

## Supporting Wellbeing and Wellbecoming in Louis Riel School Division

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Educators have long been concerned with students' well-being and healthy development. How well children are doing (well-being) and how well they are prepared to live well (well-becoming) has taken on greater importance in schools as we recognize that well-being and well-becoming are essential for student success, both academically and socially.

Positive mental health is foundational to overall well-being and includes a sense of enjoyment of life, of building close and caring relationships, achieving goals and having resilience to cope with life's challenges.

The emergence of positive mental health perspectives has shifted the focus of educators and health professionals from a preoccupation with repairing illness and weaknesses to enhancement of positive qualities and a focus on mental health and well-being.

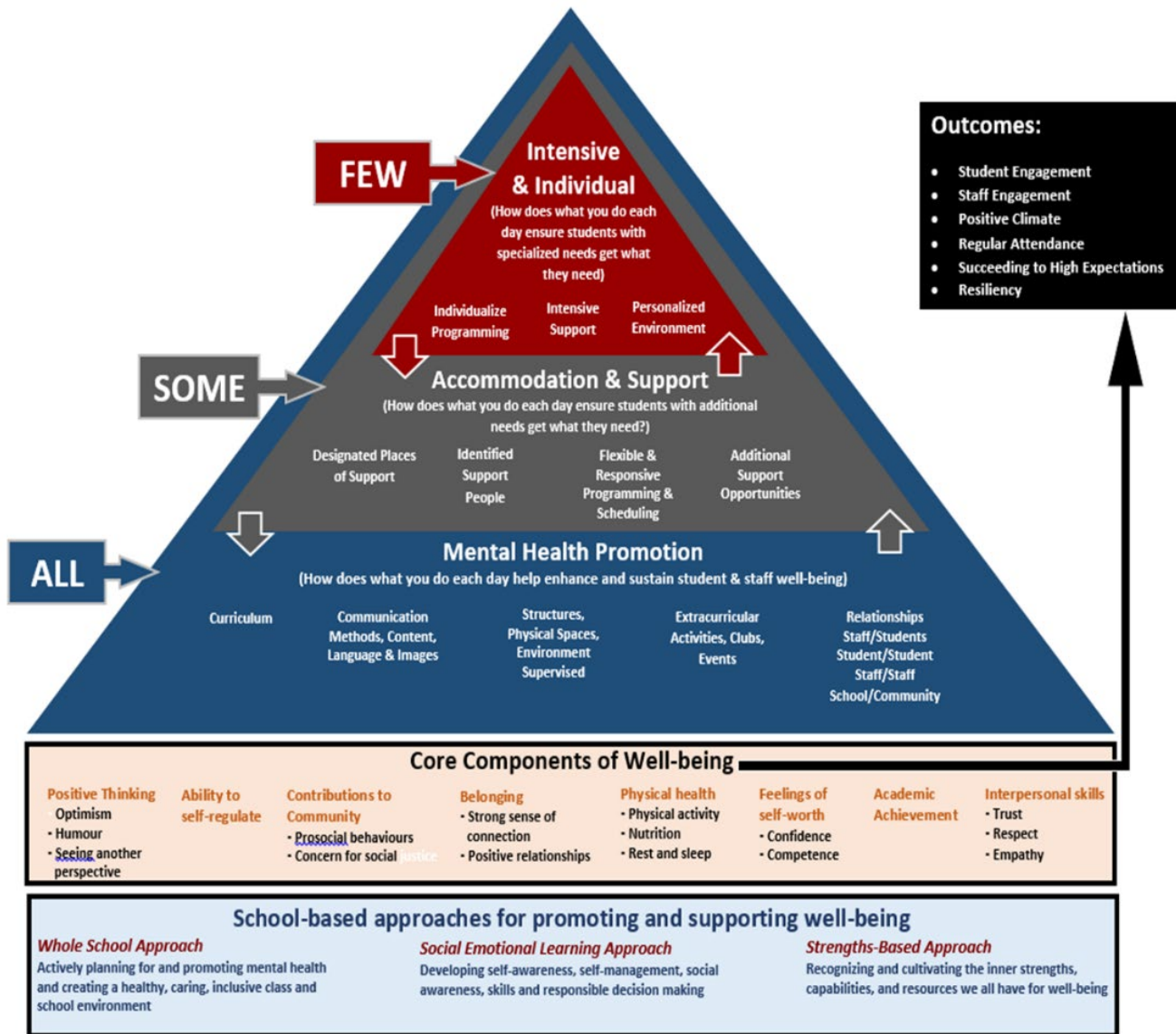
*"Mental Health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."*

World Health Organization, 2011

Many students will experience mental health challenges and may require varying intensities of supports, depending on the severity of their problems.

## Comprehensive Support of Mental Health and Well-Being in LRSD

The 3-tiered model of supporting students is a comprehensive response to addressing mental well-being as well as mental health problems and disorders.



**Tier 1 Supports for All.** At this level, schools promote the mental health of all students. The purpose of Tier 1 services is to promote psychological well-being of all students, to promote caring, nurturing environments that allow students to overcome small challenges, to provide a protective support to

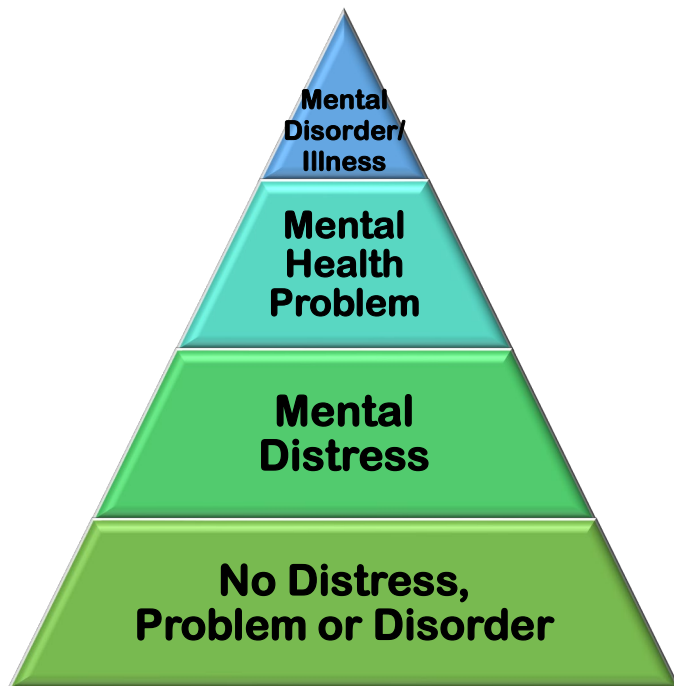
students at higher risk of mental disorders, and to teach social, emotional, and behavioural strategies so that students can develop competence.

A focus on mental health literacy and mental health promotion helps to decrease the number of students who may develop mental disorders by teaching students a wide range of healthy behaviours and coping skills. Opportunities to practice these skills is encouraged.

**Mental Health Literacy – Common Understanding of Mental Health.**

Mental health literacy refers to knowledge and beliefs about mental disorders which aids in their recognition, management or prevention. Mental health literacy includes the ability to recognise specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking. Dr. Stanley Kutcher’s framework of mental health states and Dr. Corey Keyes’ dual continuum model of mental wellness and mental illness have been instrumental in shaping our thinking of mental health and well-being on LRSD.

Mental Health can be conceptualized as occurring in layers as in the model of mental health states developed by Dr. Stanley Kutcher (2012):



In this model, it is understood that mental distress is common. Everyone experiences some amount of mental distress almost daily. Mental distress usually does not last long and does not interfere with typical daily life. It is seen as a signal that we need to adapt to life’s changing circumstances. Support from trusted people, problem-solving, or relaxation techniques can help a person deal with distress. We learn to be resilient by dealing with failure or adversity.

A mental health problem is different and usually indicates that the person is not able to cope and use their skills successfully to improve their emotional functioning.

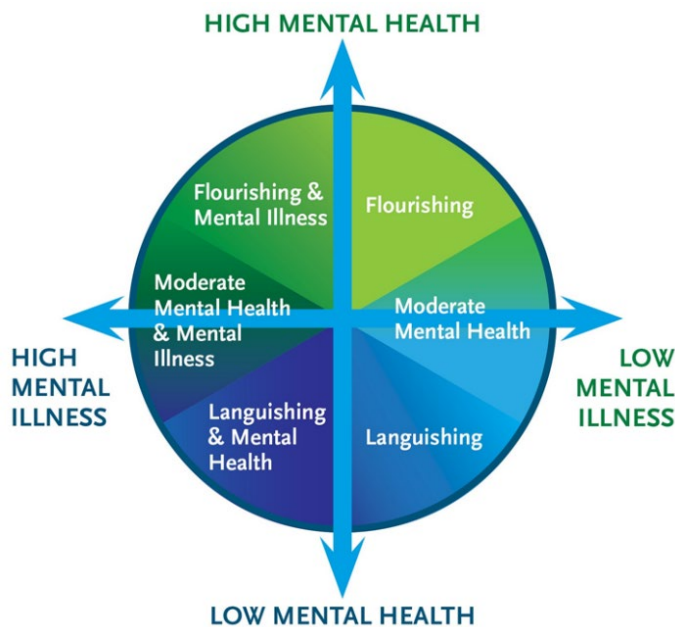
A mental health problem can lead to significant problems in every-day functioning.

For young people experiencing a mental health problem, counselling and use of evidence-based psychotherapies such as Cognitive Behaviour Therapy (CBT) can be helpful. Medications may be used for a short period of time to address physical symptoms. Wellness enhancing activities such as exercise or meditation are also encouraged. Most individuals that experience a mental health problem do not go on to develop a mental health disorder.

A mental disorder is identified when internationally recognized medical diagnostic criteria are met (DSM or ICD) and is associated with substantial and prolonged impairment. Treatment usually includes evidence-based psychological interventions and/or medications.

In this model, an individual can experience more than one condition at the same time. For example, a young person may be suffering from anxiety (a mental disorder) and have recently lost a parent and be grieving (mental health problem) and have a life challenge such as a failed math test (mental distress).

The concept of flourishing with regards to mental health grew out of the area of positive psychology. In this model, the presence of mental health, a combination of feeling good about and functioning well in life, is called flourishing and the absence of mental health is described as languishing (Keyes, 2002).



Mental illness is also on a continuum from low mental illness to high mental illness. The complete mental health model combines mental health (flourishing, languishing) with the presence or absence of mental illness to classify individuals into one of six states.

Complete mental health means both flourishing and being free of mental illness. The absence of mental illness does not imply mental health, and mental well-being (flourishing) is possible regardless of mental illness.

A key approach in supporting mental health is to focus on a person's strengths and abilities rather than on fixing their deficits and

disabilities. In this approach, when students are demonstrating challenging or withdrawn behaviours, we recognize that they are doing the best they can, given their circumstances. A strengths-based approach recognizes that we all have innate strengths, skills and capabilities that can be accessed to

support our mental well-being. The Circle of Courage and Sources of Strength can be considered strength-based approaches.

### **Mental Health Promotion.**

Mental Health Promotion is about creating environments that promote and sustain positive mental health for everyone. Activities, supports, and learning opportunities are designed to enhance protective factors and minimize risk factors. Schools are an ideal setting in which to promote mental health for children and youth, providing an opportunity to reach large groups of children during their formative years of cognitive, emotional and behavioural development. Mental Health Promotion in schools focuses on enhancing protective factors that contribute to the social and emotional growth of children and youth and decreasing the risk factors that impede psychosocial development. Mental health promotion in schools also links with other aspects of health such as physical health, sexual health, and nutrition (e.g., physical education and health curriculums).

The most effective school-based programs for promoting mental health are comprehensive and target multiple health outcomes, involve the whole school, focus on personal skill development, include parents and the wider community and are implemented over a period of time.

For example, Social Emotional Learning (SEL) outcomes are foundational to supporting the development of mental well-being. SEL focuses on 5 key competency areas:

- self-awareness
- self-management
- social awareness
- relationship skills
- responsible decision-making

Responsive Classroom and Roots of Empathy are examples of SEL approaches.

**Mental Health Promotion Planning in LRSD.** Comprehensive School Health (CSH) is an internationally recognized framework for addressing school health in a planned, integrated, and holistic way. CSH consists of four inter-related pillars that provide a strong foundation for healthy school environments:

- social and physical environment
- teaching and learning
- partnerships and services
- healthy school policy



Pan Canadian Joint Consortium for School Health Positive Mental Health (PMH) Toolkit has been designed to support schools in mental health promotion planning. LRSD and the WRHA Mental Health Promotion Team worked collaboratively to develop a simplified Mental Health Promotion Planning Guide. This Guide is being implemented in all 42 schools in the LRSD. The mental health planning process consists of five distinct phases: Getting Ready, Assessment, Planning, Implementation, and Review.

In preparation for the Getting Ready Phase, the school principal facilitates the creation of a school-based action team consisting of mental health champions with representation from various groups (e.g., principals, teachers, EA's office staff, school clinicians, community partners, parents). During the Getting Ready Phase, the mental health promotion team works together to develop a common understanding of and common language around mental health promotion.

The Positive Mental Health (PMH) Indicator Framework is used as a self-assessment of the school. Indicators are organized according to the four pillars of CSH and serve to probe the overall school environment for areas of strength and areas for development.

During the Planning Phase, the school mental health promotion action team uses The PMH Indicator Worksheet to identify areas of strength and areas for development. The school mental health promotion action team engages the whole school staff in mental health promotion planning, implementation and review. Taking action in all four pillars results in a holistic and comprehensive approach to planning a whole school approach to mental health promotion.

The principal and mental health promotion planning team lead the implementation and review of the plan with the whole school. Ongoing review and planning occur on an ongoing basis and complements the LRSD school profile and School Planning process.

**Well-Being and Well-Becoming in LRSD.** In addition to the comprehensive efforts of LRSD Staff to support the positive mental health and well-being of students outlined above, in partnership with the Winnipeg Regional Health Authority (WRHA), LRSD has developed aspirational goals for all individuals in our school communities:

- 1) I know what well-being is.
- 2) I am aware of my well-being and what impacts it positively and negatively.
- 3) I have strategies to improve the well-becoming of myself and others.

To support this learning the WRHA has launched the Wellbeingguide.ca to assist all in our communities to understand how they can take action to improve their well-being.

Having a sense of well-being can mean many things. It can include feeling satisfied, happy and healthy. Well-being also includes being connected to others in positive ways through meaningful relationships. Having a sense of purpose every day, learning new things, being resilient and even having fun are all important aspects of well-being.

## **Tier 1 Support in LRSD: Mental Health Promotion and Well-Being for All**

### **Social Emotional Learning Approaches**

- Friends for Life
- Seating options, self-regulation in the classroom
- Roots of Empathy
- Mind Up curriculum
- Social Thinking Curriculum
- Responsive Classroom
- Yardsticks Developmental Stages
- Power of Our Words

### **Whole School Approach – Mental Health Promotion Planning Guide**

- Teaching and learning
- Social and physical environments
- Partnerships and services
- Policy

### **Strengths-based Approaches**

- Collaborative Problem-Solving (CPS)
- Five-Domain model of Self-Regulation (biological, emotional, cognitive, prosocial)
- Sources of Strength
- Building on Our Strengths
- Developmental Assets
- Circle of Courage
- Seven Teachings

### **Mental Health Literacy**

- Mental Health Literacy for Staff (similar to “Go-To Educator Training” or “Mental Health First Aid”)
- Grade 9 mental health lessons co-taught with clinical services, Phys Ed teachers and

student service teachers

- Grade 10 mental health lessons co-taught with clinical services, Phys Ed teachers and student service teachers

### **Suicide Prevention**

- SafeTALK training for all staff and high school students
- Project 11

### **Clinical Supports**

- Consultation
- Classroom based lessons
- Professional development sessions for staff

### **Learning Team**

- Consulting with teachers to support and model classroom-based practices
- Residency model to support Tier 1 positive behaviour practices
- Professional development sessions for staff

**Tier 2 Targeted Supports for Some:** At this level, more targeted interventions may be offered to some students who show signs of more serious mental health concerns. School- based staff partner with professional staff to teach specific social and emotional skills to small groups of students.

### **Tier 2 Supports in LRSD: Accommodations and Support for Students At-Risk**

#### **Student Services**

- Mental Health Promotion Planning
- Student specific (check-ins, counseling, problem-solving, skill development)
- Assessment (D-TORF)
- Planning (D-TORF, 5-point scale, adult response)
- Collaboration with classroom teachers, parents, professional staff, community supports)

#### **Clinical Support**

- Consultation
- Individual counseling and skill building
- Small group skill building
- Assessment
- Collaboration with families
- Connections with community service providers



### Learning Team

- Classroom support (modeling, co-teaching)
- Student service teacher mentorship (modeling, co-teaching)
- Assessment (D-TORF)
- Group work (D-TORF groups)
- Planning (5-point scale, adult response, regulation strategies)

**Tier 3 Intensive Supports for Few:** At this level, a few students experience mental health problems to such a degree that daily functioning is significantly impacted, and their learning is compromised. School-based staff, professional staff, parents, and community service providers must work together to provide intensive and individualized interventions

### Tier 3 Supports in LRSD: Intensive Individual Interventions

#### Student Services

- Student specific (check-ins, counseling, problem-solving, skill development)
- Assessment (D-TORF)
- Planning (D-TORF, 5-point scale,)
- Intensive collaboration with classroom teachers, parents, professional staff, community supports

#### Clinical Supports

- Individual support (counseling, skill building, problem-solving)
- Consultation with school staff
- Collaboration with parents
- Collaboration with community service providers (MATC, Family Physicians, Marymount, etc)

## References

### Books:

Carney, Patrick (2015). Well Aware; Developing Resilient, Active and Flourishing Students. Toronto, Canada: Pearson Canada Inc.

Doll, Beth & Cummings, Jack (2008). Transforming School mental Health Services; Population-Based Approaches to Promoting Competency and Wellness of Children. California: Corwin Press.

### Articles:

Kutcher, Stan (2012). Thinking Critically About Meeting Mental Health Care Needs of Youth. Canada's Children Les Enfants du Canada, Summer/Été 18(3), 25-28.

Websites: [http://www.edu.gov.mb.ca/k12/specedu/smh/mh\\_resource.pdf](http://www.edu.gov.mb.ca/k12/specedu/smh/mh_resource.pdf) <http://www.jcsh-cces.ca/>

### Websites :

School Mental Health ASIST: <https://smho-smso.ca/>

Teen Mental Health: <http://teenmentalhealth.org/>

WRHA Well-Being Guide: <http://wellbeingguide.ca/>