Network.ca to provide school mental health services via a section 23 class that is stationary but draws from all elementary schools, and a mobile system team, which provides service to all elementary schools.
- HandsThefamilyhelpnetwork.ca also provides mobile crisis risk assessment for students presenting with suicide concerns and/or fire setting risk.
- NPSCDSB also utilizes [Community Counselling Centre of Nipissing](#) for addiction services support including assessment and referral to in-patient programming when needed to our secondary students.
- NPSCDSB is also connected to the aboriginal community of service providers [North Bay Indian Friendship Centre](#) and Right Path and invites programming to be offered by those communities in both elementary and secondary settings.

2015-2017:

- In 2015, we developed a partnership with [One Kid's Place](#), Near North District School Board, Nipissing University and the [Children's Aid Society of Nipissing/Parry Sound](#) to deliver a summer program for school readiness. This pilot ran successfully for two summers.
- We have a small working group of partners with Nipissing University, CAS and the four school boards to implement the Joint Protocol for Student Achievement, as well as the community wide Suicide Protocol.
- Additionally, we have a strong working relationship with Conseil Scolaire Catholique Franco-Nord to deliver SafeTALK and ASIST.

Evidence-based programs already embedded in school culture:

- **Coaching Young People for Success** is a well developed program in our board, we have 34 leaders certified to deliver the program and two board trainers. It focuses on skill building around problem solving and setting goals regarding career paths, life goals and school achievement for grade 7-12. It is a good precursor for **Career Cruising** at the secondary level.
- **Tools for Life** will continue to be our focus for training and implementation in elementary this academic year. We have good uptake across most Primary and Early Learning Kindergarten divisions.
- Social emotional learning and bullying prevention are also woven in to Religion and Family Life as students are taught to embody the teachings from Gospel via **Fully Alive** for junior to intermediate students and **Religion and Family Life** for secondary students.
- We have a strong Postvention protocol and **CERT (Critical Event Response Team)**. As well as Professional Development protocols for recertification and 4 board trainers, there is a core team with representatives from each school.
- Principals and some teachers are also trained in Restorative Justice and Tribes which is being offered at the elementary level in some of our schools.
- All Educational Assistants and Teachers receive Behaviour Management Systems Training regularly.
- The board has 4 leaders who are trained in **Rainbows and Sunbeams Primary and Junior/Intermediate group programming related to grief and loss**.

2018-19:

Three Secondary Social Workers offering BRISC/CBT.

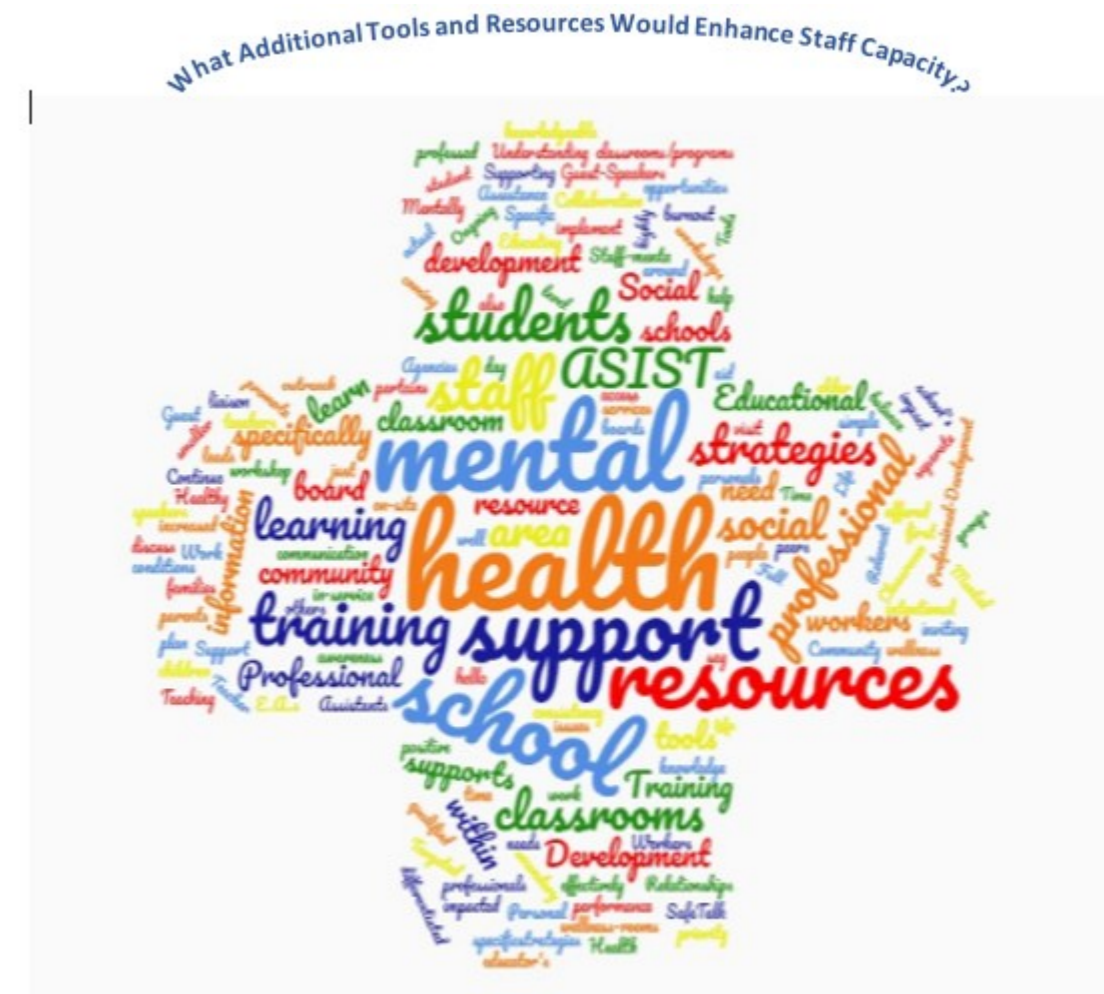
Implementation of Mental Health Promotion and Prevention Programming:

- Clear and well communicated **standard processes** for delivering service to students, including role clarification and follow up. Specifically as they relate to the implementation of our board wide Suicide response Protocol. As well as care for student's with complex needs.
- To continue to coordinate and simplify the process for students transitioning from section 23 classrooms and in-patient programs such as hospitals and treatment centres.
- To continue to develop **broader collaboration** with community partners to solidify pathways of care for students and to coordinate services such as suicide response.
- To Increase the communication (**via a shared language**) among student support services, and between them and school staff/community partners regarding student care. Especially as this relates to standardized screening and assessment for mental health concerns.

- *To reduce stigma in both elementary and secondary schools amongst staff, students and parents via awareness campaigns. Specifically, via evidence based universal approaches.*
- *To encourage peer to peer knowledge transfer of best practices for social emotional learning programming in the classroom and whole school. Specifically as it relates to Tools For Life implementation at elementary.*
- *To support staff in ongoing implementation of current programs and with any new programs being introduced.*

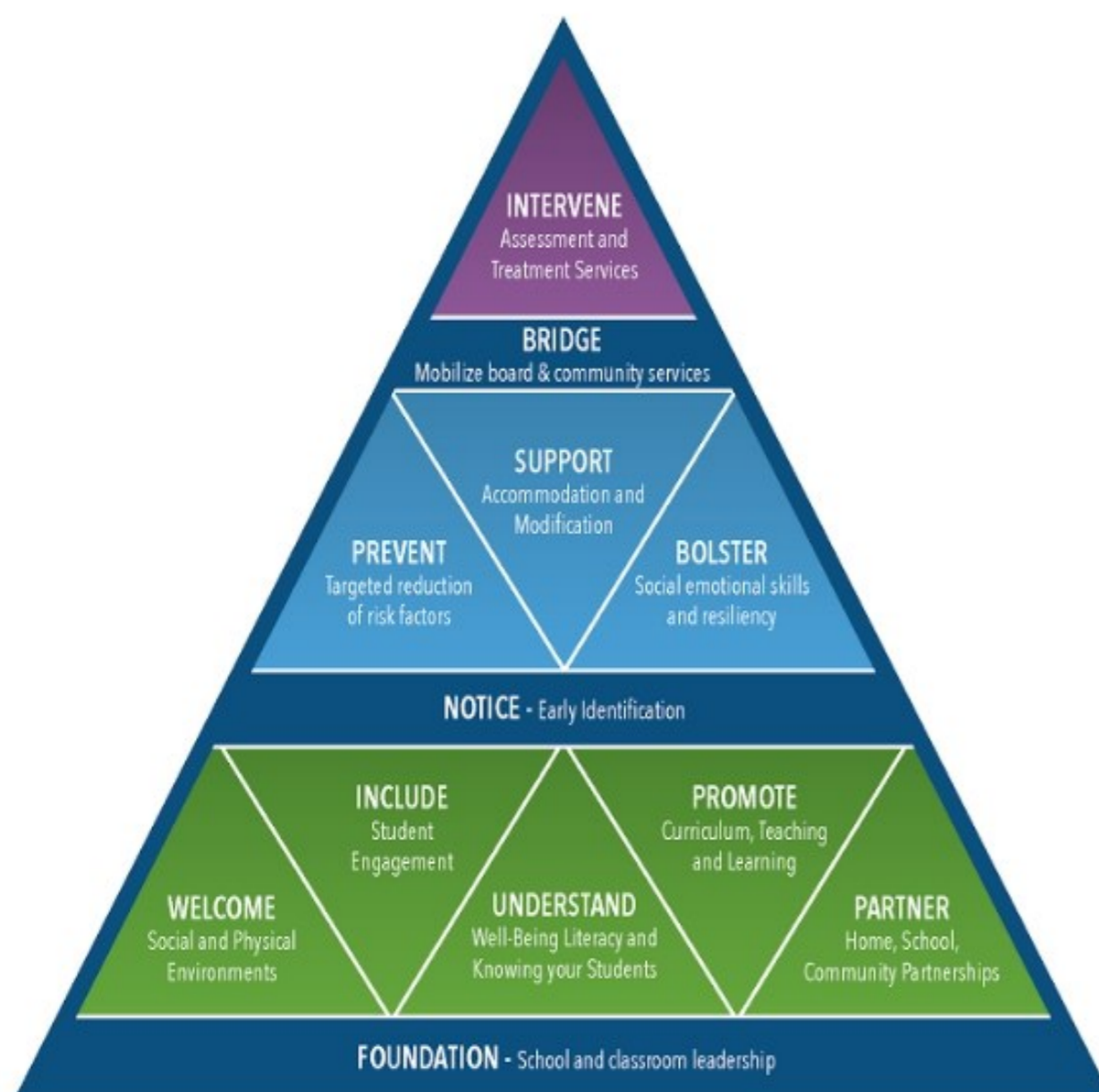
Educator Mental Health Literacy:

- *To Increase mental health and addiction awareness and literacy for administration, school staff, parents and students particularly as it relates The Suicide Response Protocol, anxiety, self-regulation, resiliency and general mental health problems.*
- *To assess learning needs and areas of competencies of school staff especially as they relate to identified areas of professional development need; **anxiety, resilience, self-regulation, mentally healthy classrooms and addiction concerns**. Specifically, **cannabis** knowledge.*
- *To increase the level of expertise for target staff and Student Support Services in assisting students who present with self-regulation needs at school. Specifically, for those in Primary and Junior grades.*
- *To enhance literacy for educators and expertise for clinicians around school engagement strategies that are specific to our complex needs students, those students involved in the care of Children's Aid Societies and our Indigenous families.*
- *Awareness/literacy for our secondary staff in special roles such as Guidance and Student Success around well-being as the corner stone for student achievement, mental health/addiction and pathways to care, as well as transition planning for our students in specialized placements who are moving on to adult services.*



AIM Model with Board Mental Health and Well-Being Service Map

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

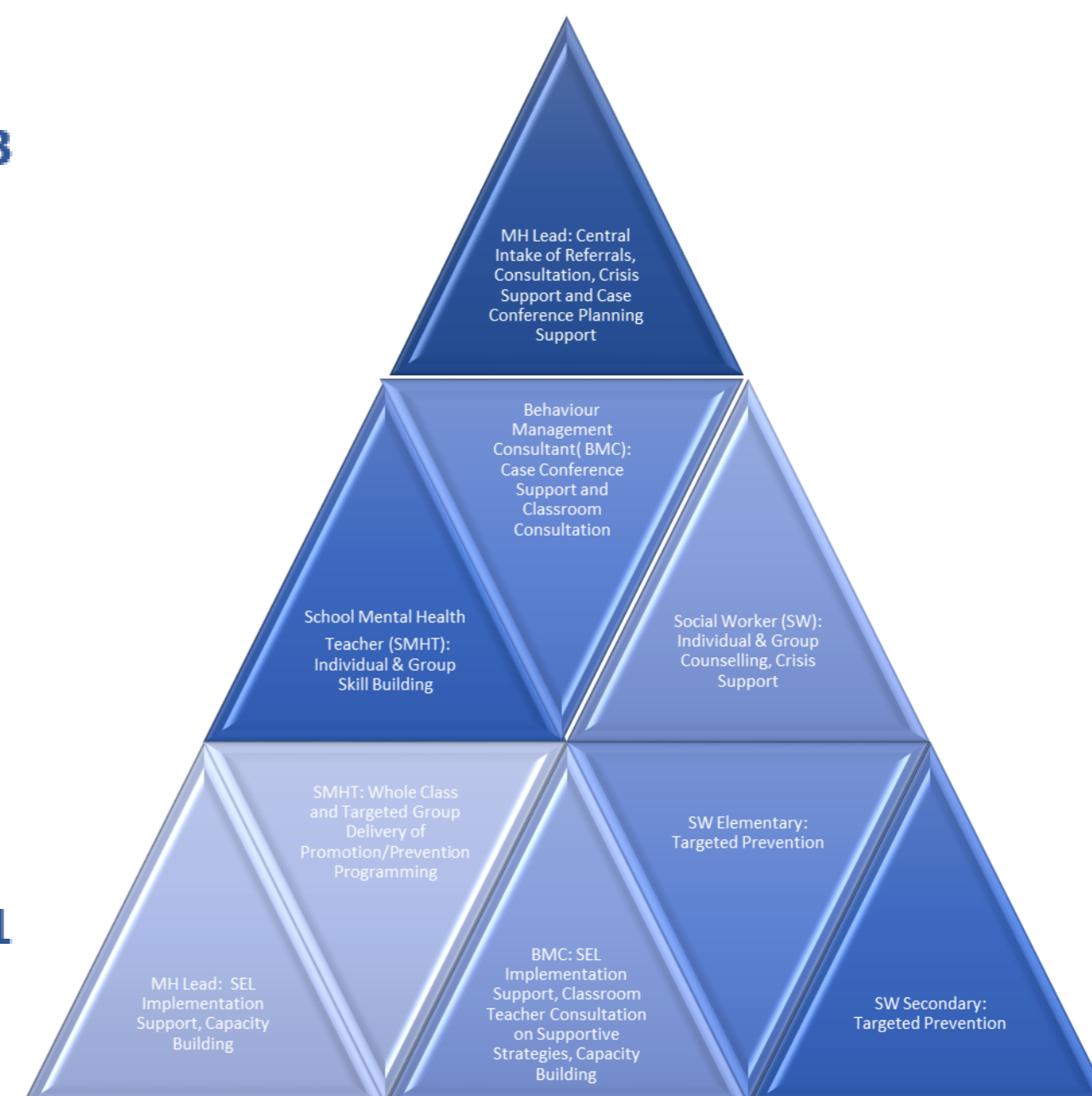


Tier 3



Tier 1

NPSCDSB Mental Health and Well-Being Service Map



Priorities and Goals

Organizational Conditions

1. To encourage the connection between well-being and achievement for all of our board community by ensuring the implementation of our board-wide Mental Health and Well-being Strategy.

Short Term Goal:

Complete and share the Three year Mental Health and Well-being Strategy for 2017-2020. (Fall 2017)

Complete and share our one - year action plan for the 2017-18 school year. (Fall 2017)

Medium Term Goal:

Continue to attend and contribute to Principal meetings, system leadership days and professional development days to ensure the promotion of student well-being and positive mental health remains aligned with all of our board priorities.

Priorities and Goals

Standard Processes

2. To further develop standard processes for school based service delivery to students that includes evidence based practices at all tiers of service delivery.

Short Term Goal:

Create and communicate standard internal service pathways to school staff via service map. (Fall 2017)

Improve communication and foster a team approach to student support services. (Fall 2017)

Ensure ethical service delivery, specifically around our professional services at tier 2 via review of standard procedures for documentation, consent and file storage. (2017-18)

Medium Term Goal:

Continue to meet as a team to discuss service delivery and ensure quality of care.

Engage in standardized screening, assessment and outcome measurements with respect to our delivery of professional Social Work service.

Train SW team and participate in the BRISC pilot project.

Continue to support Principals in their implementation of school wide approaches and promotion via the Decision Support tool and coaching when appropriate.

Priorities and Goals

Broader Collaboration

3. Ensure that our standardized internal referral processes are aligned with service pathways outlined by our existing community agencies to ensure continuity of care and seamless access for our students and families.

Short Term Goal:

Develop clear pathways for students transitioning back to our classrooms from Section 23 programs and other in-patient settings. (Fall 2017)

Implement the Joint Protocol for Student Achievement (Fall 2017).

Implement The Suicide Prevention, Intervention and Postvention Protocol for Elementary and Secondary Students. (Fall 2017)

Long Term Goal:

Review existing MOU'S with community partners to assess for strengths and challenges. (ongoing)

Participate with the clarification of service pathways with our community mental health agency. (ongoing)

Train target school staff on Strengths and Difficulties Questionnaire (SDQ) as a support to the referral process for MH services. (Winter 2018)

Priorities and Goals

Building Capacity

4. Improve well-being/mental health literacy for school-based teams, especially as it relates to building relationship, self-regulation skills and resiliency.

Short Term Goal:

Use board scan and survey data from staff to assess learning needs and areas of competencies, specific to mental health and addiction, for specific audiences. *(summer 2017)*

Create an ASIST training plan for targeted groups in line with the implementation of the board approved suicide protocol. *(Fall 2017)*

Work with senior administration to target training opportunities for the upcoming school year including system wide PD day. *(Fall 2017)*

Medium Term Goal:

Improve literacy for Principals on creating and maintaining mentally healthy classrooms and encourage knowledge transfer to front-line teams. *(2018-19)*

Long Term Goal:

Increase awareness for all staff including support staff in suicide prevention and response via Safe Talk workshops.

Increase literacy for teachers in self-regulation in ELK/Primary

Expertise training and support for target staff and Student Support Services in BRISC, self regulation etc., anxiety and Tools for Life.

Increase literacy in secondary in suicide awareness, resilience, anxiety and addiction. *(2018-2019)*

Priorities and Goals

Evidence-Based Mental Health Prevention/Promotion and Supporting Specific Populations

5. Support the continued use of effective evidence informed programs in all of our schools for mental health/addiction promotion and prevention. Especially as it relates to special populations.

Short Term Goal:

In collaboration with all four of our regional boards and the district health unit, develop mental health and addiction promotion/prevention plan for fall/winter 2017 including presentations and written material for both elementary and secondary audiences. (Summer 2017)

Develop a coaching schedule for ongoing support for classroom teachers in the *Tools for Life* implementation at elementary. (Fall 2017)

Revisit the Decision Support Tool for Principals to encourage appropriate vetting of programming delivered by outside community partners. (Fall 2017)

Medium Term Goal:

Assess use of Coaching Young People for Success among 34 staff trained. (2018)

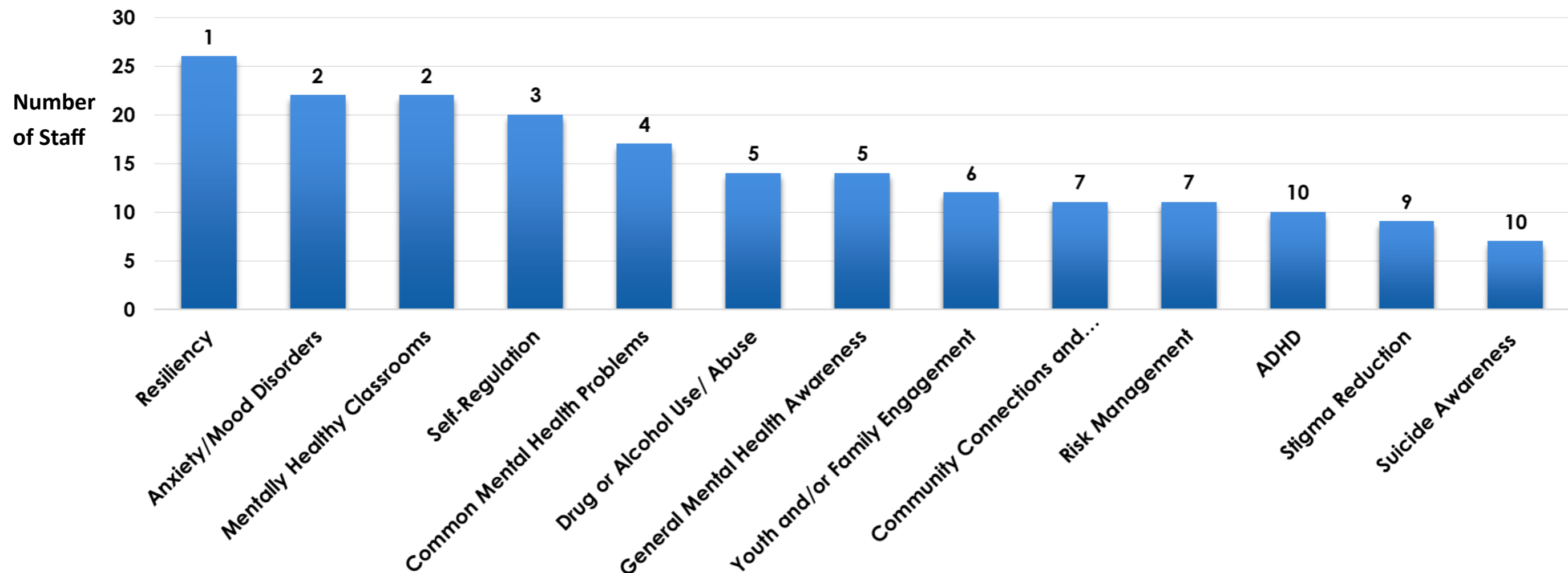
Trouble shoot implementation strategies for *Tools for Life* and provide training where needed. (2018)

Long Term Goal

Monitor outcome measures of current programming via their impact on students' reduction of need for MH services at Tier 2 and 3, increased school engagement and achievement. (2019/2020)

Priorities and Goals as Indicated by NPSC Staff

NPSCDSB Staff Engagement and Feedback Survey (June 2017): This graph represents responses from 52 staff and captures areas of priorities and focus for school mental health as ranked by staff members 1-10.



Desired Area of Focus For Upcoming Professional Development

| Priority Areas/Strategic Themes | Rating from Board Scan/ Rationale | Key Activities | Needed Resources | Timeline | Responsibility |
|---|--|--|---|-------------|--|
| Organizational conditions | | | | | |
| 1. To encourage the connection between well-being and achievement for all of our board community by ensuring the implementation of our board-wide Mental Health and Addiction Strategy. | Full Implementation This continues to be a shared priority for our entire board community. As a smaller board community we capitalize on our close connections throughout our leadership teams to support and implement our strategy. | <ul style="list-style-type: none"> Continued attendance at Principals meetings, system leadership days and professional development days to ensure that the promotion of well-being remains aligned with all of our board priorities. Continue to utilize our school leadership team as support for feedback on the strategy as leaders in knowledge transfer to school staff. | <ul style="list-style-type: none"> Attendance and time on the agenda at Principal meetings, Leadership days and PD days where appropriate. Currently well-being and mental health is a standing agenda item on monthly Principals meeting. | Ongoing | Mental Health Lead will continue to work closely with Senior Administration to allow for open and timely communication around appropriate ways to make links between well-being promotion and other board priorities. |
| 1b. To develop a standard process to survey stakeholders to inform future strategy and work plans. Including, students, parents, staff and community partners. | Exploring This has been an item of discussion and currently is being done informally to some degree via connection with Parent Involvement Committees (PIC) and The Special Education Advisory Committee (SEAC). | <ul style="list-style-type: none"> Meet with relevant board personnel regarding appropriate survey development and dissemination, including senior administration, IT and communications. Develop a model for a standard practice of gathering desired data. | <ul style="list-style-type: none"> Time to meet with appropriate staff. Support from Senior Administration on the direction of this goal. | Winter 2019 | Mental Health Lead will discuss this goal with senior administration to assess the best strategy to move from exploring to introducing. |
| 2. To further develop standard processes for school based service delivery to students. Including the consistent screening, assessment and measurement of outcomes. Pilot using BRISC at secondary as an intake tool to encourage evidence based outcome measurement. | Partial Implementation Our board is committed to ongoing evaluation of our school based interventions. Our Social Work (SW) team has been utilizing both the "Strengths and Difficulties Questionnaire" (SDQ) and "The Gain", over the last academic year with some consistency. Further implementation is required. | <ul style="list-style-type: none"> Introduce the SDQ screening tool to resource teachers and Principals as a tool to accompany the referral to Student Support Services at the elementary level. Support the SW team to consistently use The Gain as an assessment tool. Support the use of "Brief Interventions for School Clinicians" (BRISC) at Secondary as the pilot evolves. Support Pre and Post measures with front-line mental health services. | <ul style="list-style-type: none"> Time on the Principal meeting agenda and the Classroom Resource Teacher meeting at the beginning of the school year to introduce the SDQ. Regular meetings with the SW team to ensure implementation of consistent assessment and measurement. Access to online versions of the SDQ and The Gain. | Fall 2019 | Mental Health Lead to support the training needs of both school teams and Student Support Service team in screening and assessment practices. Mental Health Lead to oversee the ongoing implementation of measurement of student outcomes with respect to mental health interventions. |
| 2b. To encourage the use of shared language via a standardized way of disseminating mental health/well-being information to staff and families. | Exploring Mental Health Lead has had informal meetings with the board communications officer to discuss this as an area of need. | <ul style="list-style-type: none"> Meet with the board communications officer to discuss relevant information to be shared with respect to mental health and well-being to specific audiences. Offer support in the development of a folder on newly developing intranet portal. | <ul style="list-style-type: none"> Time to meet with the board communications officer. Time to organize desired material on mental health and well-being in the appropriate format for sharing. | Winter 2020 | Mental Health Lead to schedule time with communications officer and Superintendent to decide on a strategy for organization and sharing of information via the intranet. |

| Priority Areas/Strategic Themes | Rating from Board Scan/Rationale | Key Activities | Needed Resources | Timeline | Responsibility |
|--|---|---|--|-----------|--|
| 3. Broad collaboration within the board and with our community partners to clarify service pathways for students and families to, from and through mental health services. | Partial implementation We have made great gains with respect to our MOU's with the LHIN MHAN role and our Children's Mental Health service provider with respect to transitions. More work is required to consistently ensure continuity of care for our families. | <ul style="list-style-type: none"> • Collaboration with Special Education leaders, school staff and community partners to develop a clear process to facilitate the transitions and follow up process for students who are transitioning from section 23 classrooms, and other in-patient settings. • Communication of this process to school staff. | <ul style="list-style-type: none"> • Support from senior leadership to formalize these processes. • Time for committee meetings and support for ongoing protocol development and implementation. | Ongoing | Mental health lead, LHIN nurse, senior administration, Children's Mental Health providers and Special Education leaders will continue to discuss process for transitions. |
| 3b. To develop engagement opportunities and process for student collaboration and youth voice partnership to inform future strategy and work plans. Scale up our newly developed | Initial Implementation Currently, student's have opportunities to provide feedback on School Climate Surveys and in some forum sessions offered at Secondary. This initiative would identify potential avenues for student feedback and student voice regarding mental health initiatives, supports and overall well-being. | <ul style="list-style-type: none"> • Assessment of current Intermediate and Secondary levels of student involvement initiatives. • Explore opportunities to develop and implement a student voice initiative, in order to build student involvement. For instance, the creation of a Wellness Hub at Secondary. • Develop opportunities for feedback and evaluation of any new initiatives. | <ul style="list-style-type: none"> • Support from school-based administration and leadership team. • Time for Student Support Services Team to review school identified needs and to meet with Principals and school staff to develop engagement strategy. • Time and resources to develop a pilot model and complete student outreach. | 2019-2020 | Mental Health Lead and Student Support Services Team, Principals and school staff to develop engagement strategy. |
| 3c. Improve, develop, and support opportunities for parent engagement in school mental health promotion, to inform work plans and promote a community wide approach to well-being. | Initial Implementation Currently the board communicates and partners with Parent Involvement Committee (PIC). This initiative supports community/parent involvement in school mental health promotion, prevention, and intervention and can facilitate opportunities for Information sharing, feedback, and evaluation. | <ul style="list-style-type: none"> • Continue collaboration with (PIC) to deliver educational opportunities and information sharing around school mental health. • Continue to explore opportunities to develop and implement a mental health and well-being parent engagement initiative such as a mental health evening for families. • Utilize feedback from our school based equity/well-being assessment walks to improve our families experience in our school buildings. • Continue to offer well-being information at our welcome to kindergarten sessions. | <ul style="list-style-type: none"> • Time, opportunity, and access to PIC committee meetings and members. • Time and space to create and deliver informational workshops or parent outreach events. • Time, space, and opportunity to collaborate with Principals, and senior administration on parent engagement and feedback opportunities. | 2019-2020 | Mental Health Lead, Student Support Services Team, Principals, senior administration and PIC members to discuss and co-ordinate areas of learning needs and opportunities for sharing. |

| Priority Areas/Strategic Themes | Rating from Board Scan/Rationale | Key Activities | Needed Resources | Timeline | Responsibility |
|---|--|--|---|-----------------------|--|
| Implementation of Evidence Based Mental Health Promotion and Prevention Programming. | | | | | |
| 4. To support the continued use of effective evidence informed programs in all of our schools for mental health/addiction promotion and prevention. Especially as it relates to specific populations with unique needs and cannabis prevention. | <p>Partial Implementation</p> <p>There are several key areas of focus within this strategic theme. We are at partial implementation of all of our programming with positive outcomes to date.</p> <p>Further implementation and scale up in all programming is the goal for this strategy.</p> | <ul style="list-style-type: none"> To continue the scale up of Tools For Life in all of our elementary schools. To provide both system and peer to peer coaching to educators and Principals on class-wide and whole school implementation. Partner with our local health unit to offer awareness and literacy around cannabis. | <ul style="list-style-type: none"> Release time for teachers as needed for training. Time at PLC's and/or school based staff meetings. Creation of a coaching schedule. Training dollars as required to support ongoing knowledge transfer. | Fall 2019-winter 2020 | Mental Health Lead will continue to work closely with senior administration, school leadership, student support services and our newly trained teacher champions to further wide spread implementation. |
| | <p>Partial Implementation</p> <p>This is an ongoing priority with respect to continued use of evidence-based interventions for our students.</p> | <ul style="list-style-type: none"> Assess use of Coaching Young People for Success (CYPS) with the 34 people we have trained. Continue to offer EB interventions such as Friends for Life/Peers. | <ul style="list-style-type: none"> Release time and training dollars. CYPS kits for those trained. Allotted time to interview trained staff. | 2017-2020 | Mental health lead and senior administration to collaborate with community partners to provide additional training as required. Mental Health Lead, with the support of Student Support Services team will continue to provide EB interventions to students as needed. |
| | <p>Introducing</p> <p>This is a new project that is developing over the summer of 2017 with an expected launch in winter 2017.</p> | <ul style="list-style-type: none"> Develop mental health and addiction promotion plan for fall/winter 2017 including presentations and written material for both Elementary and Secondary audiences. Revisit The Decision Support Tool for Principal to ensure quality, evidence-based information is provided in schools. | <ul style="list-style-type: none"> Access to current best practice programs for universal promotion and broad collaboration with our newly formed committee. Members include, North Bay District Health Unit and all four regional school boards. A Calendar of selected events. Slide decks and promotional material. | Fall 2019 | Mental health lead to utilize summer months to collaborate with senior administration and community partners on plan for universal programming. |
| | <p>Partial Implementation</p> <p>This is an ongoing priority to ensure evidenced-based programming for this specific population of secondary students at risk for disengagement from school.</p> | <ul style="list-style-type: none"> To successfully monitor the outcomes of the second year pilot project for our at risk Secondary students, the WELL project. | <ul style="list-style-type: none"> Time to meet with the Secondary team, including student success to ensure appropriate programming and outcomes are being measured. | Fall 2019 | Mental Health Lead to oversee continuation of mental health programming as it is linked to the curriculum for this program, with the support of the other committee members, including school leadership, educators, guidance and student success. |

| Priority Areas/Strategic themes | Rating from Board Scan/ Rationale | Key Activities | Needed Resources | Timeline | Responsibility |
|--|--|---|---|--------------------|--|
| Building Capacity | | | | | |
| 5. To improve mental health/addiction awareness and/or literacy for all members of our board community in an effort to build capacity for early identification/intervention and reduce stigma. | Partial Implementation This continues to be an area of focus for our strategy and the key activities are aligned with the survey data we received from respondents as it relates to professional development needs. | <ul style="list-style-type: none"> To improve well-being/mental health literacy for school based teams, especially as it relates to building relationship and self-regulation skills in our ELK, Primary and Junior settings. Provide training to educators in special roles, such as resource, guidance and student success to support early identification at secondary. | <ul style="list-style-type: none"> Release time for teachers and Principals. Time for planning and Implementation of a strategy for further training. | Winter 2020 | Senior Administration and Mental Health lead will collaborate with Student Support Services staff to offer targeted training to this population. |
| 5b. To improve board wide understanding of suicide via introduction of the board approved Suicide Response Protocol and wide spread targeted training in suicide response strategies via, Safe Talk and ASIST. | Partial Implementation Many trainings have taken place with a targeted plan in place for the upcoming academic year. | <ul style="list-style-type: none"> Mental Health Lead will collaborate with trainer from Conseil Scolaire Catholique Franco-Nord to offer targeted suicide awareness and skills training for Principals and Resource Teachers in Elementary and Vice Principals in Secondary settings. To collaborate with Franco-Nord to provide Safe Talk to all staff including support staff. | <ul style="list-style-type: none"> Release time and funds for ongoing training requirements. Material kits for all participants. | 2017-2020 | Mental health lead will collaborate with Franco-Nord personnel to coordinate a training calendar for both boards in both ASIST and Safe Talk. |
| 5c. To improve literacy for Principals on creating mentally healthy classrooms and encourage knowledge transfer to front-line school teams throughout the school year over multiple contacts. | Introducing This is our next step in supporting school based leadership in weaving the connection between mental health and well-being with academic achievement. | <ul style="list-style-type: none"> The creation of smaller modules of the SMH Ontario mental health modules, so that they can be delivered by the Principal at school based PD days and/or staff meetings. | <ul style="list-style-type: none"> Ongoing time for training of the Principal group at PD days and meetings. Time to produce usable smaller slide decks of information that could be shown to staff at school based staff meetings. | Winter-Spring 2020 | Mental Health Lead will collaborate with Principal group and senior administration to discuss appropriate means to receive this information so that it is user friendly for ongoing use at the school level. Mental health lead will organize possible presentation times with Principals and put together brief presentations that can be delivered over multiple contacts. |

| Priority Areas/Strategic themes | Rating from Board Scan/ Rationale | Key Activities | Needed Resources | Timeline | Responsibility |
|---|--|--|--|----------|--|
| Building Capacity | | | | | |
| 5d. To support ongoing knowledge and practice for Intermediate and Secondary educators with respect to understanding mental health and well-being as the foundation for student achievement. | Partial implementation Training in these specific areas is supported by staff survey data and student presentation. | <ul style="list-style-type: none"> Targeted training for intermediate and secondary staff on resiliency, anxiety and general mental health problems as per survey data on professional development need in this educator group. Co-creation of a training plan with the Principals and administration to offer face to face training and ways to provide additional resources that are relevant to the classroom. To Continue to use PD days, Leadership days and other venues to access this educator group. | <ul style="list-style-type: none"> Relevant training modules from SMH Ontario. Release time as required. Time at meetings and PLC opportunities. | 2019-20 | <p>Mental health lead and Special Education leaders to coordinate PD schedule for EA's and other support staff as appropriate.</p> <p>Mental Health Lead to work with Principal group to assess, identify and implement appropriate training modules and resources to this educator group.</p> |
| 5e. To Build capacity and to encourage the use of a shared language between school and home through parent engagement and training opportunities in our most utilized mental health promotion and prevention programming. | Initial Implementation We have offered several venues for joint learning with our families at both elementary and secondary via, PIC evening and our annual carousel evening. | <ul style="list-style-type: none"> Targeted training modules for parents in Tools For Life for our elementary families. Continued work with PIC and SEAC to ensure we are offering learning opportunities that are relevant and timely. | <ul style="list-style-type: none"> Access to appropriate training modules and funds to purchase resources. Time on committee meeting agendas. Continued opportunity to plan and develop calendar of events. | Ongoing | Mental Health Lead will work closely with school leadership and senior administration, as well as parent committees to assess and implement relevant learning modules at a variety of events over the academic calendar. |

| Priority Areas/Strategic themes | Rating from Board Scan/ Rationale | Key Activities | Needed Resources | Timeline | Responsibility |
|--|---|---|---|----------------|--|
| Supporting Specific Populations | | | | | |
| 6. To build capacity for our board community to support the mental health, well-being and achievement for our students whom may present with additional risk factors and challenges. | Partial implementation We have identified several student groups where research supports additional targeted programming and intervention in order to promote their success. | <ul style="list-style-type: none"> Targeted training for our school based teams in early identification and intervention for our early years students. Whole class SEL training and programming for ELK and Primary educators via Tools For Life. | <ul style="list-style-type: none"> Release time for educational staff for training. Funding for class room kits for Tools For Life. Time to provide coaching via our Student Support Services Team and our Tools for Life champions. | Fall 2017-2020 | Mental Health Lead to support training and implementation practices with the support of our system train the trainer team. |
| | Exploring This is identified as an area of need for our board community but is still in the exploring phase. | <ul style="list-style-type: none"> Seek out training opportunities for target staff in supporting students identified with Fetal Alcohol Syndrome. | <ul style="list-style-type: none"> Training opportunities, release time and funding for training and resources. | Winter 2020 | Mental Health Lead will continue to explore this is a subject area for training and development. |
| | Exploring This continues to be a priority for our board community and an ongoing area of development. | <ul style="list-style-type: none"> To further develop collaboration and joint learning with our First Nations Advisory Committee to identify the needs of our Indigenous students and families to ensure meaningful support and programming. | <ul style="list-style-type: none"> Attendance at meetings with our First Nations community partner agencies . Encourage participation for such partners at other relevant tables, such as our Crown Ward Education Championship Committee (CWECT). Training opportunities for culturally meaningful practices. | 2019-20 | Mental Health Lead will continue to explore opportunities for collaboration and learning from our First Nations families and community partners. |
| | Partial Implementation Our CWECT table has been active for numerous years with a solid support network of community partners. The Joint Protocol for Student Achievement (JPSA) is a new initiative set to be launched in the fall 2017. | <ul style="list-style-type: none"> To work in collaboration with our local Children's Aid Society and community partners to roll out our Joint Protocol for Student Achievement for children in the care of the Children's Aid Society . Continued work with our community CWECT table to work toward improved educational outcomes for children in care. | <ul style="list-style-type: none"> Continued chair role for the CWECT table. Continued collaboration opportunities with community partners to role out the JPSA. | ongoing | With the support of Senior Administration, Mental Health Lead will continue to work with our local community members at the committee level as chair of the CWECT committee. |

| Priority Areas/Strategic themes | Rating from Board Scan/ Rationale | Key Activities | Needed Resources | Timeline | Responsibility |
|---|---|--|---|-------------------|---|
| Enhancing System Coordination | | | | | |
| 7. To ensure that our standardized internal mental health and well-being processes and pathways compliment those outlined by our existing community agencies to ensure continuity of care and ease of access for our students and families. | Partial Implementation Much of the groundwork has been done to create alignment in several areas. This upcoming strategy will focus on implementation of those projects and processes worked on in 2016. | <ul style="list-style-type: none"> Implementation of our board approved Suicide Response Protocol in alignment with our community wide suicide protocol. | <ul style="list-style-type: none"> Identified protocols for working together as a community in our suicide response. Support to the implementation of that community plan. Broad implementation of our Internal board response protocol. | Fall 2017-ongoing | With support from senior administration, Mental Health Lead will continue work with the community suicide prevention committee and launch our board approved Suicide Response Protocol. |
| | | <ul style="list-style-type: none"> To continue with representation on community Gateway Mobilization HUB table to encourage coordinated response to families in need in our community. | <ul style="list-style-type: none"> Support from our board community to bring referrals to the HUB forward and to assist as needed in HUB interventions and follow up. | Ongoing | With support from Senior Administration, Mental Health Lead will continue to represent the board at the community Hub table. |
| | | <ul style="list-style-type: none"> To work with our Children's Mental Health Agency to clarify service pathways via participation on The Pathways Committee . | <ul style="list-style-type: none"> Support from Senior Administration to continuing with our pathways development committee and participation at the Children's Mental Health Planning Table. | Ongoing | With support from Senior Administration, Mental Health Lead will continue to participate as appropriate at both of these identified committee tables . |
| 8. To ensure that we are using best practices in youth, parent and family engagement to ensure that our programming and interventions are focused on keeping the student at the centre. | | <ul style="list-style-type: none"> Continue to grow our student led mental health committees both at secondary and elementary. Continue to utilize these committees to bring student voice to planning and to have students be an active part of our capacity building with educators. | <ul style="list-style-type: none"> Meeting time with students. Funds for engagement strategies such as providing lunch or snacks for students and parents. Engagement from school leadership to implement the recommendations. | ongoing | With support of our school leadership teams and senior administration. Mental health Lead will continue to be an adult coach on our student engagement teams. |

NPSCDSB 2017-2020 Mental Health and Well-Being Strategy Contributors

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|---------------------------|------------------------------------|
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*A Special thank-you to all of our Elementary and Secondary Principals and Vice-Principals, our Student Success Lead and our Student Support Services Team for their contributions and ongoing dedication to the implementation of this strategy.

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