The Waterloo Region District School Board Mental Health Strategy

The Waterloo Region District School Board (WRDSB) recognizes the clear relationship between student mental health problems and academic difficulties. We know that mental wellness is a condition for learning. “Mental health problems are emotional, behaviour and brain-related difficulties that may have a negative impact on students’ well-being and interfere with their functioning at school, at home and relationships with family and friends may be affected. A mental health problem that is severe, persistent and causes impairment in daily life is called a mental health disorder or mental illness. It is helpful to think of mental health as occurring along a continuum” (Leading Mentally Healthy Schools. School Mental Health ASSIST, p. 15).

When we attend to student wellness in our school system and within our classrooms, students have a greater opportunity to reach their academic and social emotional potential. We also know that when students are struggling with mental health issues, it often can lead to behaviour that can disrupt learning and social emotional growth. It estimated that nearly 1 in 5 Ontario children under the age of 19 experiences a mental, emotional or behavioural disorder that is severe enough to seriously affect their daily functioning at home, school or within the community. (Ontario Child Health Study: Six-Month Prevalence of Disorder and Rates of Service Utilization Co-authored with Boyle, M.H., Szatmari, P., Rae-Grant, N.I., Links, P.S., Cadman, D.T., Byles, J.A., Crawford, J.W., Munroe Blum, H., Byrne, C., Thomas, H. and Woodward, C.A. in Archives of General Psychiatry, 44:832-836, 1987). Of those 1 in 5 children who are struggling with mental health issues, only 20% are receiving help. Yet research shows that early diagnosis and treatment lead to better outcomes for children later in life. Schools have a unique opportunity to build awareness and literacy with staff on the signs and symptoms of student mental health problems and to provide the language, resources and pathways to further care, assessment and treatment in the community for students and their families.

In 2013, the Ministry of Education, as part of the 10 year, cross ministerial Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions
*Strategy*, provided funding to the WRDSB to support a Mental Health Leader who is tasked with creating and enacting a Board Mental Health Strategy, coordinating educator capacity-building initiatives, and implementing appropriate research-based programs and strategies. The WRDSB attends to student wellness by using evidence based practices to promote universal awareness, mental health literacy and prevention as well as developing expertise for effective intervention.

**Principles of the Mental Health Strategy**

The Mental Health Strategy:

- Aligns with the Board Improvement Plan for Student Achievement Synopsis, Board Strategic Plan and Ministry of Education initiatives.
- Demonstrates commitment from and influences all levels of the Board and across all departments
- Is collaborative in its creation and implementation and includes the voice of all stakeholders including staff, trustees, parents/guardians, students, community service agencies and the community
- Uses implementation science, including evidence based practices, professional development and training, evaluation and quality assurance, in its delivery, uptake and review
- Values professional development for all staff regarding mental health
- Adopts the Tiered Support in Systems of Care approach (see next page/below)
The WRDSB has adopted the Tiered System of Care Approach framework for the Mental Health Strategy. It demonstrates the focus and role of school districts and community mental health service providers.

The majority of the school board’s focus and resources regarding mental health should focus on supporting universal evidence-based mental health promotion, social emotional learning, (reduce stigma, build student social-emotional learning skills) whereas the community’s major focus is on providing evidence based clinical intervention (treatment, crisis response for self-harm and suicidal ideation).

Both the community and school district spend about the same amount of time engaged in targeted evidence based prevention (prevent mental health problems in high risk groups, identify students in need).
The arrows and dotted lines between these two triangles indicate the fluidity between schools and the community mental health services specifically for a student as well as in the planning and delivery of services in schools for overall student wellness. The WRDSB acknowledges the importance of having positive, collaborative relationships with our community service partners, where there are clear communication protocols, roles and pathways so that students and families receive effective service and support. The WRDSB also understands their role in supporting a student with mental health concerns such as providing relevant and effective accommodations, support, and a compassionate response.

The top priorities for the WRDSB 3 year Mental Health Strategy as identified by all stakeholders in the survey include:

**Tier 1: Universal Mental Health Promotion**

- **Review and select classroom wide social emotional learning (SEL) programs.** SEL programs assist students to manage stress, develop adaptive coping strategies, develop conflict resolution and healthy relationships skills as well as learn self-regulation strategies. These concepts can be embedded into daily classroom life as well as potentially the curriculum. Research clearly demonstrates the connection between social emotional learning and academic, work and emotional success later in life.

- **Create professional development for Board staff/teachers on mental wellness and signs of mental health problems.** Teachers are asking for more information on this! They want to improve their knowledge on this as well as to better learn how to approach a student and/or family/guardian regarding concerns they may have observed about the student’s mental health. Teachers and school staff also want more information on the pathways to and referral process for community services. Year 2 and 3 of this strategy assists the WRDSB with attending to the needs of our more vulnerable students.
Tier 2: Targeted Prevention for Students at Risk

- Implement a targeted prevention program for students at risk for suicide ideation and self-injury. This includes creating and implementing a suicide and self-injury protocol as well as reviewing Board and community capacity (i.e., suicide response, increase student suicide prevention literacy and awareness). As in Tier 1, Year 2 and 3 of this strategy also assists the WRDSB with attending to the needs of our more vulnerable students.

Tier 3: Intervention

- Increase collaboration with community services in order to create better pathways, including information about access criteria and how to make referrals. The WRDSB recognizes that we need to work closely and collaboratively with our community partners as none of us can do this work alone. The concepts in the saying: “It takes a village to raise a child” applies here.

- Review existing Board and community based interventions/services in schools to ensure student mental health needs are met. The WRDSB, along with our community service partners, will continue to look at gaps in services and resources to make sure that the right services are in the right schools at the right time to the right students.

- Next Steps for the Implementation of the Mental Health Strategy in 2014-15:

1. Provide structure in the form of a system mental health committee to support implementation of the Mental Health Strategy and ensure alignment with other system strategies and priorities.

2. Generate further implementation details for each priority in conjunction with the system mental health committee.
3. Create mental health committees within each school that potentially integrate with the Safe, Caring and Inclusive Schools’ committee.

4. Develop an effective communication plan for the Mental Health Strategy.

5. Ensure monitoring, evaluation and feedback is embedded into implementation.