



## **SCCDSB Mental Health Strategy – 2025-2028**

### **Overview Statement**

The data from our 2023 and 2025 School Climate Surveys has been thoroughly analyzed to inform and strengthen our ongoing mental health initiatives using a multi-tiered approach. We are committed to building on the progress made in areas such as social-emotional learning, the implementation of MindUP, use of evidence-based screening and assessment tools, clinical counselling services, substance use prevention and intervention (including vaping education), community partnerships, care pathways, and suicide prevention protocols. The continued guidance and support of the Executive Council has been essential in the successful implementation of our previous strategic plans.

To create lasting impact, we are committed to focused, manageable strategies that drive steady, meaningful change over time. True systemic transformation doesn't happen overnight—it requires persistence, clarity of purpose, and the courage to stay the course with approaches proven effective through thoughtful organizational assessments. We will continue to invest in strong partnerships—both within our organization and with external collaborators—and provide ongoing professional development to equip our leaders and staff with the knowledge and confidence to move this work forward. Through consistent messaging, shared goals, and a united vision, we will build momentum and reinforce why this change matters—for our students, our staff, and our entire school community.

Since the pandemic, data has shown a growing need for mental health and well-being support among our students. Our School Climate Survey results indicate a rise in reported bullying—particularly verbal bullying—alongside increased levels of anxiety, a greater demand for mental health support, and a noticeable decline in students' overall enjoyment of school.

Our work is grounded in leading, evidence-based frameworks, including School Mental Health Ontario and the Collaborative for Academic, Social, and Emotional Learning (CASEL). We also continue to be guided by the Comprehensive School Health Model and the Diffusion of Innovation Theory to support sustainable change. Our evidence-informed efforts—such as MindUP, the SEL pilot project, wellness committees, and parent engagement initiatives—have demonstrated positive impact through program evaluations.

Guided by the *Foundations for a Healthy School* document, we have adopted the Comprehensive School Health Model, which promotes an upstream, strength-based approach that supports the “whole child, whole classroom, and whole school.” This framework integrates five key areas that shape a healthy school community: curriculum, teaching and learning; school and classroom leadership; student engagement; social and physical environments; and partnerships between home, school, and the broader community.

This holistic approach is deeply aligned with SCCDSB’s Strategic Plan, which is rooted in the voices of students, families, and community partners. The plan emphasizes four key priorities: learning and innovation, faith and well-being, partnerships, and Catholic citizenship. Each of these areas affirms our commitment to inclusive and equitable learning environments, the foundational principles of healthy schools, the intersection of faith and mental wellness, and the value of student voice and parent engagement. Ongoing collaboration with community partners continues to strengthen our impact.

Central to this work is the understanding that school mental health, when done well, recognizes and affirms the identity of every student. Identity and mental health are inextricably linked—who you are impacts how you feel. When a student’s identity is affirmed, reflected, and celebrated, and when they experience hope, purpose, belonging, and meaning, their sense of mental health, well-being, and connection is strengthened. Conversely, when identity is ignored, excluded, or misunderstood—or when students experience racism or oppression—the emotional toll can be significant, requiring them to work much harder to achieve a sense of well-being.

Core elements such as student safety, equity, mental health, and wellness are essential to the success of faith-based learning, and they remain foundational to creating healthy, thriving school communities across SCCDSB.

## Mental Health Strategy Pillars

### ***Mission Statement***

At SCCDSB, we are committed to creating inclusive, faith-based school communities where every student feels valued, supported, and connected. Through evidence-based practices and strong partnerships, we promote mental health, equity, and identity-affirming environments where all students can thrive.

### ***Vision***

Students and families in the St. Clair Catholic District School Board community experience a strong sense of safety, belonging, faith, and well-being, grounded in meaningful connection and inclusive, identity-affirming school environments.

### ***Values/Commitments***

Our Mental Health and Addictions Strategy is grounded in the core values of partnership, Catholic faith, inclusive education, and evidence-informed practice—values that reflect the broader vision of SCCDSB’s Strategic Plan.

- **Catholic Faith:** Our faith is deeply connected to mental health and well-being. We are committed to integrating faith-based practices that nurture the spiritual and emotional growth of every member of our school community.
- **Social-Emotional Learning:** We recognize social-emotional learning as essential to academic success and the overall development of the whole child.
- **Partnership:** We believe in the power of collaboration between schools, families, and communities. Strengthening these partnerships—especially with parents, caregivers, and students—is central to our work.

- **Inclusive Education:** Every student is unique, with diverse backgrounds and strengths. We focus on supporting the whole child by fostering an environment that values and affirms each student's identity and promotes well-being.
- **Evidence-Informed Practice:** Our strategy is driven by evidence and continuous learning. We build on our successes, address gaps, and implement proven approaches to support lasting, positive change.

### **Goals (Short, Medium, Long)**

#### Short-Term Goals (Year 1)

##### Leadership:

- Provide targeted training for school and system leaders on mental health strategy implementation, identity-affirming practices, and substance abuse prevention.
- Establish a Mental Health Leadership Network across schools to support collaborative decision-making and sharing of best practices.

##### Build Capacity:

- Deliver professional development workshops on social-emotional learning (SEL), trauma-informed practices, and substance use awareness to 80% of staff.
- Develop resource materials and toolkits for staff to support inclusive mental health and substance abuse interventions.

##### Youth Engagement:

- Create student mental health ambassador programs in at least 50% of schools to promote peer-led mental health and substance abuse prevention initiatives.

##### Parent Engagement:

- Launch a parent mental health and substance abuse awareness campaign with virtual and in-person workshops reaching 60% of families.

##### Mental Health Literacy:

- Introduce evidence-based mental health and substance abuse literacy programs (e.g., MindUP with added modules on addictions) to all elementary schools.

##### System Integration of Partnerships:

- Formalize partnerships with at least three community mental health and addiction services agencies to provide streamlined referral pathways.

### **Medium-Term Goals (Year 2)**

##### Leadership:

- Integrate mental health and substance abuse prevention goals into school improvement plans across all schools with annual progress reporting.

##### Build Capacity:

- Expand advanced training on culturally responsive, identity-affirming mental health, and substance abuse prevention practices to 100% of school counsellors and mental health leads.

##### Youth Engagement:

- Increase student mental health ambassador programs to 80% of schools, incorporating substance abuse prevention messaging and student feedback into programming decisions.

Parent Engagement:

- Develop a parent advisory council on mental health and addictions to co-create engagement strategies and evaluate outreach effectiveness.

Mental Health Literacy:

- Implement evidence-based mental health and substance abuse literacy curriculum across secondary schools and evaluate student outcomes.

System Integration of Partnerships:

- Develop a shared digital platform for schools and community partners to coordinate mental health, substance abuse referrals, and follow-ups efficiently.

### **Long-Term Goals (Year 3)**

Leadership:

- Establish SCCDSB as a regional model for mental health, addictions leadership through participation in provincial initiatives and conferences.

Build Capacity:

- Embed mental health, inclusive practices, and substance abuse prevention into ongoing professional development cycles for all staff.

Youth Engagement:

- Sustain a student-led mental health and addictions advisory committee that informs board-wide policies and initiatives.

Parent Engagement:

- Achieve ongoing parent participation in at least 75% of schools, with positive feedback on mental health and substance abuse supports offered.

Mental Health Literacy:

- Demonstrate improved knowledge and reduced stigma related to mental health and addictions among students as measured through pre- and post-program assessments.

System Integration of Partnerships:

- Maintain robust, coordinated partnerships resulting in measurable improvements in referral response times and student access to mental health and addiction services.

### ***Anticipated Measureable Outcomes***

#### **Short-Term Goals (Year 1)**

Leadership:

- Outcome: 75% of school and system leaders complete training on mental health, social emotional learning, identity affirmation, and substance abuse prevention within the first year.
- Outcome: Mental Health Leadership Network meets quarterly with documented sharing of best practices and action plans.

Build Capacity:

- Outcome: 50% of staff attend SEL, trauma-informed, and substance abuse awareness workshops.
- Outcome: Toolkits and resources are downloaded or distributed by at least 30% of school staff within six months of release.

Youth Engagement:

- Outcome: Student Wellness Committee in at least 60% of schools, with at least 70% (up from 63%) of participating students reporting increased awareness of mental health and substance abuse issues.

Parent Education:

- Outcome: 60% of families are provided SMHO resources and educated on how to support their child's mental health.

Mental Health Literacy:

- Outcome: 80% of elementary schools implement MindUP and grade 6 substance abuse modules, with 85% of students demonstrating increased mental health and addiction literacy in post-program surveys.

System Integration of Partnerships:

- Outcome: Formal agreements signed in partnership with community mental health and addiction agencies for Right Time, Right Care, and referral response times reduced by 20% within the first year.

## Medium-Term Goals (Year 2)

Leadership:

- Outcome: 100% of schools include wellbeing goals in their school achievement plan (SAP), with annual progress reports submitted and reviewed by the Board.

Build Capacity:

- Outcome: Guidance counselors, program resource teachers and mental health professionals complete SMHO training, with 50% reporting increased confidence in addressing mental health and substance abuse issues.

Youth Engagement:

- Outcome: Student wellness committee are in 80% of schools; student-led initiatives incorporate substance abuse prevention messaging, reaching at least 75% of the student population.

Parent Education:

- Outcome: Parent involvement committee is engaged with mental health and provided an educational session on SMHO resources, By Your Side. PIC support their local school parent committee.

Mental Health Literacy:

- Outcome: Evidence-based mental health and substance abuse curricula implemented in 100% of secondary schools, with at least 80% of students showing improved knowledge in assessments.

System Integration of Partnerships:

- Outcome: Shared digital platform which includes referrals are being used, with 95% of referrals logged and tracked through the system, reducing follow-up delays by 10%.

**Long-Term Goals (Year 3)**

Leadership:

- Outcome: SCCDSB is recognized as a regional leader with participation in at least two provincial mental health and addictions initiatives or conferences annually.

Build Capacity:

- Outcome: Mental health, inclusive practice, and substance abuse prevention integrated into ongoing professional development, with 95% of staff completing relevant sessions.

Youth Engagement:

- Outcome: Student-led wellness committees meet regularly (supported by a staff liaison and cyw) and an annual celebration occurs to recognize the work in all schools involved.

Parent Engagement:

- Outcome: Consistent parent participation in mental health and addictions programming reaches 75% of schools, with 85% of participating parents reporting increased knowledge and confidence.

Mental Health Literacy:

- Outcome: Surveys demonstrate a 30% reduction in mental health and addiction stigma among students from baseline to year three.

System Integration of Partnerships:

- Outcome: Coordinated partnerships result in a 30% improvement in referral response times and a 20% increase in student access to community mental health and addiction services.

**Findings from Board MHA Scan and Resource Mapping Process<sup>1,2</sup>**

SCCDSB remains committed to student mental well-being by setting clear performance targets, leveraging professional development days for well-being capacity building, collaborating with community partners, and addressing the evolving needs of both staff and students. Surveys and focus groups with students and staff have been conducted to inform and enhance ongoing initiatives.

A revised mental health leadership team—including staff, students, parents, and community partners—has been established. Two community planning days have helped focus efforts and guide progress toward a mentally healthy school board.

SCCDSB continues to develop a shared, strength-based language and a clear communication plan to support mental well-being across our school communities. Emphasizing language that affirms identity and fosters hope, belonging, and connection is central to our approach. While some Ministry policies (e.g., Safe Schools, Equity and Inclusion, Health and Safety) may present overlapping or at times inconsistent guidelines, our focus remains on creating consistency in messaging and alignment across all initiatives.

Key actions to date include joint meetings to align language and practices, the use of consistent messaging across platforms, and the administration of targeted surveys to parents, students, and staff to better understand perceptions and needs.

Each year, school-level assessments are conducted through the work of Student Support and Well-being Teams, program evaluations, and School Climate Surveys. Additionally, we have developed an internal database to help track student needs and provide a more complete picture of the whole child. While the system continues to be refined, it offers valuable insights to inform system-wide planning. Situational assessments further support our understanding of school-specific priorities, guiding targeted and responsive action across the board.

In addition, school climate surveys have been conducted to gain a better understanding of how students, staff and parents in the St. Clair Catholic District School Board feel about their school and what can be done to ensure each school is a safe, respectful, caring, welcoming and inclusive place to learn and work. The school climate survey is done every other year and results are used to support school improvement plans and the direction of work for mental health and wellbeing across our district. More recently in May 2025, school climate surveys were administered to students in grades 4 to 12, along with all staff and parents from our school communities. The surveys were completed by students, staff and parents through an online software program and paper copies for those without Internet access. The survey had 872 parents start the survey with 521 complete responses (down from 2023 results), 373 staff start the survey with 221 complete responses, 3096 students grade 4-8 start the survey with 2224 completing it, and 1375 students grade 9-12 start the survey with 905 complete responses with the majority being from only one of our two secondary schools. Survey questions related to the following: perceptions about bullying, student safety, one's sense of belonging, learning at school, accessibility, use of technology, faith, mental wellness, and overall health. When asked about the issues that affect their mental health, elementary students identified the top three as bullying, pressure to do well at school, and anxiety, while secondary students identified the top three as pressure to do well at school, lack of respect for each other, and anxiety.

In the 2025 school climate survey, responses from both elementary and secondary levels (with only one secondary school reporting) revealed key trends in student experiences and perceptions. In terms of gender identification, 44% of elementary students identified as male, 51% as female, and 5% as unspecified, while secondary responses were 47% male, 51% female, and 2% unspecified. Verbal bullying was reported by 61.65% of elementary students and 57% of secondary students as having occurred at least once or twice within the last month. Cyberbullying was reported by 17% of elementary students and 28% of secondary students during the same timeframe. When asked about their enjoyment of school, 66.54%

of elementary students and 65% of secondary students stated that they enjoy being at school, while roughly one-third in both groups indicated otherwise. Regarding safety, 70.65% of elementary students and 63% of secondary students felt that school is a safe space most of the time, with about 29% and 27%, respectively, feeling it is not. Finally, 62% of both elementary and secondary students expressed excitement about learning at school, while 38% did not.

Faith plays an important role in our overall well-being. Therefore, students, staff and parents were asked about the value of our faith and how it impacts their overall mental health and well-being. When asked if praying to God supports their mental health, 50% of elementary students strongly agreed or agreed, 32% were neutral, and 18% disagreed. Among secondary students, 38% agreed, 34% were neutral, and 28% did not agree.

Survey results show that 62% of both elementary and secondary students are excited to learn at school, while 38% are not. When asked if they feel they are learning skills at school to support their mental health and well-being, 76% of elementary students said yes compared to 58% of secondary students. Concerns about their own mental health were reported by 23% of elementary students and 43.4% of secondary students. Worry about their families was noted by 61% of elementary students and 72% of secondary students. In terms of body image, 53% of elementary and 71.3% of secondary students reported feeling worried about the way they look. Awareness of school-based mental health supports was similar, with 63.6% of elementary and 65.4% of secondary students indicating they knew these supports were available.

The 2025 School Climate Survey highlights ongoing challenges in student well-being, particularly at the secondary level, emphasizing the need for tiered mental health supports—from prevention to clinical intervention. Results showed a decline in overall student well-being, an increase in bullying, decreased understanding of faith teachings, and greater concerns about mental health—pointing to the continued impact of the pandemic on SCCDSB school communities.

Key recommendations include:

- Reviewing individual school climate reports to create targeted action plans at the school level.
- Strengthening bullying prevention by clearly communicating policies and ensuring consistent follow-through.
- Expanding inclusive student voice initiatives and considering flexible uniform options to support belonging.
- Enhancing parent engagement through inclusive strategies grounded in Catholic values.
- Increasing access to social-emotional learning using a multi-tiered system of support.
- Introducing curriculum that helps students critically understand the impact of AI and social media on their lives.

The SCCDSB pathway of care, revised suicide prevention protocol, and social-emotional learning framework guide our system-wide approach to supporting vulnerable students across all three tiers.

To support student well-being, SCCDSB remains committed to providing ongoing, job-embedded professional learning for staff. Recent efforts have focused on building the capacity of the Student Support and Wellbeing Team, the Collaborative Support Team, and the ABA Team. Training for these teams has included a broad range of topics, such as Social Emotional Learning, Trauma-Informed Practices, Foundations for a Healthy

School, Behavioural Modification Support, Suicide risk assessment and intervention, eating disorder prevention, anxiety strategies, grief counselling, physical literacy, motivational interviewing, BRISC (Brief Intervention for School Clinicians), classroom-based mental health strategies, and small group facilitation.

SCCDSB continues to maintain strong partnerships with both regional public health units, actively collaborating on the implementation of the *Foundations for a Healthy School* framework through Ophea's Healthy Schools Certification. Joint initiatives have included programs in physical literacy, nutrition, vaping education, student leadership, and a variety of mental health initiatives that support the well-being of our school communities.

Collaboration extends beyond public health. SCCDSB has built respectful, productive partnerships with numerous community organizations across Chatham-Kent and Sarnia-Lambton. Staff actively participate in community planning tables, including the Lambton and Chatham-Kent Suicide Prevention Committees, Youth Wellness Hubs, KIDS Team Chatham, Community Resolution Team Lambton, and Lambton College. Together with key agencies and St. Joseph's Hospice, we have co-led community-based professional learning in areas such as trauma-informed care, suicide prevention, VTRA, and grief supports—work that will continue into the future.

In partnership with the Lambton Kent District School Board, local mental health lead agencies, and Bluewater Health and Chatham Kent Health Alliance, Youth Wellness Hubs, SCCDSB is also part of a regional working group developing the *Right Time, Right Care* protocol. This initiative aims to ensure smooth, coordinated care transitions for children and youth between hospitals, schools, and community services, creating a more seamless support system for families and service providers.

SCCDSB is committed to ensuring children and youth have clear pathways to care. As a result, we will continue over next three years to effectively communicate and implement the processes for the protocols we have developed.

We monitor progress toward enhanced well-being via school climate surveys, evaluation of whole school strategies, situational assessments, documentation and tracking of Student Support and Wellbeing work, as well as other indicators (i.e., attendance, suspensions, etc.). Full reports have been developed and presented to Executive Council and Trustees on various occasions.

### ***Areas of Priority for the Strategy identified through the Board Scan and Resource Mapping Process***

Building on data from school climate surveys, situational assessments, principal feedback, and Student Support and Wellbeing Team input—combined with resources from School Mental Health Ontario—SCCDSB's Mental Health and Addictions Strategy is organized into six key areas: Leadership, Professional Learning (Capacity Building), Mental Health Promotion and Prevention Programming, Youth and Parent Engagement, Supporting Specific Populations, and System Coordination. Each area is guided by prioritized goals, strategies, and expected outcomes detailed in a three-year action plan.

To drive this work forward, SCCDSB will seek support from the newly revised Mental Health Leadership Team. This group of dedicated champions will provide mutual support, serve as key communicators across the system, and lead the various components of the strategy—ensuring coordinated focus, clear direction, and accountability throughout the board.

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## Core Elements of the 3-Year Strategy

### ***Leadership***

In 2024, SCCDSB successfully re-established a Mental Health Leadership Team that includes parents, students, and community members representing the diversity of our school board. Over the next three years, this team will meet three times annually to guide strategic planning, identify resource gaps, and support the implementation of key mental health initiatives across the board.

### ***Educator Mental Health Capacity-Building<sup>3</sup>***

SCCDSB is committed to continuously building mental health literacy and social-emotional learning (SEL) capacity across the board, recognizing that ongoing staff retirements, changes, and student graduations make this a long-term effort. Our approach is guided by the Diffusion of Innovation Theory, which explains how new ideas and practices spread through social networks and influence adoption. Key to this process are opinion leaders, change agents, and gatekeepers who help move innovations through stages—from innovators and early adopters to the majority and laggards—shaping how SEL strategies become integrated within our school culture.

To date, training has been provided to teachers, principals, educational assistants, early childhood educators, and support staff using varied formats such as professional development days, newsletters, workshops, in-class presentations, and hands-on resources. The recent SEL pilot project demonstrated positive impacts on academic learning, attendance, classroom behavior, and office visits. Although funding for the dedicated educator position ended this year, we plan to leverage the expertise of trained pilot educators by forming a small workgroup to champion SEL diffusion, focusing on engaging early adopters and the early majority before expanding to broader staff groups.

Capacity-building efforts will also prioritize enhancing staff knowledge of suicide prevention, intervention, and postvention. Given evolving research in this area, we will provide ongoing, updated training through School Mental Health Ontario, review suicide assessment practices and learning modules with staff, and implement evidence-based protocols. These initiatives aim to reduce stigma around suicide and strengthen coping and self-help skills among both staff and students.

### ***Implementation of Mental Health Promotion and Prevention Programming<sup>4</sup>***

The after effects from the pandemic has heightened the need for mental health promotion and prevention strategies in schools, as social isolation and home confinement did contribute to increased anxiety, depression, trauma, and thoughts of self-harm among students and staff (Doyle et al., 2020). In response, SCCDSB continues to prioritize consistent programming, including the MindUP program offered from JK through Grade 12. During the 2024-2025 school year, 233 classes participated in MindUP for eight to ten weeks, with over 85% of students and 90% of teachers expressing a desire to continue the program. More than 70% of students reported using MindUP strategies daily, and 76% of teachers consistently applied these skills in their classrooms. Additionally, 96% of teachers view MindUP as a valuable SEL program deserving continued

implementation. To support equitable delivery across all schools, school leaders will receive training on Social Emotional Learning and the MindUP curriculum in September 2025, led by the SEL Lead in partnership with Student Support and Wellbeing Team, CASEL and MindUP experts. Beyond universal programming, the Student Support and Wellbeing Team provides targeted small group SEL sessions for students needing more intensive support, supplementing classroom learning. These group interventions have shown promising results compared to one-to-one counseling, alongside individualized SEL plans for vulnerable students to reinforce consistent routines.

SCCDSB also emphasizes youth engagement by facilitating school-based workshops for students and staff advisors focused on promoting positive mental well-being. Partnering with experiential learning and curriculum teams, schools develop school achievement plans (SAP) to address their top mental health concerns based on school climate data. Schools with active student well-being committees have notably fewer referrals for individual counseling, indicating the effectiveness of this whole-school approach.

Looking ahead, training on the Ministry of Education’s Mental Health Literacy Modules for Grades 7 and 8, Grade 6 substance abuse modules and Grade 10 Careers Module is planned for 2025, with ongoing sessions through 2026 as more supports become available.

### ***Student Engagement***

A strong commitment to engaging students in identifying their needs and building on their strengths is essential to fostering positive mental health. This involves ongoing skill development and capacity building through education, training, professional development, and opportunities for collaboration and network building. It also requires creating regular opportunities for feedback, peer review, and self-reflection via situational assessments, student focus groups, and school climate surveys. Creating safe, caring, and supportive environments—highlighted as a priority by students in the school climate survey—is fundamental. Supporting policies and practices that provide youth with safe spaces in schools is critical to this effort. Clear communication about the purpose and value of student-led approaches is integral to the mental health strategic plan. Empowering students to have a voice in their wellbeing plans, learning environments, and school climate is a core focus of the Student Support and Wellbeing Team. Child and Youth Workers play a key role in advancing student engagement within the tiered framework through wellness committees, student-led events, classroom initiatives, and personalized wellbeing plans.

### ***Parent Engagement***

A situational assessment revealed a communication gap between parents and their school communities, highlighting a need for improvement. Recognizing parents’ vital role in their child’s well-being and academic achievement, SCCDSB plans to enhance mental health literacy and increase parent engagement beginning with parent education.

During two community planning days in April 2024 and April 2025, school staff, community agencies, parents, caregivers, and students came together to discuss ways to better support families and strengthen school connections. A key outcome of these sessions was the shared

recognition that increasing parent education must come before expanding parent engagement. Participants emphasized that providing parents with relevant knowledge and resources about mental health and well-being is essential to empower them as active partners in their children's success. This foundational step will help build confidence and capacity among parents, creating a stronger basis for meaningful engagement moving forward.

### ***Supporting Specific Populations***

The Student Support and Wellbeing Team tracks their work and records the referrals for one-to-one work. In 2025, of the 582 students receiving support, 50% identified as male, 47.59% as female, and 2.41% chose not to specify their gender. The primary reasons for supporting students varied, with anxiety—such as worry, fear, upset feelings at school, or panic attacks—being the most common, accounting for 18.17% of cases. Challenges at home, including family conflict and lack of support, were the second most frequent concern at 15.4%. Other significant issues included general well-being (12.8%), difficulties with self-regulation like anger and impulsivity (11.07%), grief related to loss or illness of loved ones (6.57%), and suicide ideation or attempts (6.23%). Additional reasons for support included peer relationship conflicts (3.11%), attendance problems (2.77%), conflict with school community members (2.94%), trauma (1.73%), eating disorders (1.38%), depression diagnosis (1.9%), and a range of other concerns such as substance abuse, self-harm, social media issues, academic concerns, and transitions between school levels, each representing smaller percentages.

The data shows that a significant portion of students receive support at school promptly, with 38.24% accessing assistance on the same day they need it. Additionally, 41.35% of students receive support within 2 to 5 days. Smaller percentages of students experience longer wait times, with 11.25% receiving help within 6 to 10 days, 3.98% within 11 to 15 days, 2.25% within 16 to 20 days, and 2.94% waiting more than 20 days. This indicates that most students are supported in a timely manner, though efforts to reduce wait times for all students remain important.

The Ministry of Education recognizes attendance as closely linked to student mental health and well-being. Chronic absenteeism poses serious risks, including academic struggles, dropping out, and long-term health and economic consequences. Factors such as hunger, unstable housing, bullying, and fear of violence contribute to chronic absences, which disproportionately affect students from low-income families, children of color, and other vulnerable groups. A study by Egans (2015) identified five main causes of chronic absenteeism: low student engagement, family issues, physical and mental health challenges, parental involvement, and family logistics. Our school climate data further reveals troubling trends—many students report not being excited to learn, disliking school, lacking a caring adult they can talk to, and feeling they do not fit in. Additionally, a high number of students express worry about their family, which can further impact their attendance and well-being. In response, SCCDSB is committed to implementing an evidence-based attendance improvement plan aimed at increasing attendance and reducing referrals. Strategies such as school-wide incentives, parent involvement initiatives, and student engagement programs—central to this mental health strategic plan—will work together to address these interconnected challenges.

### **Enhancing System Coordination**

Enhancing system coordination through the Right Time, Right Care approach is a key priority for SCCDSB. This framework ensures that children and youth receive the appropriate mental health supports exactly when they need them, preventing delays and gaps in care. By strengthening partnerships among schools, community agencies, healthcare providers, and families, we aim to create seamless pathways that facilitate timely access to prevention, intervention, and clinical services. Clear protocols and communication channels help align resources and expertise across sectors, reducing barriers and improving outcomes for students. Through this coordinated effort, SCCDSB is committed to providing efficient, equitable, and effective mental health care that supports the well-being of every student at the right time and in the right setting.

Ask ChatGPT

Below is a detailed action plan for our next three years.

### **2025-2028 Action Plan**

<b>Priority Areas/Strategic Themes</b>	<b>Data/Rationale for Area of Focus</b>	<b>Key Activities</b>	<b>Needed Resources</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Desired Outcomes</b>
<b>Leadership</b>						
To continue to work with the newly revised Mental	- The formation of a newly revised Mental Health Leadership Team is	<ul style="list-style-type: none"> <li>- Provide strategic guidance and oversight for the</li> </ul>	<ul style="list-style-type: none"> <li>- Time</li> <li>- Money for supplies</li> <li>- Facility</li> <li>- Personnel</li> </ul>	2025-2028 ongoing	<ul style="list-style-type: none"> <li>- Mental Health Lead</li> <li>- Superintendent</li> <li>- Health Promotion Officer</li> </ul>	- The mental health leadership team is to ensure consistent, board-

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
Health Leadership Team	critical to sustaining and advancing SCCDSB's mental health strategy. Data from recent school climate surveys and situational assessments reveal ongoing challenges in student well-being, including high rates of anxiety, disengagement, and feelings of isolation. These complex and evolving needs require coordinated leadership to ensure consistent implementation of evidence-based mental health initiatives across all schools.	<p>implementation of the mental health and well-being plan across the school board.</p> <ul style="list-style-type: none"> <li>Facilitate communication and collaboration between schools, community partners, parents, and students to align mental health initiatives.</li> <li>Support capacity building by identifying and promoting mental health literacy</li> </ul>			<ul style="list-style-type: none"> <li>Parents</li> <li>Staff</li> <li>Students</li> <li>Community Partners</li> </ul>	wide implementation of evidence-based mental health strategies that lead to improved student well-being, increased staff capacity, and stronger collaboration between schools, families, and community partners.
<b>Capacity Building</b>						
To increase knowledge about	- Essential to equip students with	- Provide ongoing professional	- Time - Money for training	September 2025 to August 2028	- Mental Health Lead - SEL Lead Facilitator	- For students to demonstrate

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
the benefits of upstream work, and how SEL is preventative and can support students, staff, and families	critical skills for managing emotions, building relationships, and fostering resilience, which are foundational to their overall mental health and academic success and shown to be a gap by employers.	<p>development and training for educators and staff to deepen their understanding and effective delivery of SEL practices in classrooms.</p> <ul style="list-style-type: none"> <li>- Integrate evidence-based SEL programs, such as MindUP, consistently across all grade levels, ensuring equitable access for every student.</li> <li>- Establish a system for monitoring and evaluating SEL implementation and its impact on student well-being, using data to inform continuous improvement efforts.</li> <li>- Continue to build on the successes from the SEL work that has been done and MindUP evaluations</li> </ul>	<ul style="list-style-type: none"> <li>- Supply fees</li> <li>- Resources</li> <li>- Mileage</li> </ul>		<ul style="list-style-type: none"> <li>- SSWT Members</li> <li>- Educators that have done SEL successfully</li> <li>- Executive Council</li> </ul>	improved self awareness, emotional regulation, stronger interpersonal skills, and increased engagement in learning, contributing to a positive and inclusive school climate
To increase knowledge among staff about suicide	- SSWT statistics show an increase in suicidal ideation	- Promote the annual participation in suicide prevention,	<ul style="list-style-type: none"> <li>- Time</li> <li>- Money for training</li> <li>- Mileage</li> </ul>	September 2025-August	<ul style="list-style-type: none"> <li>- Mental Health Lead</li> <li>- Student Support and Wellbeing Team</li> </ul>	-All staff feel confident and prepared to

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prevention, intervention, and postvention protocols and processes	among our student population	intervention, postvention learning modules - Implementation of best practices regarding suicide prevention, intervention, and postvention within school setting (e.g., Life Promotion)	- Supply fees	2028 (ongoing every year)	-ALL staff - Community Partners - Executive Council	recognize signs of suicide risk, respond appropriately using evidence-based practices, and support students through prevention, intervention, and postvention, ultimately contributing to a safer and more supportive school environment where life is actively promoted
To increase knowledge of mental health literacy among all staff, students, and parents	- People are suffering and we need to remind that they can support their mental health	- Deliver targeted professional development sessions and online learning modules for staff focused on mental health literacy, including recognizing signs of mental illness and promoting mental wellness. - Integrate age-appropriate mental health literacy content	- Time - Money for supplies - Resources - Effective communication strategies	September 2023-August 2026 (ongoing)	- Mental Health Lead - Student Support and Wellbeing Tea -Mental Health Lead -SEL Lead - Executive Council - Physical and Health Educators - Experiential Lead - Curriculum Team Leads - All grade 6,7 and 8 teachers and Grade 10 careers modules	- Staff, students, and parents are equipped with the knowledge, language, and confidence to recognize mental health challenges, reduce stigma, and access appropriate supports, leading to a more informed and supportive school community.

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
		<p>into the curriculum for students in Grades K–12, aligned with Ministry expectations and supported by classroom resources and activities.</p> <ul style="list-style-type: none"> <li>- Develop and distribute accessible mental health resources, workshops, and information sessions for parents and caregivers to build their understanding and confidence in supporting their child’s mental health.</li> </ul>			<ul style="list-style-type: none"> <li>- CYWs in schools</li> </ul>	
<b>Implementation of Evidence-Based Mental Health Promotion and Prevention Programming</b>						
	<ul style="list-style-type: none"> <li>- School climate data shows a decline in student knowledge about the link between faith and mental health (50% elementary understand vs. 38% secondary understand)</li> </ul>	<ul style="list-style-type: none"> <li>- Integrate evidence based programs like MindUP and SEL with Catholic teachings and practices by incorporating prayer, reflection, and Gospel values into daily routines and classroom activities.</li> <li>- Develop and implement board-wide faith-based well-being initiatives, such as themed liturgies,</li> </ul>	<ul style="list-style-type: none"> <li>- Time</li> <li>- Money for training</li> <li>- Teacher supply costs</li> <li>- Mileage</li> <li>- Effective communication strategies</li> <li>- Access to email all parents in the system</li> </ul>	September 2025-2028	<ul style="list-style-type: none"> <li>- Mental Health Lead</li> <li>- Student Support and Wellbeing Team</li> <li>- Curriculum Team Lead</li> <li>-Health Promotion Officer</li> <li>- Identified teachers, EAs, ECEs</li> </ul>	<ul style="list-style-type: none"> <li>- Students experience a deeper sense of spiritual and emotional well-being, feeling connected to their faith, themselves, and others, as they build resilience and a strong moral foundation through integrated mental health and faith-</li> </ul>

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
		wellness retreats, and classroom resources that connect mental health promotion with spiritual growth and Catholic identity				based practices. Measurements in 2027 school climate should show an increase.
To increase knowledge among students and staff related to how the mind, spirit and body impact our wellbeing	- Data shows a decrease in students understanding the importance of connecting the mind to spirit and body	<ul style="list-style-type: none"> <li>- Continue you to implement MindUP curriculum program in grades K to 12 in classrooms across our board</li> <li>- Develop and deliver classroom lessons and school-wide (FWB) initiatives that explore the connection between mental, physical, and spiritual health, using faith-based frameworks and wellness practices.</li> <li>- Facilitate staff training that focuses on holistic well-being, including strategies for integrating mindfulness, physical activity, prayer, and</li> </ul>	<ul style="list-style-type: none"> <li>- Time</li> <li>- Money for supplies</li> <li>- Time to train teachers</li> <li>- Kits</li> <li>- Program resource teachers</li> </ul>	September 2025-August 2028	<ul style="list-style-type: none"> <li>- Student Support and Wellbeing Team</li> <li>- MH Lead</li> <li>- Superintendent of Education</li> <li>- Curriculum Consultants</li> <li>- Front-line Teachers</li> <li>- Front-line ECEs</li> </ul>	- Students and staff develop a deeper understanding of how the mind, body, and spirit are interconnected, leading to healthier lifestyle choices, stronger faith-based practices, and an overall sense of balance and well-being in their daily lives.

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
		reflection into daily routines. - Partner with community and faith-based organizations to provide workshops, guest speakers, and experiential learning opportunities that reinforce the mind-body-spirit connection in promoting student and staff well-being.				
<b>Student Engagement</b>						
To increase student voice in their mental health and wellbeing	School climate survey result reveal a concerning lack of sense of belonging among students across SCCDSB. Many students reported not feeling connected to their school community, with significant numbers indicating they do not feel accepted, valued, or included by peers or staff. A	- Continue with active Student Wellness Committees in each school that meet regularly to discuss mental health priorities, plan initiatives, and promote well-being within their school communities. - Provide training and mentorship for Student Wellness Committee members and staff advisors to build leadership skills, enhance mental health literacy,	- Time - Mileage - Staff support - Supply fees for teacher release - Honorarium for speakers - Supplies for youth voice activities	September 2025-August 2028	- CYWs -Mental Health Lead -Health Promotion Officer -SEL Lead - Experiential Lead - Staff liaisons from schools - Public Health Units - MH Lead - Teachers -Principals/VP's	- Students are actively participate in shaping their mental health and well-being supports, feel empowered to contribute to positive school culture, and develop leadership skills that promote a stronger, more inclusive community.

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
	substantial portion also shared that they do not feel excited to attend school, lack a caring adult they can talk to, and struggle to see themselves reflected in school culture. These findings highlight the urgent need to strengthen inclusive practices, relationships, and student engagement to foster a greater sense of belonging and connection within our schools.	and guide the development of student-led wellness activities. - Create opportunities for Student Wellness Committees to share their ideas and outcomes with board leadership annually, ensuring student voice informs system-level planning and mental health strategy (e.g. Youth Wellness Summit 2025)				
<b>Parent Engagement</b>						
To increase parent education in supporting their child's education and wellbeing	- Parent situational assessment review -School Climate Data from parents	- Organize interactive workshops and webinars for parents that cover key topics such as recognizing mental health signs, promoting resilience, and accessing school	- Parents - Personnel - Time - EDSBY -Communication plan	September 2025-August 2028	- Mental Health Lead -Health Promotion Officer - Parents - Superintendents of Education - CYWs - SSCDSB identified Staff	- Parents gain increased knowledge and confidence to support their child's mental health and well-being, leading to stronger home-school partnerships

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
		<p>and community supports.</p> <ul style="list-style-type: none"> <li>-Distribute By Your Side SMHO mental health resources, guides, and toolkits tailored for parents, available both online and in print.</li> <li>- Partner with community agencies and mental health professionals to provide expert-led sessions and Q&amp;A opportunities that address common concerns and questions parents have about their children’s mental health.</li> </ul>			- Principals	and improved academic achievement for students
<b>Supporting Specific Populations</b>						
To increase support for students who struggle with attendance	- Identified need through attendance records	- Implementation of evidence-based attendance improvement plan (refer to literature report on effective attendance campaigns)	<ul style="list-style-type: none"> <li>- Meeting time</li> <li>- Needs assessment</li> <li>- Collaborative partnerships</li> </ul>	September 2025-2028	<ul style="list-style-type: none"> <li>- Attendance Counsellors</li> <li>- Principals</li> <li>- MH Lead</li> <li>- Community Partners</li> </ul>	- Students demonstrate improved and consistent school attendance, on time at school which leads to enhanced academic success,

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
		<ul style="list-style-type: none"> <li>- Implement personalized outreach and support plans for students with chronic absenteeism, involving collaboration between school staff, families, and community resources to address underlying barriers.</li> <li>- Develop and promote engaging, student-centered programs and incentives that foster a positive school climate and increase motivation for regular attendance.</li> </ul>				stronger social connections, and better overall well-being.
To increase the number of students who know supports are available within our school board and seek out services.	- Only 63% know school services are available	- Promote awareness of the Student Support and Wellbeing Team's services through school-wide campaigns, classroom presentations, and accessible informational materials for students (for students by students?)	<ul style="list-style-type: none"> <li>- Cell phone</li> <li>- Personnel to answer cell phone</li> <li>- Protocols around texting</li> <li>- Campaign promoter</li> <li>- Youth Influencers</li> </ul>	September 2025-June 2028	<ul style="list-style-type: none"> <li>- MH Lead</li> <li>- SSWT</li> <li>- Superintendent</li> <li>- Principals</li> <li>- Communications staff</li> </ul>	- Students actively seek and access timely mental health support, resulting in improved emotional well-being, reduced stigma, and stronger academic and social outcomes.

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
		<ul style="list-style-type: none"> <li>- Train staff and students to recognize signs of mental health challenges and encourage timely referrals to the Student Support and Wellbeing Team.</li> <li>-Create safe, welcoming spaces within schools where students feel comfortable accessing mental health supports and engaging with the Student Support and Wellbeing Team.</li> </ul>				
To enhance equity within the school board by increasing the mental health services available to students and their families	- Data shows the inequities that exist for supporting our most vulnerable in our schools	<ul style="list-style-type: none"> <li>-Provide professional development for staff focused on cultural competency, anti-racism, and creating identity-affirming environments that support diverse student backgrounds.</li> <li>- Collaborate with community organizations to expand culturally responsive mental</li> </ul>	<ul style="list-style-type: none"> <li>- Funds to administer resources</li> <li>- Multi Cultural school-based team members</li> </ul>	September 2025-June 2028	<ul style="list-style-type: none"> <li>- MH Lead</li> <li>- SSWT</li> <li>- Executive Council</li> <li>- Indigenous Lead</li> <li>- Curriculum Coordinator</li> <li>- Students</li> <li>- Community Partners</li> </ul>	-Students and families from all backgrounds feel seen, valued, and supported through culturally responsive mental health services, leading to greater equity, inclusion, and positive well-being across the school board.

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
		<p>health services and resources tailored to the unique needs of students and families from marginalized communities.</p> <p>-Implement school-wide initiatives and student programs that celebrate diversity, promote inclusion, and affirm students' identities through curriculum, events, and supportive policies.</p>				
<b>Enhancing System Coordination</b>						
<p>Implement system coordination (RTRC) by ensuring that every student and family/caregiver in our school board receives timely, appropriate, and coordinated mental health care that meets their individual needs, promoting positive outcomes and</p>	<p>- As identified by Ministry of Health and Ministry of Education (Right Time, Right Care)</p>	<p>- Develop clear protocols and communication pathways to ensure timely identification, referral, and follow-up for students needing mental health support, aligning school, community, and healthcare services.</p> <p>- Train staff on the Right Time, Right Care framework to improve their ability to</p>	<p>- Meeting time - Collaborative partnerships - Mileage</p>	<p>Ongoing</p>	<p>- MH Lead - Superintendent of Education - Members of SSWT</p>	<p>- Students and families experience smooth, timely access to the right mental health services at the right time, resulting in improved well-being and reduced barriers to care.</p>

Priority Areas/Strategic Themes	Data/Rationale for Area of Focus	Key Activities	Needed Resources	Timeline	Responsibility	Desired Outcomes
seamless support across school and community systems.		recognize mental health needs and connect students and families to appropriate, coordinated resources. - Establish a collaborative working group with community partners, healthcare providers, and school staff to monitor implementation, address barriers, and continuously improve service coordination and access.				

**District Mental Health Leadership Team<sup>5</sup>**

Jennifer Morrow, Superintendent of Education  
 Christine Preece, Mental Health, and Wellbeing Lead  
 Community Agency Representatives, Michelle Holbrook, Tim Heath, Aaron Horvath, Diane Kwik  
 Principal: Mike Giroux  
 Educator: Dan Cicchelli  
 Parents, Krystal Jacques, Marlena Goncalves, Laurie Roeszler  
 SSWT Member, Heather Caron Doyle  
 Student, Celeste Munoz

Signature: \_\_\_\_\_  
 Mental Health Lead

Signature: \_\_\_\_\_  
 Responsible Superintendent