Navigating mental health
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Working together to serve our students

Every school day, parents entrust their children to our educators and school staff. While students are learning new skills and concepts each day—from the phonetics of a new language to the basics of photosynthesis—Edmonton Public Schools staff are teaching them how to be kind, caring and confident citizens of the world. The school-age years are critical for promoting healthy development, for teaching students how to deal with the everyday ups and downs of life, and for recognizing early signs of mental health challenges.

When we asked our educators what we could do as a District to support the mental health of our students, they told us about the need for shared language, consistent protocols, and clear pathways to the many supports available in our school communities. This was the beginning of many voices coming together to talk about best practices, research, practical experience, and how to translate it all into healthy and confident students.

Over the last two years, educators and health professionals from Edmonton Public Schools have worked with our partners in student health, including Alberta Health Services, to put pen to paper on this framework. Their voices, expertise and most of all, their experience with students were the anchor in this process: always returning the conversation to how we foster student well-being through a whole-school approach, and how we can improve.

Navigating Mental Health is a guiding reference, like a compass in high seas. It gives key partners—principals, educators, support staff, parents—a “map” to navigate meaningful mental health supports for each student.

Thank you to the people who helped shape this important work.

Michelle Draper
Board Chair

Darrel Robertson
Superintendent of Schools
Our shared vision

Edmonton Public Schools is committed to a shared language and understanding of mental health and equal access to resources, learning and supports.

Vision for mental health

Principals, teachers, support staff, parents, District leaders, trustees, community partners: we are all part of the school community that helps students thrive.

This vision happens through:
• high-quality teaching
• leadership support
• collaborative decision-making
• proactive planning
• the whole-school approach
• partnership support
• understanding pathways through mental health services
• continuous and ongoing supports
• advocacy

Mental health is a priority for the Edmonton Public Schools Board of Trustees.
Our shared responsibility

Why this? Why now?
Alberta’s revised Teacher Quality Standard requires all educators to be aware and able to facilitate “responses to the emotional and mental health needs of our students.” This includes implementing appropriate universal, targeted, and specialized strategies and fostering relationships to help students navigate health services.

Through a whole-school approach, District schools can and do focus on skills that develop mental and physical processes and contribute to sound mental health, such as:
• focusing attention (e.g., mindfulness)
• regulating emotional and physical states
• self-reflection and self-monitoring
• collaborative problem-solving
• flexible thinking
• perspective taking
• managing sleeping habits
• daily physical activity and healthy eating

Supporting diversity and inclusion
We know that diversity strengthens learning experiences. District policies reflect and honour the basic rights and freedoms promoted in the Canadian Charter of Rights and Freedoms and Alberta Bill of Rights. These rights include respect and equality for cultural knowledge, diverse perspectives and individual life experiences.

The School Act (amended in 2015) also outlines that schools must provide learning environments that support students in building healthy relationships with others by demonstrating respect, empathy, compassion and the value of diversity. Students and staff are at greater risk when healthy relationships are absent. Lack of relationships may lead to assumptions and misconceptions that cause barriers for effectively supporting others.

Our school communities have a collective responsibility to assist with navigating supports for mental health, inclusion, and well-being. This is a shared responsibility with our partnerships and services, including Alberta Education, Alberta Health Services, Alberta Children’s Services, Alberta Community and Social Services, Alberta Justice and Solicitor General, research and post-secondary institutes and various community partners and service providers.

How do we get there?
- Foster a shared language around mental health in our school communities.
- Know the pathways through mental health services and support, and who’s involved.
- Ensure educators and school staff have the knowledge and resources to help students with mental health challenges.
- Help school leaders and educators use strategies that build on strengths.
- Reinforce the importance of the whole-school approach.
- Guide schools in developing school-based action plans.
Our framework: Collaboration between schools and partners

All school staff have a role in providing universal mental health supports to students. The role of our partners becomes more important as the mental health needs of students become more targeted and specialized.

Targeted and specialized supports and services should include culturally relevant resources that consider individual factors, such as race, ethno-cultural and socio-economic background, gender expression and sexual orientation.
Stigma: Shifting our conversation

Researchers estimate that one in five students will suffer from a mental illness with the majority not accessing mental health services due to stigma.²

**Stigma** has been defined as “beliefs and attitudes about mental health and mental illness that lead to the negative stereotyping of people and to prejudice against them and their families.”³

A shift in how we view and describe mental health is necessary. One of the best ways to reduce the stigma around mental health is to build understanding and a common language through a strengths-based approach.

**To reduce stigma, schools can:**
- build on student strengths, rather than weaknesses
- use whole-school approaches and universal strategies
- promote and use school-linked supports, such as training opportunities and partnerships
- include the voice of young people in school action plans
- create welcoming environments and opportunities for students to share their stories

**In addition to stigma, other reasons why students do not access care include:**
- not recognizing one has a mental illness/disorder
- not knowing where or when to seek help, and what to expect from it
- perceived impact on social interaction and peer acceptance
- school staff’s lack of awareness or knowledge to identify and address mental illness/disorder
- perception of others (e.g., family or cultural group)

Student voice

Edmonton Public Schools’ Student Senate prioritized student mental health by offering *Stepping Forward Together*, a Student Leadership Conference, in both 2017 and 2018.

Students felt strongly about moving past awareness campaigns to sharing and implementing strategies that address stigma.

“We need not only to empower a generation of students to be proactive about their mental health, but inspire them to foster a culture of acceptance, openness, and support.”

— Astrid Krueger
2017–18 Student Senate
What is mental health?
We all have mental health.

The terms “mental health” and “mental illness” are often used interchangeably, even though they are two separate concepts. A clear understanding of mental health terms in our school communities helps educators, school support staff, parents and mental health providers speak a common language.

**Mental health** is a state of emotional, behavioural and social well-being that enables us to feel, think and act in ways that enhance our ability to enjoy life and deal with challenges. It does not mean lack of distress, emotion or bad moods, or a lack of mental or behavioural disorder.4

A person can be in one or more of these mental health states at the same time:

**Mental distress** is the ups and downs of daily life. It is healthy, inevitable and necessary for growth and development.

**Mental health challenges** are changes in thoughts, feelings, and behaviours. These signs and symptoms affect our ability to function well.

**Mental illness** is a general term that covers the wide range of diagnosable mental disorders.5 It is an alteration in thinking, mood, or behaviour associated with significant distress from multiple causes. It impacts functioning in one or more areas such as school, work, social, and family interactions or the ability to live independently.6

**What causes a mental illness?**

Mental illness is a general term that covers the wide range of diagnosable mental disorders. Diagnosed mental disorders are complex diseases.7

There is not one clear known cause of mental illness. Here’s what we know:

- Mental illness involves the interplay of a number of influences such as genetic, biological, and environmental factors.
- Early childhood and adolescence are sensitive mental development phases for youth.
Mental health and brain development

Neuroscience helps guide our understanding of mental health.

Nurturing, responsive and stable relationships are essential for healthy brain development and sound mental health. Early childhood and adolescent experiences are built into our brains and bodies. Each experience shapes how we learn, our behaviour and health. Disruptions to healthy brain development can impair an individual’s capacity to learn, adapt, cope with stress-related situations, and relate to others.

Learning that involves motivation, play, curiosity, and building healthy relationships helps students grow into well-functioning and contributing members of society. This type of learning is also good for adult brains.

For more information about how brain development is foundational to mental health and learning, see the Palix Foundation video How Brains are Built.
Resilience and mental health

**Resiliency** as a general term describes attitudes, behaviours, and environmental circumstances that help people adjust to or integrate their adverse experiences.8

Resiliency is more than an individual set of characteristics; it requires supportive relationships with informed caregivers and school staff and access to relevant information and effective services. Focusing on resiliency engages those living with mental health challenges or illnesses in their personal journey of well-being.9 Resiliency builds on individual, family, cultural and community strengths and is supported by many types of services.10

**WHAT CAN YOU DO?**

To help nurture resiliency, school communities can:

- **Recognize that each person is unique**, with the right to determine their path toward mental health and well-being.
- **Acknowledge that we live in a complex society** where many factors (biological, psychological, social, economic, cultural, and spiritual) impact mental health and well-being.
- **Build on personal strengths of individuals**, their families and communities.
- **Understand the individual attributes**, social circumstances, and environmental factors that impact mental health, as shown below.

### Protective and risk factors that affect mental health

<table>
<thead>
<tr>
<th></th>
<th>Protective Factors</th>
<th>Risk Factors</th>
</tr>
</thead>
</table>
| **Individual Attributes** | • Positive sense of self  
• Ability to solve problems and manage stress or adversity  
• Communication skills  
• Physical health and fitness | • Negative sense of self  
• Emotional immaturity and limited ability to manage stress  
• Difficulties communicating  
• Chronic health condition or frequent illness  
• Substance abuse |
| **Social Circumstances** | • Social support of family and friends  
• Healthy family interactions  
• Physical and economic security  
• Scholastic achievement | • Loneliness, bereavement  
• Neglect, family conflict  
• Exposure to violence or abuse  
• Low income and/or poverty |
| **Environmental Factors** | • Equal access to basic services  
• Social justice and tolerance  
• Social and gender equality  
• Physical security and safety | • Limited access to basic services  
• Injustice and discrimination  
• Social and gender inequality  
• Exposure to war or disaster |

Adapted from: World Health Organization’s Risks to Mental Health: An Overview of Vulnerabilities and Risk Factors.
Early intervention: Acting on your concerns

School staff can work with students to understand sudden changes in regulation and function including changes in behaviours, feelings and physical states.

Our thoughts, feelings and behaviours (referred to as signs and symptoms) affect our ability to function well. These can range from small changes to how we feel, think and act to more intense changes that last longer.

At some point in our lives, most of us will experience a mental health challenge. Grief is a common example of a mental health challenge that is a normal response to a significant change. A student may benefit from external help (counselling, additional family or community support) if they are unable to adapt to the changes associated with their grief.

School staff play an important role in supporting student mental health. School staff spend a significant amount of time with students. Over time, staff come to understand how each student is unique—how they deal with social, emotional, behavioural and cognitive demands in different settings (e.g., P.E. and math class, recess).

WHAT CAN YOU DO?

Here are some tips to help school leaders and staff talk to students and families about mental health challenges.

• Ask how things have been going lately. For example: What’s been good? Is there anything troubling you? Are you struggling with something?

• Use everyday language to talk about changes you see, not as “symptoms” or “mental health problems.” For example: I noticed you haven’t really been taking part in your favourite sport lately.

• Observe and document the changes you have noticed.

• Talk while doing an activity. This makes the conversation less intimate and easier.

• Ask what they would like to do or think they need. This is a great opportunity to help someone learn how to solve problems. Make problem solving a collaborative effort.

• Ask questions. For example: How can I support you?

Adapted from: https://foundrybc.ca/supporting-others/supporting-a-friend/talking-with-your-friend
The Pyramid of Intervention
The Pyramid of Intervention

The District’s model of support is based on three levels of supports and services: universal, targeted and specialized. It is used to identify pathways through services and a continuum of supports, including mental health promotion, early identification, interventions and specialized services. All students need universal supports provided through high-quality teaching and whole-school approaches. Only some students will need more targeted services, such as small group support or counselling services.

**SPECIALIZED SUPPORTS AND SERVICES**
For: a small number of students requiring intensive individualized supports
- Policies, processes and pathways are in place to ensure access to specialized expertise, service provider and programming.
- Partnerships are in place, including transition strategies for students to, through, and from services, treatment and specialized programming.

**TARGETED SUPPORTS AND SERVICES**
For: some students requiring additional supports
- Policies, processes and practices are in place to ensure early identification of students who are not making progress when universal supports are in place.
- Evidence-informed, short-term, individual and small group supports and interventions are available within the school setting.

**UNIVERSAL SUPPORTS**
For: all students
- Whole-school approaches are in place to create welcoming, inclusive, safe and healthy learning environments.
- Quality instruction responds to a diverse range of learning strengths, needs and challenges.
- Social emotional learning and regulation practices for teachers and students are embedded into instruction and classroom activities. This includes strategies for social, emotional, cognitive and physical development.
- Peer supports are available and supported by qualified school staff members.

*Schools can create school-based mental health action plans (see page 23) that consider all tiers of the pyramid.*
Universal supports: Practices for implementing a whole-school approach

The District uses the Comprehensive School Health framework to plan and implement mental health supports in schools. The whole-school approach is the foundation of this framework.

Whole-school approaches should address the four pillars of healthy school communities:
- Social and Physical Environments
- Teaching and Learning
- Partnerships and Services
- Healthy School Policy

When determining how to support a whole-school approach, schools should ensure programming builds on the strengths of school communities, and is adaptable and supported by research.

There are various services, speakers and campaigns that promote mental health. In many cases, these resources provide an introduction only or are designed as one-time events. This type of programming is challenging to adapt to local contexts and hard to sustain over the long term.

Some examples of universal evidence-informed strategies and approaches:
- Early Childhood Pathways
- Mentoring
- Peer Networks
- Physical Literacy
- Positive Behavioural Supports
- Promoting Healthy Relationships
- Restorative Practices
- Service Learning
- Self-Regulation Framework
- Social-Emotional Learning
- Social Thinking
- Student Advisories
- Trauma-Informed Practice

See Appendix II (page 27) for recommended professional learning.
Targeted supports and services

Students may need targeted, short-term supports when their ability to function is impacted across multiple contexts.

**Targeted services may include:**
- Inclusive learning school-linked team supports
- Education and behavioural programming consultants
- Occupational therapists
- School family liaison consultants
- School psychologists
- Social work consultants
- District Support Services supervisors
- Diversity education consultants
- Mental health therapists, Regional Collaborative Service Delivery (RCSD)/Alberta Health Services
- School counsellors, success coaches
- First Nations, Métis, and Inuit education supervisors

*See Appendix III (page 29) for role descriptions.*

**Targeted supports may include:**
- ACCESS Open Minds
- Early Childhood Services – Program Unit Funding (PUF)
- WRAPAROUND Edmonton (REACH Edmonton)

For more targeted supports and services, see the [211 Edmonton Resource List](#).

Before accessing targeted services, schools should already have school-based targeted supports in place in skill-building areas such as self-regulation, focusing attention, resolving conflict and problem-solving.

School principals should have a collaborative conversation with their inclusive learning supervisor and mental health therapist prior to referral for support.
Knowing when to refer a student for support

It may be appropriate to refer a student for support if several of the following are happening.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>What it looks like</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apathy</td>
<td>Loss of initiative or desire to participate in any activity</td>
</tr>
<tr>
<td>Drop in attendance</td>
<td>Health affects attendance</td>
</tr>
<tr>
<td>Drop in functioning</td>
<td>An unusual drop in functioning at school, work or social activities, such as quitting sports, failing in school or difficulty performing familiar tasks</td>
</tr>
<tr>
<td>Feeling disconnected</td>
<td>A vague feeling of being disconnected from oneself or one’s surroundings; a sense of unreality</td>
</tr>
<tr>
<td>Change in baseline thinking skills</td>
<td>Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or “magical” thinking typical of childhood in an adult</td>
</tr>
<tr>
<td>Increased sensitivity</td>
<td>Heightened sensitivity to sights, sounds, smells or touch; avoidance of over-stimulating situations</td>
</tr>
<tr>
<td>Mood changes</td>
<td>Rapid or dramatic shifts in feelings</td>
</tr>
<tr>
<td>Nervousness</td>
<td>Fear or suspiciousness of others or a strong nervous feeling</td>
</tr>
<tr>
<td>Non-compliance and off-task behaviours</td>
<td>This may include disconnection, changes in normal behaviour, overall functioning, and ways of relating to others</td>
</tr>
<tr>
<td>Trouble with explanations</td>
<td>Problems with concentration, memory or logical thought and speech</td>
</tr>
<tr>
<td>Self-neglect</td>
<td>A behavioural condition, neglect of attention to basic needs that may include: appropriate clothing, feeding, hygiene, or attending to medical conditions</td>
</tr>
<tr>
<td>Sleep or appetite changes</td>
<td>Dramatic sleep and appetite changes or decline in personal care</td>
</tr>
<tr>
<td>Suicidal ideation/risk</td>
<td>Also known as suicidal thoughts, thinking about or planning for</td>
</tr>
<tr>
<td>Unusual behaviour</td>
<td>Odd, uncharacteristic, peculiar behaviour</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Recent social withdrawal and loss of interest in others</td>
</tr>
</tbody>
</table>

Specialized supports: Treatments and follow-up

Some students need more intensive and individual supports that focus on their particular mental health needs—this is where specialized supports and services come in.

Educators will often make an initial referral, and clinical service providers take on the diagnostic and therapeutic role either within the school authority or health system.

In general, the role of school staff is to support students as they transition to and from community services.

Specialized supports may include:

- Addiction and Mental Health Services, Alberta Health Services (Northgate, Rutherford centres)
- Child, Adolescent, and Family Mental Health (CASA)
- District Support Services and District Security (after hours) to access Crisis Intervention Supports and Services (CISS)
- Edmonton Regional Collaborative Service Delivery Model (ERCSD) mental health therapists
- Mental health classrooms – STAR Program and the Way In
- Mental Health Transition Team (Inclusive Learning)
- Psychiatry
- School mental health nurses
- School Rehabilitation Service (Glenrose Hospital)
- Social work consultants

“Students need to know that almost everyone will have struggles at school from time to time, and it is important to ask for and get the help they need and deserve in order to feel competent at school.”

— Greg Gorda
Mental Health Therapist, AHS
Supporting students living with mental illness
Supporting students living with mental illness

Understanding the implications of mental health disorders is essential for planning and providing the right level of support.

For school staff, the critical information is not necessarily what the mental health conditions are, but rather how they impact a student’s learning, social/emotional behaviour, and the classroom environment.

For more information, see Keeping Records and Anecdotal Notes: A Guiding Document.

General guidelines for supporting students

• Take time to develop a trusting relationship with the student.
• Provide routine, predictable learning environments.
• Watch for behavioural cues that indicate the student may be experiencing a change in function.
• Meet with student and parents/guardians to discuss how the school can best provide support.
• Identify student’s strengths, interests, and needs.
• Avoid diagnostic language: describe what you see; take care not to interpret what you see.
• Learn about the diagnosis (symptoms, triggers, successful strategies, medications, interventions) and recommended supports.
• Collaborate with the Inclusive Learning school-linked team and other partners.
• Develop a system for sharing information with staff members and parents (e.g., IPPs).
• Follow District guidelines for recording student behaviour.
• Set realistic goals, and adjust expectations according to the student’s ability.
• Engage parents/guardians (and the student, where appropriate) in transition planning.
Be prepared for a crisis

Schools are required to have documented emergency plans in place to be ready for a crisis. An example of a crisis would be a student needing urgent care for mental illness from child and family services or the justice system. By having a plan, schools ensure staff can follow clear protocol and steps when they need to act quickly.

For example, when a student makes a threat, there is a protocol in place for a Violence-Threat Risk Assessment with clear steps.

How a school defines “crisis” may differ from the crisis threshold defined by community and ministerial partners. In these cases, schools may need to collaborate with these partners about next steps.

**Crisis contacts**

*Not sure who to call? Dial 211*

Children’s Mental Health Crisis Line  
780-427-4491

Children’s Community Response Team  
780-413-4733

Children’s Services Crisis Unit  
780-422-2001 (after hours: 780-427-3390)

HEALTH Link Alberta (24 hours)  
811

Kids Help Phone  
1-800-668-6868

Mobile Mental Health Crisis Line (24 hours)  
780-342-7777

For more information, see the Canadian Mental Health Association Edmonton Resource Lists
The importance of self-care

Self-care is essential for staff who are supporting students with mental health needs or mental illness.

When students are experiencing distress, their teachers and supporting adult caregivers often are too.

As a caregiver, remember:
• Self-care is not selfish. We cannot offer care to others until we learn to care for ourselves.
• Self-care needs to be a routine part of our day to be effective.
• It is helpful to view self-care as a promise to ourselves.

For more information about support and your own mental health, contact Homewood Health: Homewood Health


Strategies to support self-care

1. Talk to colleagues, a friend and/or a therapist.
2. Build resilience by managing emotions during stressful times of the day (e.g., meditation/focus practices, visualization, deep breathing).
3. Establish coming-home rituals, such as turning off work devices and making to-do lists for the next morning (to establish clear boundaries between work and home).
School action plans
School action plans

What is the mental health message in your school?

Action planning in schools is a key step in building healthy school communities. As schools build and revise their action plans, they can consider how best to integrate a whole-school approach and the fundamental role environment plays in mental health.

Effective approaches to mental health in schools ensure students have access to supports and the right learning opportunities.

- **Agency/autonomy/control** – students feel a sense of control and that their school supports them with strategies to help cope with life circumstances.
- **Coping with stressors/adapting to change** – students have opportunities to practice adapting in the face of adversity.
- **Balance/stability** – students have access to resources that provide safety and support.
- **Meaningful relationships and participation** – students have opportunities to participate meaningfully within their social groups and school communities.
- **Dignity** – students are encouraged to explore their identities through respectful teaching and learning practices.
- **Optimism for the future** – students participate in school activities that promote a hopeful, mindful, and optimistic outlook.

**Key conditions for supporting mental health in schools**

When schools attend to the six foundational conditions below, they are better able to sustain high-quality practices in school mental health and well-being.

1. Vision, Leadership and Commitment
2. Shared Language and Communication
3. Data, Evidence and Research
4. Roles, Responsibilities and Processes
5. Community Collaboration and Engagement
6. Systematic Professional Learning

Schools are encouraged to use the Key Conditions for Supporting Mental Health in Schools: planning and implementation tool (pg. 39) as they build school action plans. This tool was developed by the Calgary Regional Consortium in collaboration with a number of school authority partners.

In-school supports that enable students to SUCCEED

**Universal (80-85%)**
- Clubs, intramurals, athletics, volunteer opportunities, SOGI, LOOP, pep rallies, regular assemblies, fine arts, leadership
- Pillar Development for all grade 10s (Leadership 15)
- Focus on emotional, social, and physical safety
- All staff focus on the common goal of student achievement and wellness

**Targeted (10-15%)**
- Grade 10 retreat (70 targeted at risk students)
- Big Brothers, Big Sisters mentorship program of younger students (Westbrook students)
- Weekly IB support meeting for students (drop in)
- Staff provided Thanksgiving dinner for all international students (200 students)
- ADLC/ work experience/ RAP for students without enough credits

**Intensive Individualized (5%)**
- Morning workout program
- Connects (mental health collaborative with outside partners) led by 0.5 FTE AHS Coach
- Safe place classroom (mental health classroom)
- Weekly student support meetings with admin, SRO, counselors, mental health coach, success coach, safe place classroom teacher.
- Circle of support (Martin Brokenleg)
- AHS youth addictions coach (Thursday afternoons)

**WRAP AROUND SERVICES PHILOSOPHY**
- Mandatory teacher directed tutorials for students in need
- Flexible learning offered: math/science transitions; accelerated math 30-1, K & E, IB, fine arts, robotics, speech and debate (high school flexibility project)
- Partial and full IB
- Peer support group (trained student counselors)
- Transition meetings with junior high staff for student who need extra support.

**School Culture**
- Clusters, intramurals, athletics, volunteer opportunities, SOGI, LOOP, pep rallies, regular assemblies, fine arts, leadership
- Pillar Development for all grade 10s (Leadership 15)
- Focus on emotional, social, and physical safety
- All staff focus on the common goal of student achievement and wellness

**Administration/ Counselors**
- Parent information sessions: high school 101, post secondary info, IB info night, diploma prep, grade 10 orientation, transition, scholarships
- Weekly attendance checks
- Regular high school completion check
- Open door policy
- Oversee monthly marks updates to parents
- Timetabling for success

**Teachers “Every student deserves a strong teacher”**
- Personalized support through differentiation
- High expectations for all students
- Trust that students are telling teachers what works for them or not
- Making a difference through excellent teacher-student relationships
- Time provided weekly for teacher collaboration
- Outstanding teaching practice
- Strong catchment collaboration (PLC model)
- 8 tutorial blocks available weekly (teacher and student led)
- Missed assessment room
- Opportunities for student reassessment
School action plans

School action plan template

For a smaller number of students requiring intensive individualized supports:

For some students requiring additional supports:

For all students:
Appendix I: **Mental health terms**

**Early identification** – accurately detecting mental health concerns and/or disorders in the early stages.

**Mental health** – a state of emotional, behavioural, and social well-being that includes the capacity to feel, think, and act in ways that allow us to enjoy life and deal with the challenges we face. It does not mean lack of distress, emotion, or bad moods.

**Mental health challenges** – changes to our thoughts, feelings, and behaviours that affect our ability to function well.

**Mental illness** – is an alteration in thinking, mood, or behaviour associated with significant distress from multiple causes. It impacts how a person functions in one or more areas of life, such as school, work, social, and family interactions, or the ability to live independently. Mental illness is a general term that covers the wide range of mental health disorders.

**Mental Health Literacy** – an understanding of mental illness and treatment options; how to foster and maintain good mental health; and how to seek help.

**Mindfulness** – attention-focusing practices that support emotional intelligence, problem solving, critical thinking, relationship building and general well-being.

**Neuroscience** – the study of the brain and its impact on behaviour and functioning.

**People-first language** – language that emphasizes each person’s value by focusing on the person first rather than the illness they are experiencing (e.g., “a student living with mental illness”). For more information, see [Everyone’s In: People-first Language](#).

**Physical literacy** – the motivation, confidence, physical competence, knowledge, and understanding to value and take responsibility for engagement in physical activities for life.

**Positive behaviour supports** – a school-wide effort to promote positive social and communication skills, while reducing and preventing problem behaviours.

**Protective factors** – conditions that protect mental health and support healthy brain development.

**Pyramid of Intervention** – a framework to address and support the needs of school community members. Includes mental health promotion, early identification, intervention, and specialized services.

**Resiliency** – as a general term, describes attitudes, behaviours, and environmental circumstances that help people adjust to or integrate their adverse experiences.

**Restorative Practices** – strategies that foster healthy relationships and promote improved mental health and responsible behaviour. It is a focus on the quality of relationships between all members of the school community.

**School-linked team** – a multi-disciplinary team that supports early identification and provides strategies, resources, and supports.

**Self-regulation** – how we manage energy expenditure, recovery and restoration from stress.

**Social and emotional learning** – the process of developing students’ knowledge, attitudes and skills to manage emotions, build healthy relationships, set goals and make decisions.

**Social thinking** – the ability to take in thoughts, emotions and intentions of the people with whom we are interacting and use that information to determine how to respond.

**Stigma** – beliefs and attitudes about mental health and mental illness that lead to the negative stereotyping of people and their families.

**Strengths-based approach** – an emphasis on what a person can do, rather than focusing on the limitations of his or her condition (diagnosed or otherwise).

**Trauma-informed practice** – a focus on shared understandings and a common language to support a school environment where every student feels safe and supported and where staff understand how trauma affects behaviours and emotions.

**Whole-school approach** – an approach by which all aspects of school culture tie in to the understanding that learning and mental health are inextricably linked.
## Appendix II: Recommended universal supports for schools

<table>
<thead>
<tr>
<th>Support Name</th>
<th>Professional Learning Opportunities</th>
<th>Key contact for further information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive School Health (CSH) Lead Teacher</td>
<td>• Are We Healthy and Wise? Professional Learning Day for CSH Leads&lt;br&gt;• The Nuts and Bolts of Physical Literacy (two-day workshop)&lt;br&gt;• Teacher-Counsellors’ Community of Practice (half-day 6x/year)&lt;br&gt;• Teaching Sexual Health Professional Learning</td>
<td>Comprehensive School Health Unit</td>
</tr>
<tr>
<td>Deepening Understanding of Mental Health in Schools (Summer Institute)</td>
<td>• Three-day training</td>
<td>Inclusive Learning</td>
</tr>
<tr>
<td>First Nations, Métis, and Inuit Education Lead Teacher</td>
<td>• Offered centrally through workshops</td>
<td>First Nations, Métis, and Inuit Education</td>
</tr>
<tr>
<td>Go-To Educator Training (Mental Health Literacy)</td>
<td>• One-day workshop</td>
<td>Comprehensive School Health Unit</td>
</tr>
<tr>
<td>Mental Health First Aid</td>
<td>• Two-day workshop</td>
<td>Comprehensive School Health Unit</td>
</tr>
<tr>
<td>Mental Health Literacy for Students</td>
<td>• Half-day training for Grade 8 teachers</td>
<td>Comprehensive School Health Unit and AHS, Addiction and Mental Health Education Team</td>
</tr>
<tr>
<td>Nonviolent Crisis Intervention</td>
<td>• Two-day workshop</td>
<td>Inclusive Learning</td>
</tr>
<tr>
<td>Safe Contact Training (required as per <a href="#">HFA BP - Sexual Orientation and Gender Identity</a>)</td>
<td>• Introductory Safe Contact Training Level 1 (half-day)&lt;br&gt;• Advanced Safe Contact Training Level 2</td>
<td>Diversity Education</td>
</tr>
<tr>
<td>Self Regulation</td>
<td>• Training varies</td>
<td>Inclusive Learning</td>
</tr>
<tr>
<td>Social and Emotional Learning</td>
<td>• Training varies</td>
<td>Comprehensive School Health Unit and/or Curriculum and Resource Support</td>
</tr>
<tr>
<td>Applied Suicide Intervention Skills Training (ASIST)</td>
<td>• Two-day training through Canadian Mental Health Association</td>
<td>Diversity Education, Community Helpers</td>
</tr>
<tr>
<td>Supporting Healthy Relationships Development (Bullying Prevention)</td>
<td>• Beyond the Hurt Prevention Educator Training (one day)&lt;br&gt;• Healthy Youth Relationships Prevention Training for Adults</td>
<td>Comprehensive School Health Unit</td>
</tr>
<tr>
<td>Trauma Informed Practice</td>
<td>• Training varies</td>
<td>Inclusive Learning</td>
</tr>
<tr>
<td>Violent Threat Risk Assessment (VTRA)</td>
<td>• VTRA Level 1: Theory and Practice (one day)&lt;br&gt;• VTRA Level 2: Data Analysis and Strategic Interviews (one day)</td>
<td>District Support Services</td>
</tr>
</tbody>
</table>
Appendix III: Who’s involved

Edmonton Public Schools collaborates with our partners to serve the mental health needs of our students.

Inclusive Learning supports

Psychology
Psychology consultants work with schools to help facilitate educational programming to meet students’ cognitive, behavioural and social-emotional needs. This role informs decisions about student special education funding allocations, placements and programming. Psychology consultants are also part of the District Emergency (Critical Incident) Response team in order to provide support for students after an unexpected or traumatic incident.

Education and Behavioural Programming
Educational and behavioural programming consultants respond to diverse learning needs. They are trained to facilitate early identification of the signs and symptoms of mental illness; provide interventions designed to support resiliency; teach self-regulation strategies that are foundational to social and emotional learning; and integrate restorative practices and promote positive discipline through the restorative justice model.

Occupational Therapy
Occupational therapy consultants focus on the occupational performance of children and students in a learner-centred manner. Children/student’s ability to participate and be meaningfully engaged in educational activities within the learning environment is the primary focus.

School Family Liaisons
School family liaisons are links between homes, schools and communities. Liaisons support families of children receiving Inclusive Learning assistance during Kindergarten. Liaisons assess student needs in collaboration with district staff to assist the student and family in achieving their goals. Liaisons also educate parents and guardians through family visits and family-oriented programming, and are involved in transition plans.

Social Work
School social workers provide a range of services and work alongside specialists from other disciplines. Their work includes assisting with Critical Incident Support Services when there are incidents involving the well-being of school communities; working with students and their families; and offering in-services for district staff on social work practice and related issues.

Edmonton Regional Collaborative Service Delivery (ERCSD) Model

Purpose: To enable collaboration between Alberta Health Services, Children’s Services, Community and Social Services, Education, and community organizations.

Mental Health Therapists
School-based mental health therapists work collaboratively with school staff to offer in-school supports for students with emotional, behavioural and mental health challenges.
Appendix III: Who’s involved

Diversity Education supports

Comprehensive School Health Consultants
Consultants provide supports from the perspective of the whole district. They draw on their knowledge of what is happening across the district to offer health supports to schools that include services, ideas, professional learning and other opportunities in and out of schools.

Consultants that support Sexual Orientation and Gender Identity (SOGI)
SOGI consultants help schools support sexual and gender minority students, families and staff. This includes professional learning, individual coaching and mentoring, and connecting to community supports and resources.

First Nations, Métis, and Inuit Education
The First Nations, Métis and Inuit Education supervisor co-ordinates culturally relevant supports, such as a success coaches or Elders. This role also provides direct service and case management.

Alberta Health Services supports

Addictions Counsellors
Addictions counsellors work with students who have addiction disorders, such as drug, alcohol and gambling addictions. They help students, families and communities identify and deal with addictions through treatment and prevention programs.

School-based supports

School Counsellors
School counsellors lead the establishment, implementation, and assessment of a plan for mental health in schools. They also assess student needs; determine programming, approaches, and strategies; coordinate supports through community partnerships; and identify and make appropriate referrals.

Success Coach
Success coaches work in schools with students who have been hurt emotionally, are disengaged, and have lost their confidence in others. Success coaches provide a therapeutic relationship. The majority working in Edmonton Public Schools are employed by The Family Centre.
Appendix IV: References

Research cited


Other works referenced


Sparks, D. (10, January, 2018).


