



BRANT HALDIMAND NORFOLK
Catholic District School Board

2023-26

Mental Health and Well-Being Strategy

for all

Board Vision for Student Mental Health

The Board Mental Health and Well-Being Strategy for child and youth mental health is part of a larger Board vision to create safe, healthy, engaging, and inclusive schools, and aims to support the overall *Board Improvement Plan for Student Achievement*. The Strategy aligns with the Brant Haldimand Norfolk Catholic District School Board's vision.

“Our faith-based communities inspire life-long learning and service to others.”

“Peace, I leave with you; my peace I give to you. Not as the world gives do I give to you.

Let not your hearts be troubled, neither let them be afraid.”

John 14:27

Vision

In the Brant Haldimand Norfolk Catholic District School Board, child and youth mental health is recognized as a key determinant of well-being and student achievement, where children and youth grow to reach their full potential. We are committed to supporting the mental health and well-being of all students and staff. We believe mental health is much more than the absence of illness. Positive mental health is: “the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and social well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity.” (Public Health Canada)

Over the next three years, we will continue to strive to ensure all schools have mentally healthy environments promoting wellness, a sense of belonging, and optimal climates for learning.

The *Ontario Catholic School Graduate Expectations* are directly linked with many factors that promote and assist with mental health and well-being for all.

The Brant Haldimand Norfolk Catholic *Mental Health Well-Being Strategy* is aligned with the School Mental Health Ontario Action Plan. In partnership, we utilize evidence-based resources that include student-centered thinking that are aligned with Ontario's curriculum.

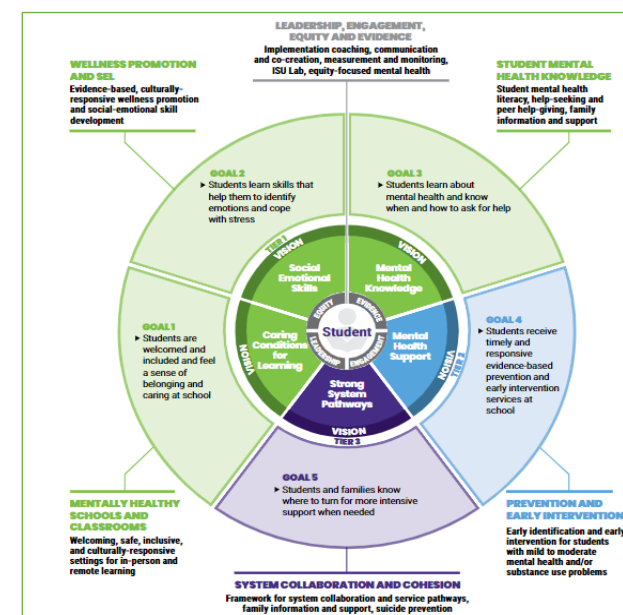
Mission

The Mental Health & Well-Being Strategy is designed to:

- Support a co-regulation philosophy.
- Raise awareness.
- Reduce stigma.
- Build capacity.
- Provide a coordinated and evidence-based/informed approach to mental health.
- Engage partners in supporting student mental health and well-being within the Brant Haldimand Norfolk Catholic District School Board

Our schools are committed to:

- Providing opportunities to learn about mental health and well-being.
- Promoting hope, optimism, affirmation, and positive mental health.
- Developing mentally strong students.
- Building resiliency and ability to cope with stressors.
- Acknowledging stressors in systems that may be oppressive and marginalizing.
- Acknowledging the positive and protective role of family and community.
- Teaching how to get help when needed.
- Supporting students dealing with mental health challenges.



Organizational Conditions for Effective School Mental Health



Organizational conditions refer to the foundations that need to be in place for sustainable practices in mental health to exist in schools.

The Brant Haldimand Norfolk Catholic District School Board will continue to focus on strengthening these foundations and the integration of student mental health and well-being promotion into all aspects of school life. Accessibility and mental health are related. Ensuring inclusion in Ontario's schools, and throughout society helps to support individual's mental health. We believe schools are ideal places to promote and support student mental health and well-being and there is a clear link between student mental health, well-being, and academic success. We're committed to equal access, complying with the standards defined within the Accessibility for Ontarians with Disabilities Act (AODA).

When it comes to School Mental Health, we think in tiers:

Tier 1 – Good for All

This is the foundational everyday work that happens in our classrooms. It is how we:

- Welcome, inspire joy, include, and strive to understand every student.
- Use a Self-Regulation Framework to create *Havens* within all our schools.
- Empower staff to build student's understanding of mental health and promote mentally healthy habits and work in partnership community agencies.
- Partner with parents/guardians, students, and other staff to create a supportive environment.

Tier 2 – Necessary for Some

Focuses on prevention and early intervention. In every class and school, there will be some students who may need additional support in the classroom:

- School mental health professionals, and other staff, with specialized skills provide intervention services (counselling and skill building). Caregiver consent is needed at this step.
- Caregivers can help by reinforcing skills and working to remove barriers to learning.

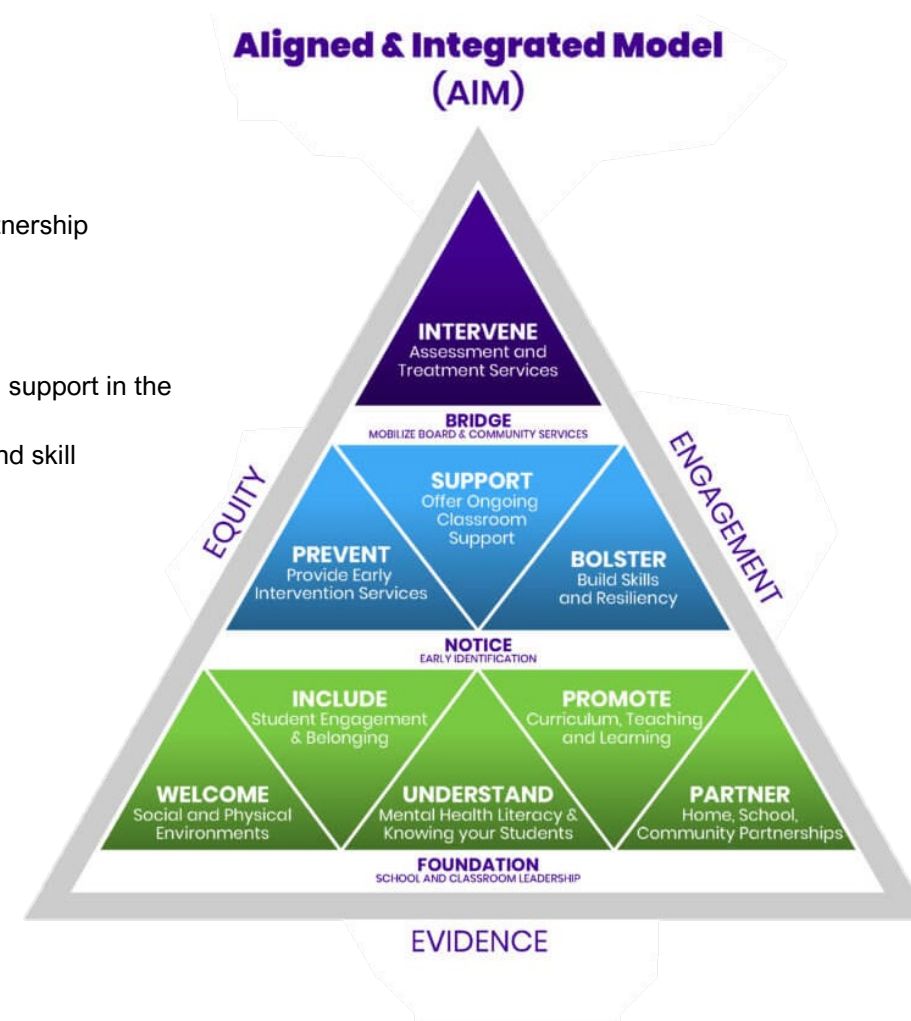
Tier 3 – Essential for Few

Offers support to students requiring more intensive assessment and intervention services:

- School mental health professionals can: support students in crisis, help students and their families access appropriate community or health services and provide ongoing care while students are at school.
- Caregiver consent is needed to access these services.

While we have a supportive role to play in crisis management and can provide accommodations and classroom strategies for students struggling with a mental illness, we defer responsibility for intensive mental health services to community partners. We work in partnership with community and health partners, as part of the system of care. Our priority contribution is upstream mental health promotion and prevention.

To learn more about the vision of Mental Health in Ontario Schools visit [School Mental Health Ontario](https://www.schoolmentalhealthontario.ca/).





Areas of Strength

- Strong recognition and commitment to the mental health and well-being of students and staff by Board and school leaders, and all staff; understanding the connection between well-being, teaching, and learning (SMHO Board Scan).
- Consideration for adding identity affirming personnel to the staffing compliment to reflect the diversity of the population when possible.
- Evidence informed/based practices are utilized across the tiers.
- Strong and energetic student leadership in the areas of mental health promotion (Jack Chapters) and equity (ACE – Advocacy, Community, Empowerment) in our Secondary Schools.
- Emphasis on Catholic Social Teachings provides the foundation for acceptance, nurturing and support of all staff and students.
- Students are eager to learn about mental health, specifically *how to help a friend* (BHCNDSB Mental Health Lit exit surveys, HearNowOntario, 2021).
- Intentional connection between faith and wellness; with consistent messaging to staff, students, and our communities – that our faith and well-being are interconnected.
- Strong commitment to the cultivation of relationships, to “*know thy learner*” and to accompaniment; particularly with marginalized and/or disproportionality impacted by the pandemic, systemic racism, and colonization.

Students indicated that the areas that they feel least knowledgeable in were:

1. Ways to cope with transitions and major stress
2. Ways to stay optimistic and hopeful, even when things are not going well in the moment
3. Ways to promote positive mental health and emotional self-care

Areas of Need/Gaps

- Administrators and support staff indicate a desire to learn more about Self-regulation, Trauma Informed Practices and Restorative Practices
- Children and youth experienced an increase in mental health concerns over the COVID-19 pandemic with disproportionately higher impacts on those in marginalized groups (SMHO Spring Provincial Mental Health Leadership Meeting, Dr. Kathy Georgiades, McMaster University)
- Students experience a decrease in well-being and protective assets in grade 6/7, declining steadily until grade 12 (BHCNDSB School Climate Survey, 2022, Middle Years Development Inventory (MDI), Spring 2022)
- BHCNDSB Mental Health Professionals provided support to over 1000 individual students, in addition to groups and classroom engagement sessions (School Mental Health Data Capture, 2021-2022). This number has been fairly consistent over the past few years, however there is an increase in complexity and intensity in student mental health needs.
- Community service providers indicate an increase and referrals and intensity in children’s mental health (Woodview, REACH, Contact Brant, Contact Haldimand-Norfolk)

Top 3 Mental Health Concerns for Students Referred for Mental Health Services		
	Elementary	Secondary
Sept-Dec 2021	<ol style="list-style-type: none"> 1. Anxiety, panic, worry 2. Social needs and concerns (food insecurity, family job loss, housing issues) 3. Aggression, physical fighting or oppositional behaviours 	<ol style="list-style-type: none"> 1. Anxiety, panic, worry 2. Depression or low mood 3. Attendance issues, skipping classes or truancy
Jan-Mar 2022	<ol style="list-style-type: none"> 1. Anxiety, panic, worry 2. Attendance issues, skipping classes or truancy 3. Aggression, physical fighting or oppositional behaviours 	<ol style="list-style-type: none"> 1. Anxiety, panic, worry 2. Attendance issues, skipping classes or truancy 3. Aggression, physical fighting or oppositional behaviours
April-Jun 2022	<ol style="list-style-type: none"> 1. anxiety, panic, worry 2. social needs and concerns (food insecurity, family job loss, housing issues) 3. self-harm/non-suicidal self-injury 	<ol style="list-style-type: none"> 1. anxiety, panic, worry 2. attendance issues, skipping classes or truancy 3. depression or low mood

HearNowON Survey, 2021 [HearNowON Executive Summary \(smho-smsso.ca\)](https://smho-smsso.ca)

- Students want to access services with school mental health professionals on their own.
- Students want to learn more about mental health in school and would like teachers to have strong training in mental health literacy.
- Students are eager to participate in mental health promotion activities.
- 97% of survey respondents indicated they want to learn more about mental health at school. In particular:
 - o Early warning signs of a mental health problem.
 - o Ways to cope with their thoughts and emotions.
 - o How and where to ask for help.
 - o How to help a friend.

Priorities and Goals

1. Increase Mental Health Literacy and Capacity (staff, students, and caregivers).
2. Bolster the use of quality Evidence-based Mental Health and Addictions programming across the tiers (for students, staff and caregivers).
3. Enhance system coordination and pathways, ensuring collaboration (including policies and procedures across the tiers).
4. Increase equity in outcomes and provide essential support for specific populations.



Build Mental Health Literacy and Capacity

Our Catholic faith teaches us the importance of the dignity of the person as well as compassion for one another. Our community mental health and well-being can flourish as we build our awareness and understanding of mental health and work towards reducing stigma.

Goals

1. Build capacity at all levels to promote mentally healthy schools and classrooms with an emphasis on building relationships, restorative practices, understanding and practicing self/co-regulation, and responding compassionately to those impacted by trauma.
2. Create awareness and build capacity of staff, students, and families to understand mental health, addictions, and the role we each play in mental health promotion, prevention, and intervention.
3. Build awareness and capacity in staff, students, and caregivers in suicide prevention and intervention.



Implement and Embed Evidence Based Mental Health & Addictions Quality Programming Across the Tiers

All students can benefit from universal programming and everyday practices integrated with our faith and embedded into the classroom to promote well-being and increase engagement. Regardless of the level of intervention, it is critical that mental health prevention and early intervention initiatives are evidence based/informed.

Goals

1. Promote and support activities for staff and students that promote mental wellness; with a focus on [Faith and Wellness](#), MindUP, and additional [SMHO resources](#).
2. Increase district-wide evidence informed decision-making practices when engaging in school-based well-being and mental health initiatives for staff, students, and caregivers through use of Decision Support Tools and Student Support Staff, Mental Health Lead, and Safe and Equitable Schools Lead.
3. Respond to the mental health and addiction needs of students using evidence-based practices across the tiers of intervention.
4. Engage in program evaluation measurement-based care.



Priority #3

System Coordination and Pathways to Enhance Collaboration, Including Policies and Procedures

The BHNCDSEB aims to work with all stakeholders including staff, students, parents, schools, churches, and community partners to create an inclusive community that provides clear access to, from and through mental health and addiction services.

Goals

1. Ensure students, caregivers, and staff are familiar with the process in which to access school-based mental health supports.
2. Enhance support to students whose social-emotional concerns impact school functioning and build system pathways outlining available supports.
3. Track, monitor, and evaluate the delivery of mental health services delivered by Student Support Services across tiers.
4. Increase, nurture and cultivate partnership agreements with community agencies.



Priority #4

Equity and Support for Specific Populations

“Despite differences, all people are God’s children.” Pope Francis

Mental health stigma, financial barriers, and experiences of oppression impact Ontario students’ access to mental health learning, support, and participation, HearNowON, 2019.

The BHNCDSEB is committed to the importance of honouring diversity and prioritizing inclusion and belonging with particular care and attention to the following groups:

- *Impoverished students and families experiencing insecurities in housing, food, finances, etc.*
- *Students with special education needs*
- *Indigenous students*
- *Black and racialized students*
- *Students who identify as 2SLGBTQIA+*
- *Newcomers and/or new immigrants*

Goals

1. Increase awareness, knowledge and skills of staff regarding best practices to support the mental health needs of students of every social and cultural identity; focusing on those with marginalized identities and who have been disproportionately impacted by the pandemic.
2. Promote the importance, and assist in the creation, of culturally relevant, identity affirming and responsive school/classroom environments.
3. Solicit and utilize student and parent voice, in addition to student demographic data information to plan and implement identity affirming mental health resources and supports.

Evaluating Progress

The following tools were utilized to evaluate progress to date and determine next steps:

- School Climate Survey, MDI
- School Mental Health Data Capture, 2021-2022
- HearNowON, 2021
- Student Focus Groups, 2020-2021, 2021-2022

Mental Health Steering Committee Members 2023-26

Kevin Greco, Superintendent of Education

Dianne Wdowczyk-Meade, Mental Health Lead

Bill Chopp, Board Trustee

Jennifer Rudyk, Elementary Principal

Kim Spencer, Principal Lead - Indigenous Education

Lori Skye-LaForme, Indigenous Education Advisor

Sandra De Dominicis, Student Achievement Lead - Special Education

Terre Slaght, Principal - Alternative and Continuing Education

Darren Duff, Secondary Principal

Chandra Portelli, Student Achievement Lead

Keri Calvesbert, Student Achievement Consultant - Religion and Family Life

Andrea Perras, Student Achievement Consultant - Early Years

Rita Raposo, Student Achievement Consultant - ESL

Tracey Austin, Manager - Communications and Public Relations

Andrea Winger, Social Worker

Arden Smelser, Social Worker

Cindy Miller, Child and Youth Worker

Thanh-Thanh Tieu, Research Associate

Christine Dragojlovich, Woodview Mental Health & Autism Services

Irene Perro, Haldimand Norfolk REACH

April Taylor, Senior Social Worker



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