OUTCOME MONITORING REPORT

Mental Health and Addiction Strategy

PURPOSE:
Outcome Monitoring Reports are provided to trustees at regular intervals as part of the Halton Catholic District School Board’s role in overseeing schools and system operations through the Policy Governance Model. This report is the first in a series of Mental Health and Addictions Strategy monitoring reports that will come to the Board over the course of the next three years.

Outcome Monitoring Reports support effective governance by providing evidence and information that:
- monitors progress towards the outcomes identified in the Board’s multi-year strategic plan, based on key indicators;
- supports discussion between staff and the Board of Trustees to assess progress, understand obstacles and impediments, and celebrate success;
- demonstrates accountability and transparency by reporting on results, both internally and externally; and
- fulfills the Board’s statutory obligation to report annually to the community and stakeholders on the School Board’s progress.

BACKGROUND INFORMATION:
The development and implementation of the Board’s Mental Health and Addiction Strategy is mandated by the Ministry of Education and School Mental Health Assist as part of a five year plan to address student mental health and addiction. In 2011 the first cohort of school boards were identified by the Ministry of Education to receive funding to hire Mental Health Leaders. 2013 represented the final year of the Ministry’s commitment to provide this funding to all school boards in Ontario. In August 2013, the Halton Catholic District School Board received funding to hire our Mental Health Leader, who’s role it is to develop and implement the Board’s Mental Health and Addiction Strategy.

The Mental Health and Addiction Strategy will be developed with guidance from School Mental Health Assist, in collaboration with our Research Department and with the support and direction of Senior Administration, school staff, the community, students and parents.

Between September 2013 and March 2014, we conducted a Board Scan and a Resource Mapping of our system to identify areas of concern with regard to student mental health. The Board Scan was completed at the senior level (Trustees, Supervisory Officers, Principals and Vice Principals). The Resource Mapping was completed by front line staff.

In addition staff and students completed the Tell Them for Me (TTFM) student survey. TTFM is an online school evaluation system, developed at the University of New Brunswick. It’s surveys are comprised of
research-based school survey measures that were carefully designed and tested, often using a series of questions per measure. Responses to the measures are then provided online through a number of dynamic reporting tools, giving members reliable and valid data in a timely manner on factors known to affect student outcomes.

Topics covered by the TTFM student survey measures include bullying, social, institutional and intellectual engagement, risky behaviours, physical activity, emotional health, academic outcomes, school context, quality instruction, family context, demographic factors, and many more. TTFM is completely anonymous and helps our Board to identify and ensure the inclusivity of minority or ‘at-risk’ groups. Exploring TTFM data allows the Board to target our interventions and celebrations where most appropriate, giving all students the best chance of a healthier, happier and more positive outcome.

**Remarks:**

We are currently developing a draft of our three year Mental Health and Addictions strategy, which the Board is required to provide to the Ministry of Education in June 2014. The strategy will be a working and fluid document over the next three years.

**Conclusion:**

The Board is developing a draft three year strategy for student Mental Health and Addictions. Over this time, the Mental Health Leader in collaboration with the Research Department will review and evaluate existing evidenced based programs to ensure that the identified needs of our students are being met. In addition, we will develop and implement new programs and review existing programs, which have not yet been used by our Board, with a view to identifying which programs would be suitable to meet our student needs. Finally, we will continue to survey our students, parents, staff and community to ensure that we are making gains in improving our students’ mental health.

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Desired Outcome: Students are supported by a comprehensive mental health strategy

The Board Improvement Plan for Student Achievement (BIPSA) identifies a priority of “developing and communicating a comprehensive student mental health strategy; support initiatives that build awareness, understanding and capacity for timely support, intervention and referral.”

Mental Health is defined by the World Health Organization as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.” (WHO, 2010). Social/Emotional well-being refers to the way a person thinks and feels about themselves and others. It includes being able to adapt and deal with daily challenges while leading a fulfilling life (Denham et al, 2009; Humphrey et al, 2010).

Indicator—Students with Moderate to High Levels of Anxiety

This indicator from the Tell Them From Me (TTFM) student survey measures students who are experiencing moderate to high levels of anxiety. Students reporting anxiety have intense feelings of fear or worry about particular events or social situations.

- 19 percent of HCDSB students in Grade 4 through 6 reported moderate to high levels of anxiety (Canadian norm: 16%)
- 21 percent of HCDSB students in Grade 7 through 12 reported moderate to high levels of anxiety (Canadian norm: 18%)
- Students’ level of anxiety peaks in Grade 9 with 24 percent of students reporting moderate to high levels of anxiety.

Looks Like: frequent nervousness or worry; difficulty coping with a new situation or challenge; physical symptoms (restlessness, sweating, blushing, tense muscles, upset stomach; sleeplessness, etc.).

Indicator—Students with Moderate to High Levels of Depression

Students with moderate to high levels of depression is an indicator of the TTFM student survey which measures students who experience prolonged periods when they feel sad, discouraged, and inadequate.

- 18 percent of HCDSB students in Grade 7 through 12 reported moderate to high levels of depression. This is consistent with the Canadian norm (18%).
- 26 percent of girls and 11 percent of boys reported moderate to high levels of depression.
- The percentage of students reporting depression increases as students progress through school, peaking in Grade 12.

Looks Like: sadness interfering with everyday life; feeling hopeless, worried, irritable or angry; issues with sleep, energy, appetite or concentration; trouble coping at school.
A Mental Health Resource Mapping Survey was administered throughout HCDSB in February 2014. School teams identified their top three student social-emotional/mental health concerns as: Anxiety Problems, Social Relationships, and Depression.

78% of HCDSB school teams said that they were either very concerned, or extremely concerned about student mental health on the Mental Health Resource Mapping Survey.

The majority of school teams indicated that their school staff were only somewhat equipped to support student mental health and well-being in the Mental Health Resource Mapping Survey.

The majority of Canadian youth feel supported by their schools and have a sense of belonging (WHO Cross-national Study, 2011).

Anxiety disorders are most likely to first manifest during the elementary school years, whereas onset of a depressive episode occurs later during adolescence (Merikangas et al., 2010).

Many students lack social-emotional competencies and become less connected to school as they progress from elementary to middle to high school, and this lack of connection negatively affects their academic performance, behaviour, and health (Blum & Libbey, 2004).

Students with high levels of positive mental health are less likely to engage in high-risk behaviours such as criminal activity or substance use and more likely to engage in other positive behaviours like physical activity, which is also associated with improved mental health (Weir, 2011).

All HCDSB schools are safe, engaging, welcoming and inclusive environments.

Students are supported in a manner which recognizes them as individuals capable of reaching their full potential.

HCDSB creates inter-sectoral partnerships with community organizations to meet the needs of our students.

Staff have strong foundations in mental health literacy as a result of education and learning opportunities.

Evidence-based programming is meeting the needs of our students.
What Works

According to the World Health Organization’s cross-national study on mental health (2011), school may not always be a positive place for a small but significant portion of Canadian youth. The study indicates that mental health is a serious concern as children move through grade 6 through 10. Findings indicated that one quarter of boys and girls wished they were “someone else”. One fifth of boys, and one third of girls reported that they felt depressed at least one time per week (Freeman et al., 2011).

HCDSB is committed to the well-being and academic success of all of its students. We believe that student engagement, academic success and mental health are closely entwined and that positive mental health is a collective responsibility shared by all stakeholders. Our Catholic values instil in us a strong belief in the worth and dignity of all people and a call to care for each other.

Research indicates that the key elements to promoting mental health which leads to positive change are:

- A clear focus on positive mental health;
- A balance of targeted and universal approaches;
- Implementation of long-term preventions in order to sustain improvements;
- The adoption of a whole school approach that reflect changes in curriculum with clear links to student learning and teacher education (Weare & Nind, 2011).

Well-designed programs should include: involvement of the whole school, changes to the school psychosocial environment, personal skill development, involvement of parents and the wider community, and implementation over a long period of time (Steward-Brown, 2011). Research shows that mental health promotion practices that use a whole school approach and involve inter-sectoral partnerships show the most promise for a lasting impact (Mara & Lind, 2013). However, the success of the mental health program can be influenced by the culture of the school, the school leadership and teachers’ capabilities (Rowling, 2009).

Positive school environments and high levels of teacher support are related to positive mental health (Freeman et al., 2011). Schools provide a critical context for shaping students’ self-esteem, self-efficacy and sense of control over their lives (Stewart et al., 2004). Yet there is limited research addressing teachers’ attitudes toward mental health promotion, or their knowledge and efficacy of mental health promotion. Thus, raising awareness and shaping attitudes toward mental health are important first steps in developing a comprehensive mental health promotion strategy (Kidger et al, 2010; Leavey & Best, 2008). Systematic professional education opportunities for teachers and staff working with students is fundamental for staff to feel adequately prepared to implement a mental health strategy in their school. Staff need opportunities to consider and process the fundamental concepts, scope and pedagogies of mental health promotion in the same way that they would for core subjects (Askell-Williams & Lawson, 2013).
Positive mental health includes education, prevention, and intervention and aims to reduce stigma. Our Mental Health Strategy has been developed in consultation with our stakeholders, students, staff, parents and our community partners. We recognize the importance of a shared responsibility and collaboration. We will continue to work together as a community to achieve our goals.

**Mental Health Strategy—Year 1**

- Obtain commitment around the implementation of our Mental Health Strategy from Senior Administration;
- Establish a Mental Health Leadership team with diverse membership and voices;
- Develop a clear and focussed vision to meet the mental health needs of our students;
- Create a shared language and understanding of mental health in our Catholic Board of Education;
- Assess our initial capacity around mental health through data collection and analysis activities (Board Scan, Resource Mapping, Tell Them From Me Survey, Halton Youth Survey Data).

**Beyond:**

- All programs being offered in the Board will be vetted over the next three years to ensure they are evidence-based.
- Standard processes for the development of protocols; educator mental health capacity building; board community collaboration; School Mental Health Strategies; ongoing quality improvement.

### Programs and Initiatives

<table>
<thead>
<tr>
<th>Program or Initiative</th>
<th>Status</th>
<th>Assigned to</th>
<th>Due Date</th>
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<tbody>
<tr>
<td><strong>Peer Mediation Training</strong></td>
<td>Pilot Stage</td>
<td>Staff responsible for bullying prevention; School-based staff; Mental Health Leader</td>
<td>Training Sept 2014; Pilot Program beginning Spring 2015—Ongoing</td>
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<td>Evidence-based program with a goal of improving peer relationships and addressing bullying in an organized and consistent manner.</td>
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<td><strong>Roots of Empathy</strong></td>
<td>Full Implementation</td>
<td>CYC Staff; Mental Health Leader</td>
<td>Ongoing</td>
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<td>Evidence-based classroom program that has shown a significant effect in reducing levels of aggression among school children while raising social/emotional competence and increasing empathy.</td>
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<td><strong>Positive Asset Building</strong></td>
<td>Building Capacity</td>
<td>Positive Asset Building Strategy Table; Chief Officer, Research &amp; Development Services</td>
<td>Spring 2015—On-going</td>
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<td>Evidence-based framework, which identifies a set of skills, experiences, relationships and behaviours that enable young people to better their chances of succeeding in school and becoming happy, healthy and contributing members of their community.</td>
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<td><strong>Tools for Life</strong></td>
<td>Pilot Stage (4 Schools)</td>
<td>School-based Staff</td>
<td>Training Fall 2014; Pilot Program beginning Spring 2015</td>
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<td>A step-by-step evidence-based program that is designed to help children and youth discover how to handle emotions and interact positively with others.</td>
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<td><strong>Mindfulness Program</strong></td>
<td>Pilot Stage (5 Schools)</td>
<td>External Professionally Trained Staff; School-based Staff; Mental Health Leader</td>
<td>January 2014—Ongoing</td>
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<td>Program addresses self-regulation and anxiety. Mindfulness Based Stress Reduction classes bring together meditation and yoga during school day classes.</td>
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<td><strong>Cameron Helps</strong></td>
<td>Exploring</td>
<td>School-based Staff; CYC; Mental Health Leader</td>
<td>January 2014—Ongoing</td>
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<td>Aims to prevent teen suicide through building awareness, reducing stigma, and promoting physical and mental health. Students meet weekly for education around the benefits of physical activity, develop a running plan and goal of participating in a run of 2km, 5km, or 10km.</td>
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