



Mental Health

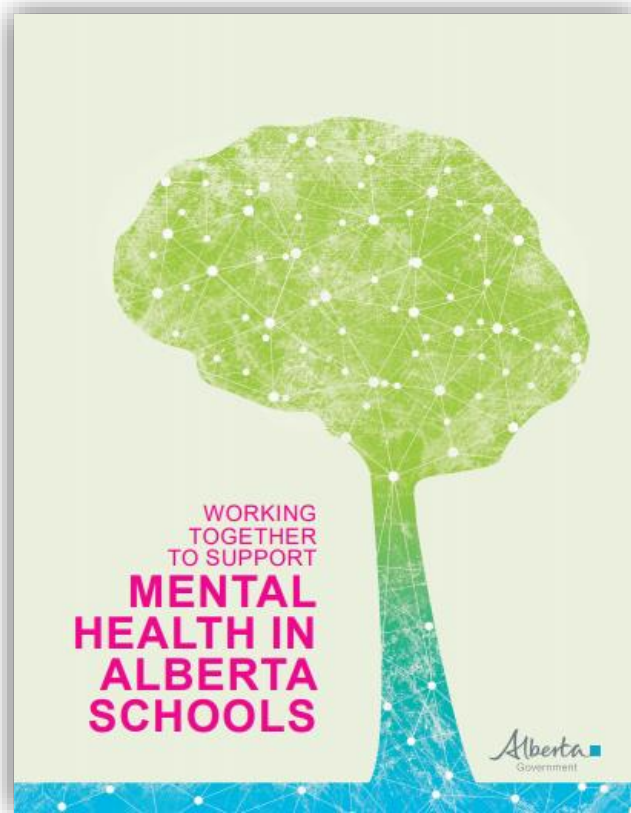
matters

Current research clearly identifies the importance of mental health to learning, as well as to students' social and emotional development. Students who experience positive mental health are resilient and better able to learn, achieve success and build healthy relationships. Given the important relationship between positive mental health and academic success, schools have an important role in nurturing students' positive mental health and well-being.

Much of the good work currently underway across the province related to inclusive education, including: welcoming, caring, respectful and safe learning environments; high school redesign; Regional Collaborative Service Delivery (RCSD); Comprehensive School Health; and Mental Health Capacity Building projects; supports students' mental health and well-being.

It is this work that we can learn from, refine and build on.

(Working Together to Support Mental Health in Alberta Schools, 2017)



This recently published resource, *Working Together to Support Mental Health in Alberta Schools* is the result of a cross-ministry project that involved several key players. This resource is an invitation for schools and their partners to reflect on current practices, leverage current initiatives and consider how the promotion of mental health can be more effectively embedded in school and system policies, practices and services.

The purpose of this resource is to help build a shared understanding of how schools, community partners and government can better work together to support mental health based on the following shared provincial understandings:

- Language matters.
- Mental health impacts brain development and learning.
- Strength-based approaches in schools support an overall culture of wellness.
- Supporting the mental health needs of all students is a shared responsibility of government, school authorities, community partners and families.



Mental Health Strategic Plan Process

November 15, 2016

Mental Health Summit Meeting #1 – Looking to discover Efficiencies and Completing an Assessment of Current MHCBE Mental Health Capacities, Resources and Needs

Follow-up and Preparation for Next Step (November 2016 to April 2017)

- *Summary Document Developed (Included Below)*
- *Draft Strategic Plan Framework (Double Pyramid & Tiered Support Outline)*
- *Establish Strategic Plan Goals – (1) Define and Enhance Each Level of Pyramid and (2) Enhance Communication and Connection to Partner and Community Supports*

April 25, 2017

Mental Health Summit Meeting #2 – Present Framework and Brain Storm Strategies and Community Connections to fit into Strategic Plan Framework

Follow-up and Preparation for Next Step (April – June 2017)

Consolidate Information into a Draft Mental Health Strategic Plan

- *Modify goals for each level of the pyramid based on feedback.*
- *Group information gathered at summit into Actions (current and future) at each level of the pyramid*
- *List Community Connections generated into each level of the pyramid*

June 20, 2017

Mental Health Sub-Committee Meeting to Review, Modify, and Add to Draft Plan and Secure Commitments from Key People for Action Steps Involved in Plan

Follow-up and Preparation for Next Step (June – October 2017)

Consolidate Information into a Draft Mental Health Strategic Plan

- *Meet with CCT Co-ordinator to Finalize “Prevention and Promotion” strategies that CCT can co-ordinate/oversee/commit to.*
- *Create a second section of the plan that includes Explanations and Actions for each of the actions in the tiered framework.*
- *Consider a plan to develop parent programs (a need that exists but not explored/discussed very much through the plan development process).*

Send Draft Mental Health Plan to sub-committee for final feedback.

Incorporate Feedback & Complete Final Version of MHCBE Mental Health Strategic Plan

November 2017




Introduce Strategic Plan to Point People in Each School (Administrators, Counsellors, Learning Service Facilitators)





Point People in School to Review Mental Health Plan with School Staffs at Staff Meetings and Gatherings throughout the School Year



MHCBE Mental Health Summit Summary

Assessment of Current Mental Health Capacities, Resources and Needs

	Concerns/Issues	Keep and Need	<p>Possible Strategic Priorities...</p> <p><i>The MHCBE Mental Health Strategic Plan honours the work already being done in our system and community in the areas of mental health and well-being and seeks to...</i></p>
<p>Foundation and Health Promotion and Prevention</p> 	<p>Concerns, Regulation and Skill Building (Shanker 5 Domains):</p> <ul style="list-style-type: none"> • Biological: Self-Regulation, Environmental Sensitivities, Malnutrition, Basic Needs Not Met • Emotion: Grief/Loss, Anxiety • Cognitive: Engagement • Social: Conflict Resolution, Friendship Issues, Social Media Issues, Lack of Positive Role Models • Pro-Social: Bullying <p>Sense of Self: Body Image, LGTBQ, Self-Esteem</p> <p>Home Life: Silent Home Problems, Lack of Parenting, Neglect, Poverty</p> <p>Attendance</p>	<p>Keep: Behaviour Support, CCT Prevention and Promotion, FMNI Support, CCT Wellness Programs</p> <p>Need: Accessing Community Resources, Change Title of Behavioural Staff, Mental Health in Elementary, Behaviour Assistants in Elementary, Support Classrooms, Anger Management Groups, Parent Engagement, Family Doctors, Church-Faith Community Involvement</p>	<p><i>...continue to create empowering inclusive healthy academic, physical and social environments for all students.</i></p>  <p><i>...provide classroom and school wide strategies to build student regulation, resiliency, and positive mental health.</i></p> 

<p>Early/Proactive Identification and Intervention</p> 	<ul style="list-style-type: none"> • Concerning Behaviours: Threats to Others (VTRA), Cutting, At-Risk Behaviour, Substance and Process Abuse (potential for addiction) • Family Issues: Family Violence, Disrupted Attachment, Addiction in Families, Divorce and Separation Issues • Marginalized Groups: Disability (ADHD), LGTBO, FMNI...etc. 	<p>Keep: CCT, Behavioural Support Consultants, Mental Health Consultants, Social Workers</p> <p>Need: More In-service on Gender Identity, Time to Provide Support, Communication, Transportation</p>	 <p><i>... build skills and provide supports amongst students who are vulnerable through connection, prevention, intervention, and programming.</i></p>
<p>Co-ordinated Specialized Supports</p> 	<ul style="list-style-type: none"> • Borderline Tendencies, Suicide, Depression • Substance Addictions • Significant/Complex Disabilities that Require Co-ordinated Services – ASD and FASD • Trauma History – PTSD, Sexual Abuse, Refugees, Neglect, Abuse 	<p>Keep: Adolescent Psychiatrist</p> <p>Need: Intense Specialized Support, Local Treatment Center for Youth Addictions, Pediatric Mental Health Ward</p>	 <p><i>...increase co-ordination with community in order to improve overall outcomes for students with complex mental health needs.</i></p>



MHCBE Mental Health Strategic Plan

A tiered integrated approach to the continuum of mental health support.

“Essential for some. Good for all.”



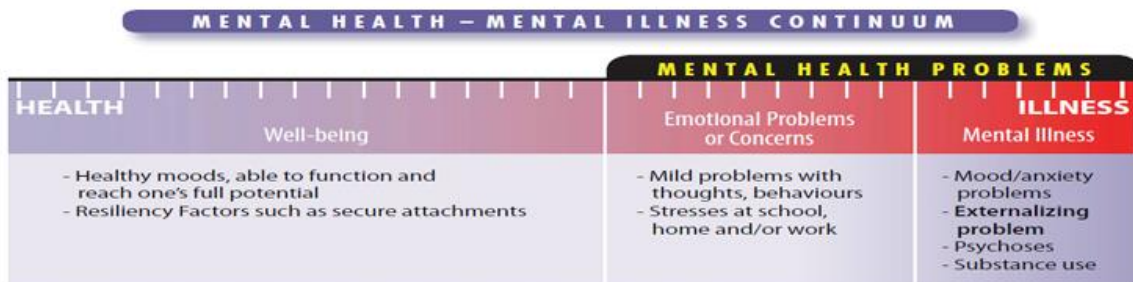
To support learning and development by enhancing the mental health and well-being of students, families and staff.

What is Mental Health?

Mental health includes all aspects of human development and well-being that affect an individual’s emotions, learning, and behaviour. MHCBE believes that mental health is more than just the absence of illness, and encourages development and maintenance of positive mental health for all students and staff.

Mental Health – Mental Illness Continuum

Mental health exists along a continuum from illness to health. We all find ourselves somewhere along this continuum, and where we are can vary over time, depending on life circumstances and predispositions. We can move back and forth along the continuum, although at times we may need support in order to do so. The mental health continuum helps us understand how we can support students no matter where they are on the continuum. The goal is to always move individuals toward the well-being side of the continuum.





Values and Commitments...

- We are committed to the successful implementation of the Mental Health Strategy priorities and establishing the organizational conditions to support it.
- We understand the connection between mental wellness and student achievement.
- We are committed to optimizing learning and well-being for all students to achieve excellence.
- We value the collaborative relationships that MHCBE staff have with students, parents/guardians and our community partners.
- We continue to consult with all stakeholders to hear all voices on the implementation plans for the Mental Health Strategy so that it can be inclusive and meaningful to all.
- We support a tiered approach to service delivery.



Using the Science of Brain Development to Inform Strategy that Supports Mental Health & Well-being

Source: AFWI Brain Story at <http://www.albertafamilywellness.org/what-we-know/the-brain-story/>

Advances in neuroscience have illuminated the link between brain development and long-term physical and mental health. The potential of these discoveries is profound for individuals and larger communities: higher educational levels, better physical health, even prevention and treatment of addiction and other mental health problems. The Alberta Family Wellness Initiative (AFWI) has worked with neuroscientists across North America to identify leading neuroscience that supports optimum brain development. They have consulted closely with a team of evidence-based communication specialists to translate this complex science in to the “Core Story of Brain



Development” that was tested across Alberta to ensure a high level of understanding.

The "Core Story of Brain Development" presents a vital foundational message about the importance of our potential to influence life outcomes in learning, mental health and physical health.

We now know that early experiences affect the development of **brain architecture**, which provides the foundation for all future learning, behavior, and health (mental and physical). Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture, with negative effects lasting into adulthood.

Serve and return interactions shape brain architecture. Responsive, predictable, serve and return relationships, especially in the earliest years when brains are most sensitive to experiences, are the key ingredient in building healthy brain architecture. They provide children with the opportunity to practice the cognitive, social, and emotional skills they need to be successful in school, relationships, and adult life.





However, although the early years are crucial, the region of the brain responsible for **self-regulation and executive function skills** (the air traffic control system in our brains) doesn't fully mature until we are in our mid-twenties. This means that there is a large window of opportunity in which we can intervene to help bolster those skills if they are going off track. The environment of relationships that support and scaffold a child's development includes not just their immediate family members, but also teachers, health care professionals, family service workers, legal and law enforcement professionals, coaches, and neighbours. Anyone who routinely comes into contact with children and youth can provide the kind of stable, predictable, serve-and-return interactions they need to reinforce healthy brain architecture and buffer the effects of toxic stress.

The future of any society depends on its ability to foster the healthy development of the next generation. Extensive research on the biology of stress now shows that healthy development can be derailed by excessive or prolonged activation of stress response



systems in the body and brain. Such **toxic stress** can have damaging effects on learning, behavior, and health across the lifespan.

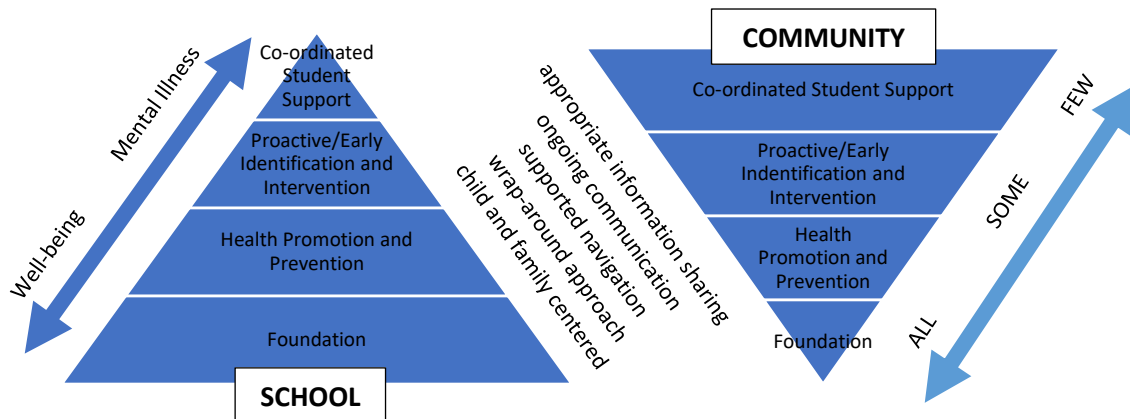


Reducing the effects of significant adversity and stress on children's healthy development is essential to the progress and prosperity of any society. Science tells us that some children develop **resilience**, or the ability to overcome serious hardship, while others do not. Understanding why some children do well despite significant adversity and stress is crucial, because it can inform more effective practices that help more children reach their full potential.



Strategic Priority 1 **Tiered Supports in Co-ordinated Systems of Care**

MHCBE is committed to facilitating student mental wellness within a tiered support model in collaboration with community systems of care. Building mental health **awareness**, **literacy**, and **expertise** and addressing the challenge of **stigma** are key priorities. Emphasis is on the alignment of existing resources and strengthening **community partnerships** through collaborative communication, respect for confidentiality and the promotion of a shared language.



Within our continuum of supports framework, a student's strengths and capabilities are supported as necessary by resources in their natural and school networks and more formal supports are enacted based on their profile.

Schools have a vital role to play in a full system of mental health care. This role involves creating caring schools and classrooms, building self-regulation, executive function and social emotional learning skills, and helping to identify and respond to students in need of early intervention. Our role is most focused on promoting mental health and well-being for **ALL** students through universal approaches.



We can also help to identify **SOME** students with, or at risk for developing, mental health problems through targeted skill-building and referrals to mental health support teams. Our schools support targeted students through enhanced doses of skill development as a form of preventive

intervention. This may include things like social-emotional skill building with behaviour assistants or anxiety management sessions with Alberta Health Services mental health staff that are placed in our schools. Our schools also support targeted students by implementing reasonable educational adjustments to the curriculum, learning environment, attendance and disciplinary procedures.



With the assistance of professionals with mental health expertise, we can lend support to the **FEW** students who require more intensive intervention while at school, ideally working in partnership with involved community agencies. MHCBE administrators, learning services staff and school mental health professionals can serve a crucial role with our most vulnerable students through program planning, co-ordinating integrated plans, supporting initial assessment, crisis response, transitions to, through, and from community services, and ongoing consultation and support in the school and classroom.



Communities Coming Together (CCT) is a mental health capacity building initiative within MHCBE schools that works to promote positive mental health in children, youth, families and support individuals in the community who interact with children and youth. This initiative is based on research and best practice literature that demonstrates that mental and emotional wellbeing can be developed, nurtured and supported through promotion and prevention efforts. CCT staff currently work in every school in our division.

The MHCBE Mental Health Strategic Plan honours the work already being done in our system and community in the area of mental health and well-being and seeks to continue to...



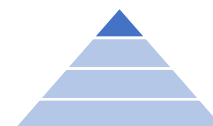
...create empowering inclusive healthy academic, physical, spiritual, and social environments for all students, staff, and families.



...provide classroom, school, and division wide strategies to build student, family and staff regulation, resiliency, and positive mental health.



...build skills and provide supports amongst students, family and staff who are vulnerable through collaboration, connection, intervention, and programming.



...increase co-ordination and communication with community in order to improve overall outcomes for students, families, and staff with complex health needs.

Mental health is everyone's business!



Strategic Priority 2 Enhance Connection, Communication & Collaboration

When schools have strong connections to a range of community organizations and supports families are more likely to use them, and students are more likely to be successful no matter where they fall on the continuum. On the well-being end of the continuum, evidence shows that good relationships with family, friends and the wider communities enhance well-being. Connecting to community enhances social support systems and a good social support system is important for both students and their families. On the other end of the continuum, integrating services produces more effective outcomes. Our focus is on both formal and informal supports. By combining integrated formal services with strengthening interpersonal relationships and utilizing other social and community resources that are available in the family's network, we support the development of the social support system that students and families may need when more formal supports and services end.

Everyone plays a part in the brain story. None of us can build strong brain architecture on our own. By working together, we can support all children, youth and families to foster better health and wellness across the lifespan.



There is evidence that **two-generation support approaches**, those that provide direct supports to parents alongside high-quality learning programs for children, have positive outcomes for both. Achieving break-through outcomes for children experiencing significant adversity requires that we work with the adults who care for them through mentoring and coaching (rather than simply providing information and support).

Parenting success is strongly linked to positive mental health for children.

Informal family and individual support networks are important to positive mental health. Opportunities exist within formal services and supports that can help parents, families, and individuals build their own **healthy informal support network**. With some families and individuals, intentional planning and/or facilitation may be needed to tap into these opportunities.



Religious and Faith-based communities provide a spiritual, social and personal sense of connectedness not always found in other forms of community. The communities have an important role to play in the healthy and holistic development of young children. They help parents (and teachers) introduce a dimension of human development that goes beyond the brain and body, by providing a starting point for moral development in children and youth.

MHCBE is committed to fostering and developing connections to and partnerships with a wide range of community organizations and supports including, but not limited to, the following...

“One of the marvelous things about community is that it enables us to welcome and help people in a way we couldn't as individuals. When we pool our strength and share the work and responsibility, we can welcome many people, even those in deep distress, and perhaps help them find self-confidence and inner healing.”

(Jean Vanier, *Community and Growth*)

Community CONNECTION



Community Services

McMan Parent Link Center
 FASD Network
 Housing First
 Bridges
 CORE Association
 Next Step
 Redi
 Sammis Immigration
 Medicine Hat Youth Action Society
 Canadian Mental Health Association
 Big Brothers/Big Sisters
 Kid Sport/Jump Start
 Child Advocacy Center



Community Activities

Medicine Hat College
 Cultural Arts Center
 YMCA
 Sports Asocations/Clubs
 Cheerleading Clubs
 Girl Guides
 Scouting
 Dance Studios/Clubs
 Music
 Drama Clubs
 School of Performing Arts
 MH Adaptive Sports and Recreation
 Writer's Club
 Martial Arts
 Nature Interpretative Program
 Army, Air, and Sea Cadets

**Med Hat Active
 Groups & Organizations Link:**
goo.gl/CjCtwh



Mental Health Workers
 Addictions Counselling
 CHADS
 Family Doctors/Pediatricians
 FASD Clinic
 Developmental Diagnosis Clinic
 Adolescent/Child Psychiatrist
 PAS Program
 Public Health Nurses
 Youthtopia



Alberta Supports
 Children - FSCD and SSCD
 Adults - PDD and AISH
 Alberta Works
 REAL Program
 Child and Family Services
 Clinical Supervisor
 Crisis Team



School Resource Officers
 EPIC Program (Grade 4, 6, 8)
 Probation/Justice



Recreation Facilities
 Medicine Hat Food Bank
 Medicine Hat Housing Society
 Community Food Connections
 Library
 Esplanade
 Family/Community Support Workers
 Miywasin Community Center
 Miywasin Youth Development Program



Holy Family Parish
 St. Patrick's Parish
 Youth Co-ordinator
 Priests and Deacons
 Youth Goups
 Grief Counseling
 Knights of Columbus
 Catholic Woman's League



Private Providers

Child/Youth Psychologists
 Behavioural/Developmental Workers
 Occupational Therapists
 Speech-Language Therapists

OTHER Supports and Services

ATA Outreach
 Inclusion Medicine Hat
 Local Support Groups



A Continuum of Supports and Services...

The Medicine Hat Catholic Board of Education has been implementing a pyramid of intervention approach to address student learning and social-emotional needs for several years now. This approach offers a systematic way of providing a continuum of supports that range in type and intensity, depending on the individual needs of students. Student needs can shift and change over time and context, therefore supports and interventions must also be fluid and flexible.



A pyramid of intervention approach to supporting mental health is strength-based because it builds on two key understandings.

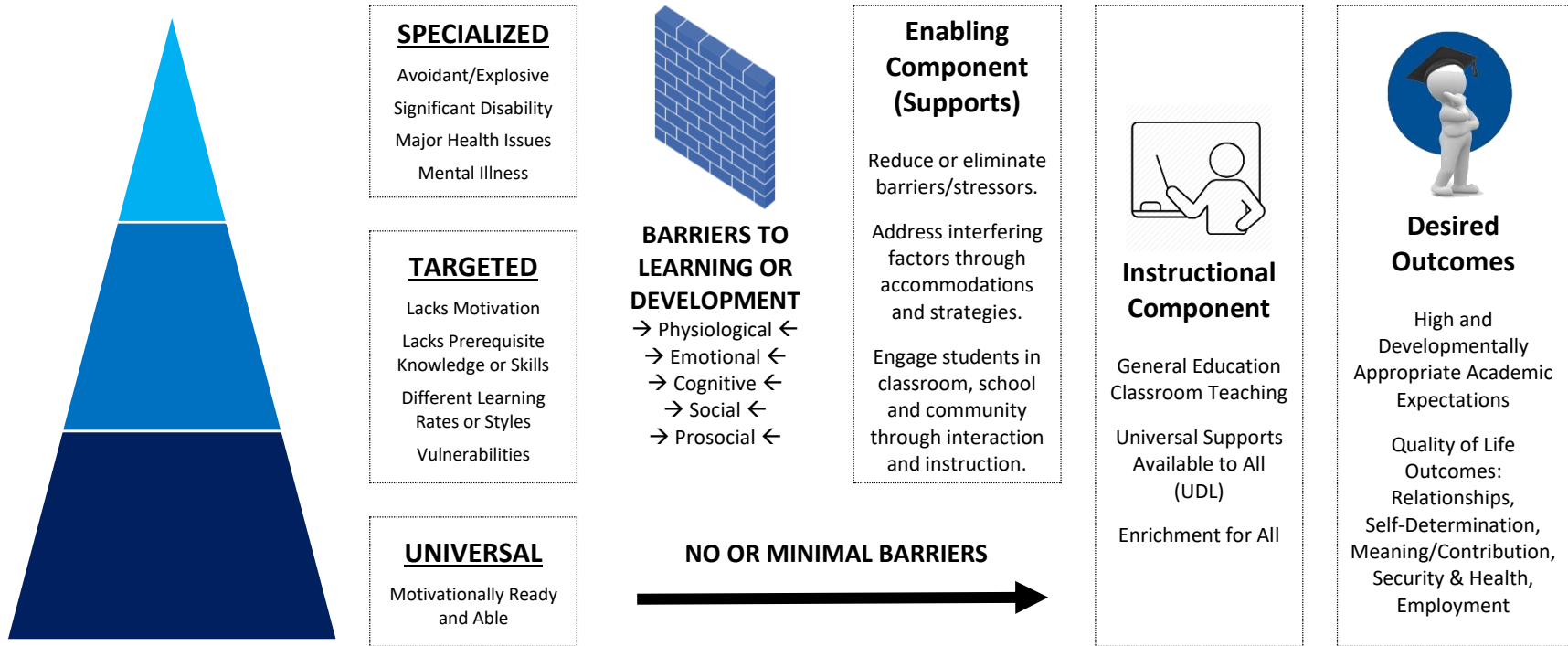
- *With the right strategies and supports, all students can be successful learners and experience positive mental health and wellbeing.*
- *Identifying the most effective supports for students is a collaborative, problem solving activity.*

MHCBE's mental health support pyramid is organized around four levels of supports and interventions:

- *Foundation (universal level);*
- *Health Promotion and Prevention (universal level);*
- *Early/Pro-active Identification and Intervention (targeted level); and*
- *Co-ordinated Specialized Supports (specialized level).*

The metaphor of the pyramid illustrates that to be effective, targeted and specialized levels of support need the solid base of universal supports. Enhancing universal supports will reduce the number of students requiring targeted supports, and enhancing targeted supports will lessen the number of students requiring specialized levels of supports. In addition, intervention typically starts with universal supports before moving to more intensive interventions.

THE PATH TO DESIRED OUTCOMES FOR A RANGE OF LEARNERS



----- TIERS OF SUPPORT FOR LEARNING AND DEVELOPMENT -----



Foundation



...create empowering inclusive healthy academic, physical, spiritual, and social environments for all students, staff, and families.

ELP K 1 2 3 4 5 6 7 8 9 10 11 12

Attachment, Relationships and Connections												
Faith-Based Education and Faith Development												
"Ready to Learn" Environments (Neurological Informed Approaches)												
Supporting Physical Health/Well-being												
Safety and Wellness Promoting Policies												
Employee Wellness												



Community Recreation and Arts Activities/Facilities,
Library, Esplanade
Parish Involvement – Priests, Holy Family Parish, St.

Patrick's Parish, CWL, K of C, Youth Co-ordinator
Medical Check-ups (Pediatricians, Family Doctors)
ATA Outreach Support



Trauma-Sensitive Schools: Traumatic experiences are prevalent in the lives of children. Trauma experiences can impact learning, behaviour and relationships in schools. Trauma-sensitive schools help children feel safe so they can connect and learn. Trauma-sensitive approaches are good for all students. Attributes of trauma-sensitive schools include:


- Leadership and staff share an understanding of neurology of "ready to learn" environments and the need for a school-wide approach.
- The school supports all students to feel safe physically, socially, emotionally, and academically.
- The school addresses students' needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being.
- The school explicitly connects students and families to the school and the larger community and provides multiple opportunities to practice newly developing skills.
- The school embraces teamwork and staff share responsibility for all students.
- Leadership and staff anticipate and adapt to the ever-changing needs of students.

"Everyone has a right to have a future that is not dictated by the past."



Foundation

Many universal supports that enhance positive mental health can be naturally embedded in day-to-day activities and practices across the school day. This includes intentionally designing healthy and regulating environments as well as day-to-day practices such as showing compassion and support, demonstrating interest in students, and incorporating opportunities for students to learn and practice social-emotional skills into classroom activities.

Strategy	Description	Actions (Current and Future)
<p><i>Attachment, Relationships and Connections</i></p> 	<p>Target Grades: ELP to Grade 12</p> <p>Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.</p> <p>Social inclusion is a powerful determinant of mental health and wellbeing. Belonging to a social network acts as a buffer against stress, promotes positive mental health and supports healthy behaviour patterns. Supportive relationships help people to feel cared for, loved, esteemed and valued.</p> <p>Secure attachment to adults in an environment is the foundation for learning. Insecure attachment is thought to be the result of unpredictable and/or anxiety-provoking interactions with caretakers. They are often unable to be soothed and comforted by others. Learning and development are inhibited because they have not yet gained a predictable sense of safety in relationships with others. These students need an explicit focus on building healthy relationships.</p>	<ul style="list-style-type: none"> • Intentional Classroom, School and Community Building Activities including Spirit Days, Class Meetings, School Assemblies...etc. • Parent and Family Activities (Meet the Teacher evening, movie nights, family dances, showcases of learning...etc.) • Facilitating a Sense of Solidarity - Social Justice, Service Projects, Leadership Groups • Providing a range of extra-curricular opportunities. • Fostering a personal sense of purpose/contribution in students, staff and families. • Promoting connections to caring adults. • Facilitation of “student voice”. • Facilitating a close working relationship with Parent Council to create opportunities for community building and strengthening relationships • On-going and meaningful dialogue with parents and guardians; eliciting their voice in the creation of school community, parent contact, parent-teacher interviews, parent information sessions...etc. • Use of newsletters, social media and website to share information with student, staff and families.

Faith-Based Education and Faith Development



Target Grades: ELP to Grade 12

MHCBE is committed to nurturing the relationship between our Catholic Faith and Mental Health. There is much evidence to suggest that one's faith offers a protective factor against mental illness. Living our Catholic Faith teaches us about the compassion and dignity of all persons. Mental health is an integral part of that compassion and dignity.

Mentally healthy schools aspire to be Christ-like communities, caring, inclusive, and respecting the dignity of all persons. By providing safe and supportive environments for all students, including those with social, emotional, and behavioural challenges, all are welcome to participate in the faith community of school, supporting the strategic direction of Faith Development/Well-being.

- Prayer
- Assemblies
- Celebrations
- Religion Classes
- Connect Families to Churches
- Life Framework
- Retreats
- Service Projects
- Faith Permeation

“Ready to Learn” Environments



Target Grades: ELP to Grade 12

If we are to improve student learning, students must be 'ready to learn'. A comprehensive mental health plan must sit on top of the foundation of self-regulation. If we can understand and reduce the stressors in our learning environments, help students learn what it feels like to be calm and focused, and help our students to develop strategies that help them get back to calm and focused when hyper or hypo-aroused, we will encourage optimum learning and developmental conditions.

Occupational Therapist Support with regulation strategies

Flexible and Responsive School Spaces: Just Right Rooms, Learning Commons, Break-Out Rooms, Regulation and Student Support Rooms, Gathering Spaces, Low-arousal Work Spaces, Micro-environments in Classrooms...etc.



Self-Reg Professional Learning

- 2017-18 Self-Reg Three-Day Learning Series for Early Learning and Kindergarten Teachers.
- 2018-19 Learning Assistant Professional Development Day Self-Reg Sessions
- Evaluate and respond to need beyond initial PD sessions
- Self-Reg Idea Book and other resources available to all staff through Division Intranet

**Physical Health
(Sleep, Hygiene, Nutrition
and Physical Activity)**



Target Grades: ELP to Grade 12

MHCBE is committed to providing school environments that promote and protect children’s health, well-being and the ability to learn by supporting healthy eating and physical activity.

NEW

Breakfast and Lunch Programs at Mother Teresa and St. Louis

- Contracted Early Learning Feeding Support
- Brown Bag Lunch Program
- Moving and Choosing
- Get Active Program
- Nutrition Program
- Daily Physical Activity
- Classrooms and schools incorporating “Movement Break” options

Policy and Procedures



Target Grades: ELP to Grade 12

The School Act outlines increased responsibilities for boards, schools, parents and students to ensure that schools are welcoming, caring, respectful and safe learning environments that respect diversity and foster a sense of belonging. MHCBE policies and procedures that promote positive school climate and staff, student and family well-being include

- **Safe and Caring Schools**
- **Student Code of Conduct**
- **Safe Interventions with Students**
- **Life Framework**

- Ongoing Implementation of Life Framework
- Review Relevant Policies with Administrators and School Staffs
- Develop Safe Interventions with Students AP

Employee Wellness



Target Grades: n/a

Employee wellness is paramount to the success of supportive relationships. Compassion is quintessential to the establishment of trust, respect and safety in any growth promoting relationship. Those supporting students with mental health needs are vulnerable to feeling unqualified, overextended, and isolated in their efforts to motivate and evoke change. In these conditions, frustration and emotional exhaustion can replace compassion.

- Health Spending Account
- Support for Professional Learning – PD Account, Regular Allocated PLC and PGP Time, PD Opportunities
- Division Days: Chili Cook Off, Mass, PD Sessions
- SIVA Module on Caregiver Self-Care
- Staff Prayer and Faith Development
- Contracted Personal Days

NEW

Workplace Mental Wellness Initiative: “Not Myself Today”

“READY TO LEARN” ENVIRONMENTS

“Since learning is a complex activity of the whole person, advancing student success requires attention to students as whole people, and to their individual and collective well-being.” (Keeling, 2014)

Self-Reg is a framework for understanding stress and managing tension and energy. When an individual’s stress levels are too high, various systems for thinking and metabolic recovery are compromised. The signs of dysregulation can show up in the behaviour, mood, attention and physical well-being of a child, teen or adult. There are five domains in the Self-Reg Framework: biological, emotion, cognitive, social and pro-social. Each of these domains is unique to the individual. All five domains are essential components that are necessary for understanding holistically why a student (colleague, parent, or even ourselves) may be acting the way they are and what we can do to help them to achieve their potential. The Framework provides an organizational structure for thinking about self-regulation and considerable flexibility and adaptability for application.

The work of Self-Reg is always about all five of the domains together. Strategies can be starting places but the shift comes as Self-Reg moves into the school culture as a foundation for student well-being and learning.



Biological Domain: When we are trying to understand a student’s stressors, we typically begin with the biological domain, even in cases when we are dealing with a problem that stands out in one of the other domains. Quite often, a student who is struggling in one of the other domains has a low-level biological challenge that constitutes a constant drain on energy reserves and compromises recovery functions and attention.



Emotion Domain: Emotion regulation is generally seen either through the lens of self-control – i.e., the emphasis is placed on teaching techniques to rein in explosive emotions – or as a meta-cognitive issue – teaching the meaning of different emotional teams (through picture boards, stories, role-playing...etc.). In Self-Reg the emphasis is placed on promoting the student’s embodied understanding of

the physical-emotion nexus: that is, the connection between their physical state and their emotional state.



Cognitive Domain: The cognitive domain is a classic example of when a student’s problems may be mistakenly seen as due to a lack of effort when they are, in fact, due to stress overload. The problems we are dealing with here are generally attentional: e.g., a limited ability to stay focused on a task; heightened distractibility; poor organizational or problem-solving skills. Historically, such problems were treated with some form of punishment-and-reward, but in recent years we have seen the development of effective techniques to compensate for challenges in these areas (e.g., executive function coaching). Self-Reg enhances the effectiveness of these strategies by first working on the sources of the student’s cognitive problems.



Social Domain: The standard approach to working on problems in the social domain is some form of skill training, where one attempts to teach the student social conventions or concrete strategies for dealing with interpersonal conflict. Self-Reg seeks to work on the underlying causes of the student’s problems in this domain: in this case, the effect of an excessive stress load on the student’s social behaviour; and, in particular, the effect of social stress on the student’s ability to ‘mind read’ and ‘mind display’.



Pro-Social Domain: Teachers consistently report that they find students most ‘challenging’ or difficult when they are mean, selfish, or outright cruel. Often, our automatic response to such behaviours is to lash out at what we perceive as an irreparable ‘character defect’. But here, too, Self-Reg teaches us to pause and reflect on the stressors that the student is experiencing. The goal is not to develop some sort of saintly tolerance in regards to deplorable behaviour, but rather to recognize and reduce the stressors that the student is experiencing, including the uniquely pro-social stress of empathy.

“Self-Reg teaches us how to recognize when a child or teen is in a limbic state and how to respond accordingly.” (Dr. Stuart Shanker)

Health Promotion and Prevention



...provide classroom and school and division wide strategies to build student, family and staff regulation, resiliency, and positive mental health.

ELP K 1 2 3 4 5 6 7 8 9 10 11 12

Universal Assemblies, Presentations, Programs and Workshops

Universal Social-Emotional Learning

* Student Leadership - Symposiums and Student Wellness Teams

* Mental Health Literacy

CCT (Communities Coming Together) Events and Supports



School Resource Officer, Parent Link Center, Public Health Nurse, Canadian Mental Health, Alberta Health Services – Community Addiction, Youthtopia



Self Regulation refers to how people manage energy expenditure, recovery and restoration in order to enhance growth. Effective self-regulation requires learning to recognize and respond to stress in all its many facets, positive as well as negative, hidden as well as overt, minor as well as traumatic or toxic.


Executive Functioning: The development of executive functioning skills is built on top of the development of self-regulation skills. Executive functioning is necessary for positive and level mental health. These skills depend on three types of brain function that are interconnected: working memory, mental flexibility, and self-control. Executive functioning skills are foundational to learning and can be built throughout childhood and into early adulthood through practice and coaching.



Promotion and Prevention

All students benefit from universal supports, regardless of risk factors, and these supports are sufficient for 80 to 85 per cent of the student population to experience success.

There is substantial evidence that mental health promotion and prevention in schools, when implemented effectively, can produce long-term benefits for students in emotional and social functioning and improved academic performance. At the universal level, promotion and prevention strategies are incorporated into the learning environment for all students. This includes frameworks and strategies that contribute to welcoming, caring, respectful and safe learning environments such as, social-emotional learning, comprehensive school health, bullying prevention and positive behaviour supports. Students, school staff and community partners can also counter the stigma associated with mental health issues or mental illness through education that challenges myths and stereotypes.

Strategy	Description	Actions (Current and Future)
<p>Assemblies, Presentations, and Group Programs</p> 	<p>Target Grades: ELP to Grade 9</p> <p>School-based assemblies, presentations, and group programs can play an important role in promoting healthy social/emotional development. MHCBE schools deliver several different programs that motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviours. These programs all students to develop and demonstrate increasing sophisticated health-related knowledge, attitudes, skills and practices.</p>	<ul style="list-style-type: none"> • EPIC (Encouraging Positive Informed Choices) – Grade 4, 6 and 8 • PARTY – Grade 9 • School Specific Bully Prevention Programs, Workshops, Assemblies...etc. • Roots of Empathy Program • Dare to Care • Other Assemblies, Presentations and Group Programs related to healthy choice and development as decided by individual schools and Parent Councils. <p>NEW Junior High Addictions Presentations</p> <p>NEW Big Brothers/Big Sisters Go Girls and Game On!</p>

**Student Leadership:
Student Wellness Teams**



Target Grades: Grade 1 to 12

Engaging students in wellness promotion is an important component of a school's mental wellness strategy. Engaging student voice positions school staff to know what is most important to them and it can drive more meaningful impact for schools.

Student symposiums engage students to increase their knowledge, skills and attitudes in the area of wellness and can be a great starting point for developing school wellness teams. Students collaborate with their CCT supervisor to create an action plan that they can take back to their school community. This will empower the students to be agents of change within their school community.

NEW

CCT to introduce Wellness Teams in all schools

NEW

CCT to run Wellness Symposiums (Junior and Senior High)

NEW

CCT to deliver Health Fairs in Elementary Schools

**Communities Coming
Together (CCT)
Events and Supports**



Target Grades: ELP to Grade 12

The Community Coming Together (CCT) Project is part of the provincial Mental Health Capacity Building Initiative focused on working with educational staff, students and families to promote mental wellness in themselves and others. This project is a joint venture between Alberta Health Services, Alberta Education, The Medicine Hat Catholic Board of Education, and various community partners. CCT has been in existence since 2008 and currently works in all schools in the division with staff based out of Notre Dame Academy, St. Mary's School and Monsignor McCoy.

Facilitate Social-Emotional Learning Sessions in Elementary and Junior High Schools

NEW

Initiate and Facilitate the Development of School-Based Student Wellness Teams

Annual Move for Mental Health Walk/Run and FunFest

School and Community Events

Summer Programs

Wellness Facilitator Presence and Active Participation in Schools

SOCIAL-EMOTIONAL LEARNING PROGRAMS



We Thinkers! is a dynamic, developmental Social Thinking social-emotional learning curriculum for ages 4–8 years old. It combines colorful storybooks, detailed lesson guides, parent engagement, and music to teach children with

and without social challenges to improve their social-emotional problem-solving skills, enabling them to become better social thinkers. It consists of two volumes, *We Thinkers! Volume 1 Social Explorers* and *We Thinkers! Volume 2 Social Problem Solvers*. Each volume consists of five storybooks and a curriculum.



PLAY IS THE WAY is a practical methodology for teaching social-emotional skills. It is as much a process as it is a program. Specifically, it's a program of cooperative, physically interactive games that serve as the back bone for a process

that builds a sustainable whole school culture of:

- Continuous self-improvement
- Adult guidance and role-modelling
- Safety and non-violence
- Peer support, trust, respect and understanding
- Self-regulation and socially responsible behavior
- Openness acceptance and belonging
- Social and emotional competency that helps all children learn to the best of their ability and lead emotionally rich and rewarding lives throughout childhood and beyond.



Zones of Regulation is developed to support students with social, emotional, and sensory regulation. This incorporates the use of visual supports, the development of executive functions

and cognitive control of behaviours, as well as the principles from Social

Thinking to help students become aware of themselves and the impact their behaviour has on others. It is made up of a set of 18 sequenced lessons for use by professionals, as well as parents and caregivers. The Zones uses four colours to help students identify visually and express verbally their feelings and emotions in the moment, as well their level of alertness. Students can explore tools such as sensory supports, calming techniques and thinking strategies.

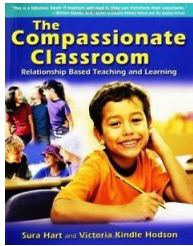


MindUP is science-centric and evidence-based, with over 10 years of research conducted on the program's efficacy. The program is grounded in the pillars of neuroscience, positive psychology, mindful awareness and Social-Emotional Learning. 15 lessons on topics such as gratitude, mindfulness and perspective taking are brought to life by a teacher or presenter. MindUP provides an immersive discovery experience along with daily practices, such as the guided "Brain Break" breathing exercise. It drives positive behavior, improves learning and scholastic performance, and increases empathy, optimism and compassion. The program has curriculums for the following age groups: Pre-K to 2nd Grade, 3rd to 5th Grade, and 6th to 8th Grade.

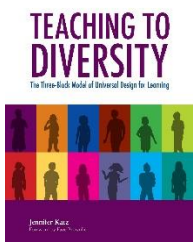


The **Strong Kids** programs are brief and practical social-emotional learning curricula designed for teaching social and emotional skills, promoting resilience, strengthening assets, and increasing coping skills of children and adolescents.

Developed by researchers at the University of Oregon, these programs are developmentally appropriate and span the K-12 age range: **Strong Start** is for use with students in grades K-2, **Strong Kids** is designed for students in grades 3-8, and includes versions for both elementary and middle school students; **Strong Teens** is designed for use with high school age students, those in grades 9-12. These evidence-based programs are designed to be used for wellness promotion, prevention, and early intervention, and have a wide range of applications.



The Compassionate Classroom is a long awaited how-to guide for educators who care about creating a safe, productive learning environment. With 45 years combined teaching experience, Sura Hart and Victoria Kindle Hodson merge recent discoveries in brain research with the proven skills of Nonviolent Communication and come to a bold conclusion - when compassion thrives, so does learning. *The Compassionate Classroom* gives educators powerful skills to create an emotionally safe learning environment where academic excellence thrives. Build trust, reduce conflict, improve cooperation, and maximize the potential of each student as you create relationship-centered classrooms. This how-to guide is perfect for any educator, homeschool parent, administrator or mentor. Customizable exercises, activities, charts and cut-outs make it easy for educators to create lesson plans for a day, a week or an entire school year. *The Compassionate Classroom* is the first complete curriculum for teaching the NVC process to elementary age students.



The **Respecting Diversity Program** is designed to build an inclusive learning community. The activities in the program help students develop a positive self-concept and respect for others, reduce challenging behavior, and create learning teams that support diverse learners. This nine lesson program introduces the theory of Multiple Intelligences to give students common language about their strengths and learning styles. Students begin by identifying their own strengths and then work together to build a “classroom brain” to gain perspective on the diverse learning styles and strengths that exist within their classroom. This is followed by an exploration of working with homogeneous and heterogeneous groups to build a better understanding of the importance and benefits of diversity.



Fourth R is an evidence-based resource that is aligned to the Health and Life Skills Program of Studies for Grade 7 to Grade 9. It is taught during regularly scheduled Health classes along with many opportunities for cross-curricular education. Through a whole school approach, students are developing skills in making responsible decisions and building healthy relationships. Fourth R seeks to involve the school and community in delivering positive messages to youth. Students are engaged through active learning, peer mentoring and role modeling of appropriate behaviours. The Fourth R is supported through a Catholic perspective, that is consistent with Catholic teaching and beliefs. It includes scripture passages that support the learnings in each unit, as well as prayers that enable youth to ask for guidance and support from God.

Note that these are highlighted curriculums based on what Early Learning, CCT and Learning Service staff are currently supporting. There may be other curriculums that are delivered by teachers throughout the division.

ASSEMBLIES, PRESENTATIONS and PROGRAMS



EPIC (Encouraging Positive Informed Choices) is a new program designed by the Medicine Hat Police Service which builds on the Drug Abuse Resistance Education (DARE) program that was previously delivered in the schools.

EPIC addresses issues identified as a concern in our community and offers ongoing education in Grade 4, 6 and 8.

- Grade 4 – Tobacco, Friendship
- Grade 6 – Alcohol, Tobacco/Marihuana, Cyber safety/Online Bullying, and Refusal Skills
- Grade 8 – Drugs and Cyber Safety/Online Harassment



PARTY (Prevent Alcohol and Risk-Related Trauma in Youth) is a full-day session delivered at the Medicine Hat Hospital for grade 9 students that includes speakers who have real life experience with risk-

related trauma such as nurses, injury survivors, and police.



Roots of Empathy
Racines de l'empathie

Roots of Empathy is an evidence-based classroom program that has shown significant effect in reducing levels of aggression among schoolchildren by raising social/emotional competence and increasing empathy.

At the heart of the program are a neighbourhood infant and parent who visit the classroom every three weeks over the school year. A trained Roots of Empathy Instructor coaches students to observe the baby's development and to label the baby's feelings. In this experiential learning, the baby is the "Teacher" and a lever, which the instructor uses to help children identify and reflect on their own feelings and the feelings of others. This "emotional literacy" taught in the program lays the foundation for safer and more caring classrooms, where children are the "Changers". They are more competent in understanding their own feelings and the feelings of others (empathy) and are therefore less likely to physically, psychologically and emotionally hurt each other through bullying and other cruelties.



Dare to Care was created with the understanding that bullying is a societal issue and that if we are to have any impact, all stake-holders within a school, community or workplace must be involved in creating a climate of change. Through grade

appropriate assemblies and skill development, students are given the knowledge and skill set to collectively make a difference in their lives and in the lives of others. The Dare to Care Student Day emphasizes the important concepts of awareness, empathy, resilience and social responsibility.



Go Girls is a group mentoring program for girls ages 12-14 that focuses on physical activity, balanced eating and self-esteem. The single, most important goal of the program is to positively shape the lives of young women and girls by helping them build a positive self-image – setting them on a path to reach their full potential in life.



Game On! is a group mentoring program for providing boys and young men with information and support to make informed choices about a range of healthy lifestyle practices. Through non-traditional physical activities, complemented with healthy eating support, participants are engaged in life skills, communication, and emotional health discussions designed to engage participants in the pursuit of life-long healthy lifestyles.

Note that these are highlighted programs. There may be other programs that are delivered throughout the division.

CCT - COMMUNITIES COMING TOGETHER



The Community Coming Together (CCT) Project is part of the provincial Mental Health Capacity Building Initiative focused on working with educational staff, students and families to promote mental wellness in themselves and others. This project is a joint venture between Alberta Health Services, Alberta Education, The Medicine Hat Catholic Board of Education, and various community partners. CCT has been in existence since 2008 and currently works in all

schools in the division with staff based out of Notre Dame Academy, St. Mary's School and Monsignor McCoy.

CCT is one of 37 mental health capacity building projects throughout Alberta. The goals of these provincial projects include

- developing and enhancing collaborative practices among service providers in school settings
- reducing barriers to obtaining required services
- decreasing the stigma related to mental health issues
- engaging students, parents, project partners and community members in the development, implementation, and progress of their projects
- supporting smoother access to services
- increasing effectiveness while reducing the need for more intensive mental health and crisis services in the long-term.

CCT embraces the opportunity to work with children, youth, school staff and families to develop shared understanding of mental health and to dispel many of the myths that surround mental illness. CCT activities assist school staff, students and to identify various ways to manage stress and build resiliency.

CCT activities and initiatives include:

- **Social-Emotional Learning (Grade 1-9):** Social-emotional Learning is essential for positive mental health, working with others, building resiliency, communicating effectively, persevering to achieve goals and reducing bullying and risk behaviours. When students have sequenced, active, focused and explicit opportunities to learn and practice social-emotional skills, they are better able to achieve academically and contribute to creating welcoming, caring, respectful and safe learning environments by demonstrating positive social behaviours. CCT Wellness Facilitators deliver theme-based social emotional learning opportunities in all elementary and Junior High schools in the division.
- **Facilitate Student Wellness Teams:** Student Wellness Teams help students create meaningful change in their own wellness and in their schools by encouraging them to mobilize, organize, and speak out for a healthy and active school culture.
- **School and Community Events:** Throughout the year, CCT and various community partners host wellness promoting events, programs and information sessions for students and families.
- **Annual Move for Mental Health Walk/Run and FunFest:** Each year during Mental Health Awareness week, CCT hosts this free event in Kin Coulee Park with the focus on promoting mental wellness through connection, fun family activities and a non-competitive walk/run.
- **Summer Programs:** CCT offers free summer programs for students in Grade 5-6 who will be transitioning to a new school in September. Students in Grade 7-9 are invited to participate as youth mentors. These programs create the opportunity for students to get to meet other students, ease some of their nervousness about starting a new school year, have fun, and learn approaches to promote their own mental wellness. Activities include things such as swimming, lawn bowling, attending the parade, The Amazing Race, and visiting various other places in the community. During the month of August, CCT also hosts family activities in the evenings.

Early/Proactive Identification and Intervention



...build skills and provide supports amongst students, family and staff who are vulnerable through collaboration, connection, intervention, and programming.

ELP	K	1	2	3	4	5	6	7	8	9	10	11	12
FOPS													
* Parent Programs and Information Sessions													
Strength-Based Collaborative Planning													
			Group and/or Individual Interventions										
Student Support Spaces/Rooms													
* Mental Health Related PD Standards for School Counselors (Connect, ASIST, MH First Aide, VTRA..etc.)													
			* Go-to Educator Training										
SIVA Training and Support for Implementation													



CHADS Supports and Groups, McMann Parent Link Center, Family Doctors and/or Pediatricians, School Resource Officers, FSCD, Big Brothers/Sisters, CFS, Bridges, FASD & Developmental Clinics, Saamis Immigration, Psychologist, Kid Sport/Jump Start, City Family and Community Support Workers, Agencies (CORE, REDI, Next Step), Youthtopia




Supporting Resilience through Developmental Pathways: In the classroom, student stress symptoms may be understood as attentional deficits, learning disabilities, or behavioural/conduct problems. Researchers argue that stress-responsive behaviours are important coping mechanisms that a child may develop to survive extremely stressful experiences, and that focusing on eliminating these behaviours may be damaging to the student. Therefore, it is important for educators working with traumatised and/or overstressed children to understand the key developmental pathways that may be affected by childhood trauma or ongoing stress, and how to support resilience through these pathways. Key pathways to be considered are attachment, competency and self-regulation.



Identification and Intervention

Targeted Identification and Intervention supports are those strategies and interventions designed for the approximately five-to-15 per cent of the student population who require additional supports or interventions to be successful. Targeted strategies are proactive in addressing mental health problems that are typically reactions to life circumstances or events, and that are impacting a students' ability to function.

Students identified as being at risk for, or experiencing, mental health problems that affect their functioning at some level (home, school and/ or community) may need targeted, short-term interventions focusing on skill-building in areas such as managing emotions, focusing attention, resolving conflict or problem-solving. There may be a need for referral to mental health supports or services that may be internal or external to the school.

Strategy	Description	Actions (Current and Future)
<p>Early Learning FOPS (Family Oriented Programming Sessions)</p> 	<p>Target Grades: ELP to Kindergarten</p> <p>Family-oriented programming is an individually planned, developmentally appropriate intervention for children with severe disabilities/delays and their families. It is designed to engage the child's parent(s) or guardian(s) in a process that helps them to implement the goals and objectives of the Individualized Program Plan (IPP) within the home and community environment.</p> <p>Family-oriented programming is implemented under the direction of a certificated teacher. This takes place outside of centre-based programming hours, and is based on a 1:1:1 service delivery model where the child, parent and member of the learning team from the school authority are all present and involved.</p>	<p>Division hired staff complete home visits as outlined in the Alberta Education FOPS guidelines.</p>

**Parent Workshops,
Information Sessions
and Programs**



Target Grades: ELP to Grade 9

Parents and guardians are an integral part of student well-being and achievement. When families are engaged, students demonstrate increased motivation, higher grades, and better outcomes. Empowering families with knowledge about mental health and well-being encourages better outcomes as well. MHCBE endeavours to offer parent workshops and information sessions that will empower parents with tools to support the mental well-being of their child.

MHCBE currently is aiming to expand the scope of programs, workshops and information sessions that are available to parents.

Triple P – Positive Parenting Program

NEW

Self-Reg Parent Workshops and Information Sessions

NEW

CONNECT Parenting Program (2017-18 – Train Specific Division Staff)

**Strength-Based
Collaborative Planning**



Target Grades: ELP to Grade 12

Across ELP to Grade 12, children and youth receive the benefits and supports from a range of professionals including:

- Speech-Language Pathologist
- Occupational Therapist
- School Liaison Counsellors
- Mental Health Workers
- School-based Behaviour Assistants
- Learning Services Facilitators and Consultants

See below for an explanation of how each member of the team contributes to the mental well-being of the student.

These professionals collaborate with school-based staff and families in various ways. Collaborative planning sessions focus on school but also extend to supporting the student and family in home and community. Helping individuals to create sustainable connections within their local community allows them to pursue personal goals and enjoy good quality of life independently. By empowering individuals to participate autonomously in their community we are helping to reduce their need to access paid mental health services.

Early Learning – ISP Meetings and Collaborative Consultations

Elementary Schools – Monthly CPC Meetings

Junior and Senior High – Weekly Support Team Meetings

Behavioral/Developmental Clinic or FASD Clinic

Safety and Regulation Support Plan and/or SIVA WISE Plan

As-needed Collaborative Meetings

Group and/or Individual Targeted Interventions



Target Grades: Kindergarten to Grade 12

The goal of group or individual targeted interventions is to provide support to students to meet their needs, to keep students in class, engaged and learning, and to avoid escalation to more intensive services.

Implementing reasonable educational adjustments to the curriculum, learning environment, attendance and disciplinary procedures in order to support priorities that lead to whole student growth and development.

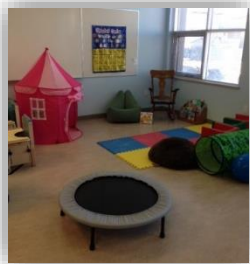
Interventions Delivered/Facilitated by

- AHS Mental Health and Addictions Counselling
- School Liaison Counsellors
- School-based Behavioural Assistants

NEW Big Brothers/Big Sisters - Teen Mentoring and In School Mentorship (Big Brothers/Big Sisters) Age 6-16

Senior High – Learning Strategies Class

Student Support Spaces



Target Grades: ELP to Grade 12

To be successful in natural environments, some students will need supports that may be best delivered in other areas of the school or within specialized student support spaces. The goal of specialized student support spaces is both to connect the student positively and respectfully to school and to prepare or equip the student so that they are able to actively learn, engage and participate within inclusive learning, life, and social contexts.

Elementary Regulation, Intervention and Therapy Rooms

Junior and Senior High School Student Support Rooms

Low Arousal Work Areas

NEW Develop Support Space Divisional Guidelines (Appendix to Safe Interventions AP)

PD Standards for School Counsellors



Target Grades: ELP to Grade 12

Professional development activities help counselors acquire essential skills and knowledge to ensure personal growth and on-the-job effectiveness. Professional Development encompasses all types of facilitated learning opportunities, ranging from clinical supervision, conferences and informal learning opportunities situated in practice.

NEW Administration and Hugh Lehr will work together to establish what these standards should be.

Go-To Educator



Target Grades: ELP to Grade 12

Go-To Educator Training is a one-day training for all school staff. The focus is to develop mental health literacy among staff and provide information on how to identify and make effective referrals for students, who are struggling with mental health concerns.

Go-To Educators are school staff members whom students naturally go to for help in the school setting. They can be subject teachers, counsellors, social workers, learning coaches, administration staff or support staff.

Go-To-Educators learn to do the following:

- Bring a higher level of contextualized mental health knowledge to the school setting
- Be a person whom students know that they can contact if they have a concern
- Link the student to appropriate “in school” supports
- Provide on-going support to the student

NEW

Patty Wagman and Chuck Hellman will develop a Go-To Educator Training Plan

Target Grades: ELP to Grade 12

SIVA (Supporting Individuals through Valued Attachments):

SIVA Training has developed a holistic, relationship-based model that effectively utilizes collaboration, goal-direction, self-management and healthy empowerment to strengthen relationships and create safety with individuals with challenging behaviours and complex needs. An alternative to crisis-focused programs, the SIVA philosophy and guiding principles inspire problem solving, decision-making and systemic change in how programs establish and maintain safety. The SIVA model is further represented by clear and concise relationship-based strategies of support that participants are able to apply immediately upon completion of the training.



“When you’re grounded in safety, you’re ready to grow.”

NEW

Develop Safe Intervention AP that reflects SIVA approach and philosophy.

NEW

Incorporate elements of SIVA PSME (Proactive Safety Management Evaluation) into Safety and Regulation Plan in Dossier ISP system

Ongoing support for development and implementation of WISE (Working Interactive Safety Evaluation) Plans

Parenting Programs and Information Sessions



The Triple P – Positive Parenting Program® is one of the most effective evidence-based parenting programs in the world, supported by more than 30 years of ongoing research. Triple P gives parents simple and practical strategies to help them confidently manage their children’s behaviour, prevent problems

developing and build strong, healthy relationships. Triple P is currently used in 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.

The Triple P – Positive Parenting Program® is a parenting and family support system designed to prevent – as well as treat – behavioural and emotional problems in children and teenagers. This program aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential.

Triple P draws on social learning, cognitive behavioural and developmental theory, as well as research into risk factors associated with the development of social and behavioural problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support. More than half of Triple P’s 17 parenting strategies focus on developing positive relationships, attitudes and conduct.



Self-Reg Parent Workshops and Information Sessions (Understanding Children’s Stress and its Impact on Behaviour, Mood and Well-Being):

Self-Reg is a framework for understanding stress and managing tension and energy. When an individual’s stress levels are too high, various systems for thinking and metabolic recovery are compromised. The signs of

dysregulation can show up in the behaviour, mood, attention and physical well-being of a child, teen or adult. There are five domains in the Self-Reg

Framework: biological, emotion, cognitive, social and pro-social. Each of these domains is unique to the individual. All five domains are essential components that are necessary for understanding holistically why a student (colleague, parent, or even ourselves) may be acting the way they are and what we can do to help them to achieve their potential. The Framework provides an organizational structure for thinking about self-regulation and considerable flexibility and adaptability for application.

Today’s children are dealing with higher levels of stress than in past generations. These workshops/information sessions introduce parents to Self-Reg, a powerful method for understanding and responding to their children’s (and their own) stress, energy and tension. Topics covered in various workshops may include:

- The impact of excessive stress on children and adults.
- The importance of relationships for good parenting.
- The difference between stress behaviour and misbehaviour.
- How parents can use Self-Reg strategies to understand and respond to children’s stress.
- The Self-Reg Framework (5 Steps and 5 Domains)



The Connect Parent Program is a 10-week program to help parents and caregivers of pre-teens and teens who are struggling to understand and respond to difficult behavior. Parents meet in small groups with two trained group leaders for one hour each week. Each session provides parents with new information about parent-teen relationship and adolescent

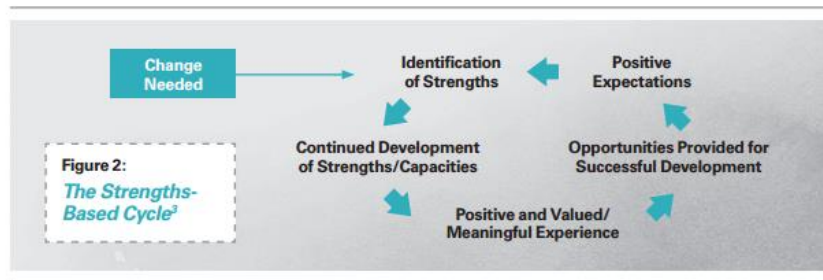
development. Parents watch role-plays and try exercises that open new choices for responding to their teen’s difficult behavior. Parents receive handouts following each session with key points to remember. We understand that each child and each parent is different and change is part of development. Rather than teach only one way of parenting, we help parents see choices that support healthy relationships while setting limits and helping their teen to move forward.

Strength-Based Collaborative Planning

Collaboration is a process for setting common priorities, and incorporating differing perspective. Collaboration reflects a commitment to working together to meet the shared goal of healthy student development. Collaborative process allows for the blending of perspectives, expertise, resources, and shared accountability and responsibility with the goal of improving the success of students and their families.

Successful collaboration involves all team members to

- honour the strengths, experiences and expertise of all involved,
- focus on the individual child and their family, and
- develop meaningful relationships between the child, youth, family, school and community.



Strength Based Planning: Those who embrace a strength-based perspective hold the belief that children, youth and their families have strengths, resources, and the ability to recover from adversity (as opposed to emphasizing problems, vulnerabilities, and deficits). A strength-based paradigm offers a different language to describe children's and families' difficulties and struggles. It allows one to see opportunities, hope and solutions rather than just problems and hopelessness.

It is important to understand the strength-based approach is not about denying that students do experience problems and challenges and that these issues do need to be addressed. But, when the problem becomes the starting point with an emphasis on what a student lacks, a dependency is created on the helping profession with lowered positive expectations and blocked

opportunities for change. A strength-base lens starts with the assumption that problems or challenges are being maintained rather than caused. This directs solution-finding toward strengths and empowerment.

Developing strengths in the following two categories positions individuals to cope successfully in the face of stress-related, at-risk, or adversarial situations.

- *internal/personal strengths* include personal qualities, abilities or talents, and interests or aspirations
- *external/environmental strengths* include resources, social networks, and opportunities.

The steps to a strength-based approach is as follows.



Discovering, Affirm and Increase Awareness of Personal and Environmental Strengths:

- The **personal qualities** are the **traits that define the student**. Example: honest, sensitive, curious.
- **Abilities and talents:** What the student has in terms of **skills**. Example: talent for sports, trusted friend, musical talent.
- **Interests and aspirations:** Elements that foster motivation to achieve an objective. Example: learning to cook, hunting and fishing, having a job.
- **Environmental Strengths:** These are the strengths that are external to the individuals but that can greatly assist them or her in achieving their goals. These include resources, social networks and opportunities. Example: a supportive family, a reliable group of friends, a specific class at school.



Define the Vision: Think through what the student and team are trying to achieve. Describe what it will look like. Define what is wanted or needed, not what the problem is. Examine what is currently working and think through how that can be enhance, expanded or used in different areas.



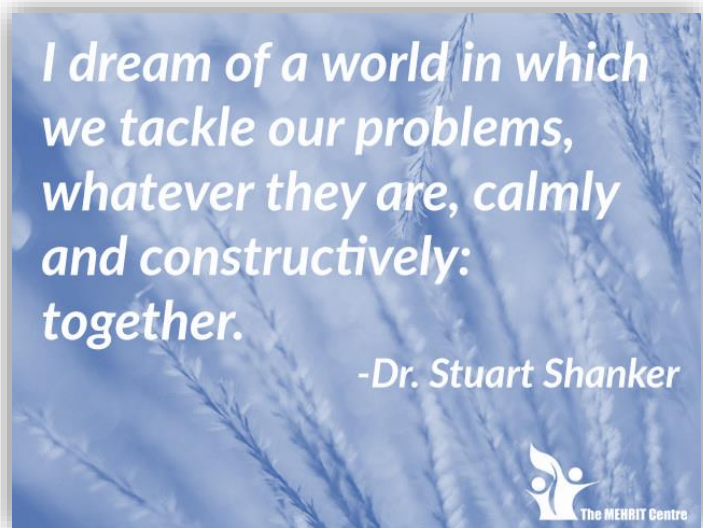
Create an Action Plan: Plan specific steps toward achieving the goal/vision created during step 2. Apply the strengths to the challenges that currently exist. We build resiliency by facilitating the shift of the strengths discovered in Step 1 into over-riding resiliency factors for the student and/or family.

Consider the following:

- **Generalizing use of Strengths**
- **Developing Relationships and Connections**
- **Empowering Activities**
- Connecting student and family to community resources/supports.
- **Modifications/Adaptations:** Starting Point may be Ross Greene's Assessment of Lagging Skills and Unsolved Problems (<http://www.livesinthebalance.org/sites/default/files/ALSUP%20060417.pdf>). Skill development may need to take place but the first step is to stabilize by implementing reasonable adjustments to the curriculum, learning environment, attendance and disciplinary procedures.
- **Skill Development/Enhancement Plan**



Implementation and Follow-up: Implement the action plan developed in step 3. Regularly monitor how implementation is going. Come together as needed to modify plan.



MHCBE Collaboration structures where a strength-based approach can be implemented include:

- Early Learning Collaboration Sessions
- Elementary School Monthly Collaborative Planning Circles (CPC)
- Junior High and Senior High School Weekly Team Meetings
- As-Needed Collaboration Meetings
- Individual Support Plan (ISPs) Meetings
- Safety and Regulation Support Plans and/or SIVA WISE Plans Collaborations
- Case Conferencing
- Parent-Teacher Interviews
- Level B and C Assessment Result Meetings
- All Meetings at the Specialized Level of the Supports Pyramid (see next section of document)

Team Member Roles in Mental Health



SPEECH-LANGUAGE PATHOLOGISTS (Private Contracts and AHS Services)

Speech-Language Pathologists are licensed professionals that support the mental health of children and their families through their commitment to ensure the earliest possible identification and intervention of communication

disorders from infancy through adulthood.

When communication is a challenge, the impact on the health, well-being and quality of life of children and their families is significant. Early language development sets the foundation for children to be able to use language in many environments including at home, at school and in the community to assist in their learning and understanding of:

- verbal instructions and expectations of others
- emotions of self and others
- problem solving/ negotiation/ conflict resolution
- literacy and numeracy skills
- understanding others' points of view/developing conscience
- cultural and social sensitivity.

Untreated problems with speech, language, hearing and communication skills can lead to significant difficulties in any or all of these areas and may lead to other later functional difficulties including behaviour challenges, depression, poor resiliency and isolation in society while strong language and communication skills predict competencies throughout many aspects of development from childhood to adulthood.



OCCUPATIONAL THERAPY (Private Contracts and AHS)

Occupational Therapy intervention plans are based on activities and occupations that children and students engage in on a daily basis. These include playing,

learning/academic tasks, developing strong friendships, participation in physical or other recreational activities, life skills and activities of self-care. The student's personal needs and preferences, such as cultural context,

spirituality, signs and symptoms, risk factors and capabilities (emotional, affective, physical, cognitive) are considered when recommending supports or therapy. Environmental changes can be made to support the student's sensory preferences, need for proximity to an identified teacher and to ensure that the student feels safe and secure at all times. Intervention include:

- Pro-active health promotion and education to school staff and families managing challenging behaviours and to encourage mental health and wellness
- Teacher consultation
- Addressing environment, task, and relational challenges
- Sensory integration therapy
- Social-emotional programs (Zones of Regulation, The Alert Program, The Incredible 5 Point Scale, Social Thinking)



ADDICTION & MENTAL HEALTH WORKERS (AHS)

Mental Health Therapists provide individualized therapeutic support to students with school-based mental health needs. These mental health therapists also work collaboratively with community partners to support

students, families and schools. When a student is referred for AHS Mental Health services an intake session will be completed with parents and a treatment plan will be developed regarding service intervention and focus most appropriate for the student, based on information gathered from all parties.

Note that when a student is referred for support, the decision may be made to offer mental health support in clinic rather than at school. In this scenario, based on the identified need, the therapist determines the best therapeutic approach: group format or pullout; play based interventions; cognitive behavioural interventions; skill/strategy based interventions; professional development; sharing of skills/strategies/ information with teachers and families.



SCHOOL LIASON COUNSELLORS (MHCBE)

School Liaison Counsellors foster a connection between the student, school staff, parents/guardians and the larger community. They use their knowledge and understanding of the reciprocal influences of home, school and community to

intervene for student success by:

- Develop an appropriate intervention plans consistent with individual needs, strengths, life experiences, and social and emotional factors.
- Providing supportive and informal counseling
- Identifying a need, plan and implement small and large group work with students
- Bring an awareness lens by reminding others to question whether the child's behaviour/actions are impacted by mental health.
- Support classroom teachers and other school staff in identifying targeted interventions to enhance mental health for students at risk.
- Ensure school staff gain a knowledge and understanding of mental health concerns that students may experience.
- Become familiar with available community resources that can provide additional mental health supports to students and their families. • Build collaborative relationships with community partners to ensure students and their families receive the additional mental health supports they need.



BEHAVIOURAL ASSISTANTS (MHCBE)

Behavioural Assistants support student learning/behaviour in the school setting by

- Building positive relationships with students.
- Implementing support strategies identified in the student ISP (Individual Support Plan) or Safety and Regulation Support Plan.
- Assists with creating and updating Safety and Regulation Support Plans.
- Works with school staff to implement plans to defuse high arousal situations.
- Participates in classroom management plans as directed.
- Facilitates social skill development either one on one or in small groups
- Facilitates social interactions and problem solving among students.
- Provides instructional or other supports under the direction and supervision of professional staff.



SCHOOL ADMINISTRATORS (MHCBE)

In order to enable all students to achieve their potential and experience positive mental health and well-being, school administrators have an important role in fostering collaboration, engagement and empowerment of all partners in the

educational system. To support mental wellness in schools, administrators

- Create welcoming, caring, respectful and safe learning environments for students, their families and school staff.
- Demonstrate a commitment to the health and well-being of all students, and to acting in their best interests.
- Ensure school staff gain a knowledge and understanding of mental health.
- Work with staff, students and their families to reduce the stigma associated with mental health issues and mental illness.
- Help identify, implement and evaluate the effectiveness of school-based, universal supports that promote positive mental health.
- Build positive working relationships with students, teachers, support staff, families, school councils and community partners so mental health needs can be identified, discussed and responded to.
- Support school staff in building/strengthening capacity in responding to diverse learning needs.



LEARNING SERVICE FACILITATORS (MHCBE)

Learning Service Facilitators are an additional support to assist schools in meeting the diverse learning needs of their students.

The Learning Service Facilitator:

- Builds capacity of teachers and supports student diversity and success through supports and strategies.
- Helps teachers analyze the learner profile of their students, interest inventories, and ongoing formal and informal assessments to support student learning.
- Coordinates targeted and specialized supports for students and liaisons with needed school, home, and community supports.



FMNI LEAD TEACHER (MHCBE)

The FNMI (First Nations/ Métis /Inuit) Teacher facilitates communication among students, staff, parents, grandparents or extended family, the school division, school and partner agencies, including community organizations, Social Services, Family & Children Services, and Mental Health personnel, to advocate for the academic, social, emotional, physical and cultural needs of the FNMI student and his/her family. On a Universal Level, the FMNI Lead Teacher

- Enables all school staff and students to gain a knowledge and understanding of, and respect for, the histories, cultures, languages, contributions, perspectives, experiences and contemporary contexts of First Nations, Métis and Inuit people.
- Pursues opportunities and engages in practices to facilitate reconciliation within the school community.



ELL LEAD TEACHER (MHCBE)

English Language Learners (ELL) statistically are more likely to experience life circumstances that increase mental health risk (i.e. more likely to have parents with lower formal education levels and are more likely to come from low income families).

There is a high overlap between ELL and Immigrant families. Immigrant families may face a number of challenges that impact mental health including separation from their nuclear and extended family, experience trauma related to immigration process, and may face linguistic barriers, financial barriers, and discrimination.

Schools play a powerful role in shaping the experience of immigrant and/or ELL students and their families. The ELL Lead Teacher supports these students, their teachers and their families in creating positive educational and community connections and experiences through

- Providing resources to school staff, students and families pertaining to academics, language learning and Canadian culture.
- Encouraging and supporting teachers to promote peer relationships and support multiculturalism in the classroom/school.
- Connecting ELL/Immigrant families to community supports such as Sammis Immigration, Health and Community Services
- Completing ongoing monitoring of ELL/Immigrant students



INCLUSIVE LEARNING CONSULTANT (MHCBE)

Students with complex needs are children and youth that require significant extraordinary care from more than one ministry due to their personal needs. This may include students with multiple areas of challenge, complex health issues, significant regulation or social/emotional needs. Students with complex needs are particularly vulnerable to mental health issues due to factors of isolation, vulnerability to abuse, limited expressive and/or receptive communication abilities and not being understood. The Inclusive Learning Consultant supports these student's teams and their families in implementing practices that foster mental wellness in this population of students.

- Facilitate interventions, supports, and case management.
- Assist families with community support processes.
- Support the development of inclusive learning environments.
- Work collaboratively with school-linked teams, families and school-based staff (administrators, teachers, learning assistants) to support the facilitation of peer interactions, development of peer relationships, and the movement toward the use of natural supports.
- Identify and support the implementation of adaptations, supports and assistive technologies that may support student regulation, belonging, engagement, and/or learning.

Student Support Spaces

The Medicine Hat Catholic Board of Education recognizes its responsibility to provide a safe and supportive learning and working environment for all students and staff. It is the goal of the MHCBE to keep students within their natural learning environment to the greatest extent possible. Students starting point for school placement is always the age appropriate general education classroom. To be successful in natural environments, some students will need supports that may be best delivered in other areas of the school or within specialized student support spaces. The goal of specialized student support spaces is both to connect the student positively and respectfully to school and to prepare or equip the student so that they are able to actively learn, engage and participate within inclusive learning, life, and social contexts.

Comfort Room/Space: A comfort room/space is a room/space that provides sanctuary from stress and/or can be a place for students to experience feelings within acceptable boundaries. This room/space is a sensory-controlled area that a student self-selects to remove him or herself to from overwhelming situations or environments. The purpose of a comfort space is not exclusion or punishment. The main purpose of the room/space is to support and/or co-regulate with the student in the implementation of self-regulation strategies, resulting in the reduction of challenging stress related behaviour. The comfort room/space may contain materials to assist the student in calming methods (e.g. personalized calming boxes, albums or books, squishy balls, visuals of deep breathing, calming music...etc.).

Even with proactive and trauma informed practices, some students may experience high levels of arousal, stress/anxiety, frustration, and anger while at school as a direct outcome of their history or their exceptionality. Supporting these students to understand and use self-regulation strategies is a proactive means of addressing safety issues and providing the student with increased opportunity for success.

Sensory Room: A room that offers a nurturing, student-centered sensory supportive environment. It is used to facilitate self-organization, self-regulation, restoration, and sensory awareness. The room and the materials in the room are meant to address student needs related to the primary senses of sight, touch, smell, hearing, vestibular and proprioception.

Sensory regulation strategies and tools can be applied in many environments. Ideally, they are implemented in the classroom but it may be necessary for some students to explore and evaluate self-regulation strategies that are implemented in spaces other than a classroom or to have a long-term plan for sensory breaks outside of the general education classroom.

Low Arousal Work or Testing Area: A modified area identified within a school that offers a low sensory working or testing environment that is self-selected by the student. These areas offer spaces where stimulation in the form of people, sounds, light, noise, time pressures, and movement are reduced.

Some students struggle in schools because of the high level of sensory input or anxiety within the school, classroom or testing environment. This may be very relevant for pupils with an autism spectrum disorder. Other students may have sensory processing difficulties as a distinct diagnosis or have a need for a Low Arousal Work Area because of an additional physical need such as a visual impairment. Low Arousal Work or Testing Areas are a means to lower student stress/anxiety and Low Arousal Areas should be designed as teaching/learning areas. The use of low arousal work and testing spaces in MHCBE schools is a proactive self-regulation strategy and is guided by the following principles:

Student Support Rooms: A focused environment to carry out interventions and supports related to specific developmental (behavioural, regulatory, social, emotional) or academic goals. When using a specialized space for this purpose, there should be a plan in place to transition learned skills/strategies to broader environments.

**Co-ordinated
Specialized Supports**



...increase co-ordination and communication with community in order to improve overall outcomes for students, families, and staff with complex health needs.

ELP	K	1	2	3	4	5	6	7	8	9	10	11	12
Case Conferencing													
* Integrated Case Management Plans													
Treatment/Intervention Follow-Up Ongoing Collaboration between Parents, School, Services and Community													
VTRA Process and Trainings													
Attendance Board Meetings													



Adolescent/Child Psychiatrist, Psychologists, McMann, Children and Family Services (Human Services), Police, Family Support for Children with Disabilities (Human Services), Probation/Justice, Clinical Supervisor, Hospital, Family Doctor/Pediatrician, PAS Program, Housing First, Bridges, FASD Network, Transition to Adult Supports (PDD/AISH), Crisis Team, SA Child Advocacy Center,



Evidence-based Interventions and Follow-Up


- Addressing both environment and individual factors.
- Comprehensive and Collaborative Approaches – Intervention, Treatment, Coordination, Case Management and Monitoring
- Culturally, Gender and Disability Sensitive Approaches
- Two-Generation Approaches



Co-ordinated Specialized Supports

Specialized supports are supports and interventions for those two to seven per cent of students who require more intensive and individualized supports that focus on their particular health needs. This level of support often includes access to specialized service providers, partners or training. In these instances, the role of school staff is to support students as they move to, through and from community services, to participate in team meetings, to create a supportive classroom and school environment, and to reinforce skill development/learning. Students at the specialized level of the support pyramid benefit from having solid practices and supports in place at all other levels of the pyramid.

The needs of these students are best served when schools, agencies and service providers participate in a collaborative team-driven planning process that results in creation and implementation of an individualized support plan built on child/youth/family strengths and designed to address identified needs to improve success at home, at school and in the community. Strategies at this level are designed to facilitate collaboration and clear communication/documentation between school, parents/guardians, and community partners.

Strategy	Description	Actions (Current and Future)
<p>Integrated Case Management Plans</p> 	<p>Target Grades: ELP to Grade 12</p> <p>To qualify as a candidate for a Integrated Case Management Plan as student must:</p> <ul style="list-style-type: none">• require significant extraordinary care,• be receiving services from more than one ministry, and• present a need for cross-ministry planning. <p>An Integrated Case Management Plans takes the place of single ministry plans. The cross-ministry team meets to create the plan and then a minimum of twice more during the year to evaluate and update the plan. Having one plan across ministries serves to ensure common focus and practice across environments.</p>	<ul style="list-style-type: none">• Continue to build relationships with partners (engagement, collaboration, RCSD...etc.).• Continue to explore and operationalize structures to enhance ongoing communication and collaboration in situations where multiple partners are involved with a child/family.• Continue to develop and analyze the effectiveness of Integrated Case Management Plans.

**Follow-Up:
Ongoing Collaboration
between Parents, Schools
and Services**

Target Grades: ELP to Grade 12

Transition from mental health system care to school requires considerable coordination, communication, and care. Transitions require ongoing collaboration among the school, the family, and Cross-Ministry services.

- Continue to build relationships with partners (engagement, collaboration, RCSD...etc.).
- Work with community partners to develop a clear follow-up and communication process.

**Case Conferencing
Cross Ministry Meetings**



Target Grades: ELP to Grade 12

Cross Ministry Case Conferences aim to achieve positive outcomes by providing a structured and individualized team planning process. Plans made with multiple partners can serve to be more holistic than traditional care plans in that they are generally designed to meet the needs of both the student and his/her family. At this level of the support pyramid there should be an emphasis on services as well as integrating the student into healthy community and building the family's social support network.

- Continue to build relationships with partners (engagement, collaboration, RCSD...etc.).
- Continue to explore and operationalize structures to enhance ongoing communication and collaboration in situations where multiple partners are involved with a child/family.

VTRA Protocol



Target Grades: ELP to Grade 12

In situations where a child/youth poses an imminent risk to themselves or others, the VTRA Protocol positions partners to work together for the common goal of threat reduction and safety by sharing information, advice, and support that assists in the reduction of risk.

This protocol is based on the Canadian Centre for Threat Assessment and Trauma Response's Canadian model of Violence Threat Risk Assessment (VTRA). The VTRA combines early Secret Service research around school-based threat assessment, and general violence risk assessment practice and protocol. The work reflects scientific research conducted by a number of disciplines including medical and mental health professionals, law enforcement, and specialists in the field of threat management.

- Implementation and evaluation of recently developed Regional Protocol
- Local Opportunities for VTRA Level 1 and 2 Training
- Record of Currently Trained Staff

Attendance Board Meetings



Target Grades: ELP to Grade 12

The purpose of Attendance Board Meetings is to help students and families get assistance to solve a significant barrier to getting to school. In situations that involve chronic absences, educators will not be able to solve the problem alone. Attendance board meetings position families to connect with needed supports including social workers, health partners, and community agencies.



- Continue to build relationships with partners (engagement, collaboration, RCSD...etc.).
- Continue to explore and operationalize structures to enhance ongoing communication and collaboration in situations where multiple partners are involved with a child/family.



MHCBE Mental Health Strategic Plan - Full Circle

How are the initially identified concerns, issues and needs being addressed?

	Concerns/Issues	Keep and Need	Strategic Plan Actions
<p>Foundation and Health Promotion and Prevention</p>	<p>Concerns, Regulation and Skill Building (Shanker 5 Domains):</p> <ul style="list-style-type: none"> Biological: Self-Regulation, Environmental Sensitivities, Malnutrition, Basic Needs Not Met Emotion: Grief/Loss, Anxiety Cognitive: Engagement Social: Conflict Resolution, Friendship Issues, Social Media Issues, Lack of Positive Role Models Pro-Social: Bullying <p>Sense of Self: Body Image, LGTBQ, Self-Esteem</p> <p>Home Life: Silent Home Problems, Lack of Parenting, Neglect, Poverty</p> <p>Attendance</p>	<p>Keep: Behaviour Support, CCT Prevention and Promotion, FMNI Support, CCT Wellness Programs</p> <p>Need: Accessing Community Resources, Change Title of Behavioural Staff, Mental Health in Elementary, Behaviour Assistants in Elementary, Support Classrooms, Anger Management Groups, Parent Engagement, Family Doctors, Church-Faith Community Involvement</p>	<p>Focus CCT (Communities Coming Together) Promotion and Prevention Programs in Grade 1-9. Jointly focus on specific themes throughout the school.</p> <p>Opportunities for Professional Learning on Universal Neurologically Informed Practices (Brain Story, Self-Reg, Trauma-Informed Practices)</p> <p>Expand the types of universal assemblies, presentations and programs that schools have access to. Engage parent councils and community organizations in this process.</p> <p>Expand School Nutrition Programs</p> <p>CCT (Communities Coming Together) to explore the possibility and support the development of Wellness Teams at all schools.</p> <p>School Liaison Counsellors work in classrooms at the Universal Level.</p> <p>Developed Life Framework (and delivered information sessions to all division teachers.</p>

<p>Early/Proactive Identification and Intervention</p> 	<ul style="list-style-type: none"> • Concerning Behaviours: Threats to Others (VTRA), Cutting, At-Risk Behaviour, Substance and Process Abuse (potential for addiction) • Family Issues: Family Violence, Disrupted Attachment, Addiction in Families, Divorce and Separation Issues • Marginalized Groups: Disability (ADHD), LGTBQ, FMNI...etc. 	<p>Keep: CCT, Behavioural Support Consultants, Mental Health Consultants, Social Workers</p> <p>Need: More In-service on Gender Identity, Time to Provide Support, Communication, Transportation</p>	<p>Explore and develop Parent Programs over the three years (<i>either with partners or within the division</i>). Possible programs: Self-Reg Parenting Workshops and Connect Parenting</p> <p>Continue to work with partners in the implementation and development of a regional Behavioural and Developmental Diagnosis Clinic and effective Case Conferencing practices.</p> <p>Shift toward School Liaison Counsellors in elementary schools (i.e. look at a wider lens than just the problem being in the child). These staff seek to understand the multiple factors influencing the situation at hand, the stakeholders involved, the history leading to the current context, and the possible solutions that might be available across environments.</p> <p>Increase the focus of Learning Services Supports on proactive strategies and supports connected to well-being (resiliency, relationships, safety, stress/arousal support/management) and reduce the focus on behaviour control and reaction/response.</p> <p>Create guidelines for Student Support Spaces.</p> <p>Tiered Mental Health PD Standards for school staff.</p>
<p>Co-ordinated Specialized Supports</p> 	<ul style="list-style-type: none"> • Borderline Tendencies, Suicide, Depression • Substance Addictions • Significant/Complex Disabilities that Require Co-ordinated Services – ASD and FASD • Trauma History – PTSD, Sexual Abuse, Refugees, Neglect, Abuse 	<p>Keep: Adolescent Psychiatrist</p> <p>Need: Intense Specialized Support, Local Treatment Center for Youth Addictions, Pediatric Mental Health Ward</p>	<p>Continue to build relationships with partners (engagement, collaboration, RCSD...etc.).</p> <p>Continue to explore and operationalize structures to enhance ongoing communication and collaboration in situations where multiple partners are involved with a child/family including Integrated Case Management Plans, Regularly Scheduled CPC Meetings, Graduation Coach Approach, Person Centered Planning, VTRA Plans...etc.</p> <p>Strengthen Universal and Targeted Levels of the pyramid to support that work that partners do at the specialized level.</p>