



REPORT TO

STUDENT ACHIEVEMENT AND WELL BEING, CATHOLIC EDUCATION AND HUMAN RESOURCES COMMITTEE

TCDSB MENTAL HEALTH AND WELL-BEING STRATEGY 2015-18

“for in this hope we were saved. Now hope that is seen is not hope. For who hopes for what he sees? But if we hope for what we do not see, we wait for it with patience. “romans 8:24-25

Created, Draft

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First Tabling

November 16, 2015

Review

[Click here to enter a date.](#)

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RECOMMENDATION REPORT

Vision:

At Toronto Catholic we transform the world through witness, faith, innovation and action.

Mission:

The Toronto Catholic District School Board is an inclusive learning community rooted in the love of Christ. We educate students to grow in grace and knowledge and to lead lives of faith, hope and charity.



G. Poole

Associate Director of Academic Affairs

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Associate Director of Planning and
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Director of Education

A. EXECUTIVE SUMMARY

The **TCDSB Mental Health and Well-Being Strategy 2015-18** is a comprehensive plan which builds on current progress and outlines key priority areas focusing on improving student mental health, as well as the actions required to address these areas. The TCDSB Mental Health and Well-Being Strategy 2015-18 aligns with Ontario's provincial mental health strategy as outlined in the document *Healthy Minds: Open Minds*. The TCDSB Mental Health and Well-Being Strategy also aligns with the TCDSB Board Learning Improvement Plan (BLIP), and the TCDSB Multiyear Strategic Plan (MYSP).

B. PURPOSE

1. The TCDSB Mental Health and Well-Being Strategy 2015-18 is a revision of the previous Mental Health Strategy 2012-15. It is being presented to the board with the recommendation of its adoption.

The TCDSB Mental Health and Well-Being Strategy 2015-18 will build upon our previous comprehensive board wide plan for addressing student mental health and well-being in our board. The TCDSB Mental Health and Well-Being Strategy 2015-18 will build on these while expanding and aligning with Ontario's Mental Health and Addiction Strategy for Children and Youth. The TCDSB Mental Health and Well-Being Strategy 2015-18 will provide a map to ensure that our collective efforts will support both the provincial vision and our Catholic faith.

C. BACKGROUND

1. The previous TCDSB Mental Health Strategy (2012-15) was presented to Board for recommended approval in January 2013. The current TCDSB Mental Health and Well-Being Strategy 2015-18 is an update of this Strategy that reflects alignment with current Ministry of Education Directions (Achieving Excellence 2014) and board policy (TCDSB Student Mental health Policy S.03 2013)

D. EVIDENCE/RESEARCH/ANALYSIS

1. The TCDSB Mental Health and Well-Being Strategy 2015-18 will continue to help align our board's strong history of supporting our student's mental health needs with the province of Ontario's ten year mental health strategy entitled *Open Minds, Healthy Minds Ontario's Comprehensive Mental Health and Addictions Strategy June 2011*¹.
2. The TCDSB Mental Health and Well-Being Strategy 2015-18 furthers the commitment set forth in the TCDSB Multiyear Strategic Plan (MYSP) to foster student achievement and well-being by ensuring the physical, emotional, intellectual, and spiritual need of all students are met. The TCDSB Mental Health and Well-Being 2015-18 Strategy is part of a larger board vision to craft safe, healthy, engaging and inclusive schools.
3. TCDSB's BLIP for 2014-18 incorporates student well-being and achievement as one of its primary system goals. "**Promoting Well-Being**" figures prominently in the TCDSB BLIP 2014-18 Mission Statement. **Student Engagement** is one of the 8 BLIP Goal Areas. Student Engagement is contingent to a large degree upon student mental health and wellbeing. Student mental health is inextricably tied to student engagement and achievement. The TCDSB Mental Health and Well-being Strategy 2015-18 recognises that mental health is critical in the promotion of student success and wellbeing and will endeavour to address this fundamental area in an effort to assist our students reach their fullest potential.
4. The TCDSB Mental Health and Well-Being Strategy 2015-18 will further advance the directives set forth in the **TCDSB Student Mental Health Policy S.03 (2013)** which incorporates the objectives of mental health response and suicide intervention.
5. **Achieving Excellence a Renewed Vision for Education in Ontario (2014)** lists Promoting Well-Being as one of their 4 Renewed Goal Areas. This places student mental health and well-being firmly on the education map in Ontario schools. Our TCDSB Mental Health and Well-Being Strategy 2015-18 not only aligns with *Achieving Excellence*, it will act as a vehicle for meeting this important goal area.

¹ www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011

RESEARCH

According to the Mental Health Commission of Canada the scope of the problems associated with children and youth mental illness is significant. The following is offered to demonstrate the magnitude of the problem:

- **In any given year, one in five people in Canada experiences a mental health problem or illness, with a cost to the economy of well in excess of \$50 billion.**^[1] Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S. & Khan, M. (2011). *The life and economic impact of major mental illnesses in Canada: 2011 to 2041*. RiskAnalytica, on behalf of the Mental Health Commission of Canada.
- **Only one in three people who experience a mental health problem or illness — and as few as one in four children or youth — report that they have sought and received services and treatment.**^{[2][3]}^[2] Statistics Canada. (2003). Canadian community health survey: Mental health and well-being. *The Daily*, 3 September. Retrieved from <http://www.statcan.gc.ca/daily-quotidien/030903/dq030903a-eng.htm>.^[3] Waddell, C., McEwan, K., Shepherd, C.A., Offord, D.R., & Hua, J.M. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50 (4), 226–233.
- **Of the 4,000 Canadians who die every year as a result of suicide, most were confronting a mental health problem or illness.**^[4]^[4] Statistics Canada. (2011). *Mortality, summary list of causes: 2008*. (Statistics Canada catalogue No. 84F0209X). Retrieved from <http://www.statcan.gc.ca/pub/84f0209x/84f0209x2008000-eng.pdf>
- **Up to 70 per cent of young adults living with mental health problems report that the symptoms started in childhood.**^[5]^[5] Canada. (2006). *The human face of mental health and mental illness in Canada*. Retrieved from http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf.

- **Children who have mental health problems are more likely to become adolescents and then adults with mental health problems and illnesses.**^[6]

^{6]} Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S., & Khan, M. (2011). *The life and economic impact of major mental illnesses in Canada: 2011 to 2041*. RiskAnalytica, on behalf of the Mental Health Commission of Canada.

The following evidence supports the need and efficacy of approaching children and youth mental health via the schools:

- **There is growing evidence about what kinds of programs can be effective. The best results for mental health promotion, mental illness prevention, and suicide prevention have been achieved by initiatives that target specific groups (defined by age or other criteria) and settings (school, workplace, home). They address a combination of known risk and protective factors, set clear goals, support communities to take action, and are sustained over a long period of time.**^{[4][5]} [World Health Organization. (2004). *Prevention of mental disorders: Effective interventions, and policy options. Summary report*. Retrieved from http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf.^[5] World Health Organization. (2005). *Promoting mental health: Concepts, emerging evidence, practice*. Retrieved from http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf.
- 1 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 **“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 problems. These disorders and difficulties impose considerable 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.”

Based on the literature review and the survey of Ontario school boards, the study includes the following recommendations:

1. That school boards develop strategies, leadership and management plans for addressing student mental health;
2. That school boards develop strategies for increasing the mental health literacy of teachers, students and parents.
3. That school boards recognize that student programs that promote positive self-development also enhance mental wellness, resilience and improve academic achievement,
4. That a high degree of collaboration is required between all stakeholders.

E. VISION

VISION	PRINCIPLES	GOALS
<p>TCDSB is a school board where children and youth mental health is recognized as a key determinant of well-being and achievement, where children and youth grow to reach their full potential. Every school in the Toronto Catholic District School Board will be a mentally healthy school board that demonstrates pervasive caring, living our Catholic faith values, promotes wellbeing and achievement for students, staff, and our community.</p>	<p>The provincial report <i>Open Minds, Healthy Minds : Ontario’s Comprehensive Mental health and Addictions Strategy June 2011</i></p> <p>TCDSB MYSP</p> <p>TCDSB BLIP 2014-18</p> <p>Learning For All : K-12</p> <p>Achieving Excellence 2014</p>	<ol style="list-style-type: none"> 1. Building Foundations: The development of the organizational conditions which are key in the promotion and maintenance of effective school mental health. 2. Developing Skills and Knowledge: Fostering the skills and knowledge of mental health and well-being for and with students, parents, staff, and community. 3. Supporting Well-Being and Decreasing Stigma: This focus will promote

VISION	PRINCIPLES	GOALS
		<p>wellness and help combat the debilitating impact of stigma.</p> <p>4. Engaging Families: When families are engaged, and their voice heard, students demonstrate increased motivation, higher grades, and better outcomes.</p> <p>5. Partnering with the Community: Student mental health is a shared responsibility between family, school, church, and community. We will continue with our community to work towards equitable and sustainable partnerships.</p>

F. ACTION PLAN

Adopt the TCDSB Mental Health and Well-Being Strategy 2015-2018 (see attached) and implement throughout the board.

Making advancements in each of the following goal areas under the leadership provided by the mental health leader, the TCDSB Mental Health Steering Committee, and the TCDSB Mental Health Advisory Council.

1. Building Foundations: The development of the organizational conditions which are key in the promotional and maintenance of effective school mental health.
2. Developing Skills and Knowledge: Developing the skills and knowledge of mental health and well-being for and with students, parents, staff, and community.

3. Supporting Well-Being and Decreasing Stigma: This focus will promote wellness and help combat the debilitating impact of stigma.
4. Engaging Families: When families are engaged, and their voice heard, students demonstrate increased motivation, higher grades, and better outcomes.
5. Partnering with the Community: Student mental health is a shared responsibility between family, school, church, and community. We will continue with our community to work towards equitable and sustainable partnerships

F. #2 Resource & Compliance Requirements

Resources	
Curriculum/ Professional Learning	Existing Resources
Human Resources	Mental Health Leader (EPO)
Costs/Funding Source	PD and resources (Mental Health EPO)
Legal / Policy Compliance	NA/ Complies with Ministry of Ed. Transfer Payment Agreement

G. METRICS AND ACCOUNTABILITY

The TCDSB Mental Health and Well-Being Strategy has been developed in part with consultation with the TCDSB Mental Health Steering Committee. The TCDSB Mental Health Steering committee included representation from: Chief of Psychology, Chief of Social Work, Psychology staff, Social Work staff, Resource lead for Guidance, Resource lead for Student success, Health and Physical Education, Safe Schools, Day Treatment, Elementary Principals, Secondary Principals, elementary teachers, and Parent Engagement. The TCDSB Mental Health Steering Committee will continue to monitor the progress of the Mental Health and Well-Being Strategy on-going and annually, making any necessary amendments and changes as it progresses. The mental health leader and

Superintendent of Special Services will maintain oversight of the Mental Health and Well-Being Strategy.

H. IMPLEMENTATION, STRATEGIC COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN

- a) After approval of the TCDSB Mental Health and Well-Being Strategy 2015-18, the Strategy will be publically shared with staff, students, parents, and the broader community. This will be accomplished via a news release, and having the Strategy shared via all communication channels (e.g. newsletters, website, staff communication, and staff in-services...)
- b) Progress on the TCDSB Mental Health and Well-being Strategy will be monitored via the TCDSB Mental Health Steering Committee with the advisory of the Mental Health Advisory Council.
- c) All future policies, plans, or revisions of policy or plans will be aligned with the TCDSB Mental Health and Well-Being Strategy.
- d) A DRAFT of the TCDSB Mental Health and Well-Being Strategy 2015-18 was shared with the Ministry of Education for approval in June 2015. The approved Strategy will be shared once approval is secured.

The execution of the following Communications Plan key actions will be coordinated using all media modalities in the Communications Department inventory, including the continued use of recognized best practices that have been an integral part of communications support for the Board's Mental Health and Well-Being strategy.

- a) The Communications Plan will continue to support the Mental Health Strategy through ongoing updates and notices in the Director's Bulletin Board , Weekly Wrap Up, web (TCDSB's external and internal portal), social media (i.e. Twitter) and E-news, posters to engage and inform internal and external audiences and stakeholders when applicable, and formal news release for major mental health-related student/staff activities.
- b) Continue to set the communications bar high by through the "leading edge" approach used in already completed videos like *TCDSB: Journey to Wellness*, to tell the mental health story through instructional and feature videos that highlight the Catholic lens component.
- c) This will be further sustained through sharing best practice stories with school newsletters and parish bulletins.

- d) A proactive effort will be made to contact volunteer web administrators of Toronto Archdiocese parishes as well as the Archdiocese of Toronto to inform them of the unique Catholic lens applied to mental health in our Board to facilitate a direct link to Mental Health and Well-Being Strategy resources on the TCDSB website.

I. STAFF RECOMMENDATION

Staff recommends that the TCDSB Mental Health and Well-Being Strategy 2015-18 including its communication and implementation plan be, approved for implementation.