Northeastern Catholic District School Board

STUDENT MENTAL HEALTH

Administrative Procedure Number: APE037

POLICY STATEMENT

The Northeastern Catholic District School Board (NCDSB) is committed to promoting the mental health of its students in safe, inclusive, equitable, and caring Catholic school communities. The nurturing of a mentally healthy school is a shared responsibility of all members of the school community, working collaboratively to foster students' sense of belonging, while proactively promoting positive mental health, and intervening to provide support when mental health challenges arise. The goal of the NCDSB is to ensure all students can thrive in our Catholic school communities.

REFERENCES

Regulated Health Professions Act (1991)
A Guide to Privacy and Access to Information in Ontario Schools
Ontario Curriculum
Achieving Excellence: A Renewed Vision for Education in Ontario (2014)
Ministry of Education Program Planning (Social-Emotional Learning Skills)
School and Community System of Care Collaborative, 2022

Policy Program Memorandum (PPM)
- 81 Provision of health support services in school settings
- 119 Developing and Implementing Equity and Inclusive Education Policies in Ontario Schools
- 144 Bullying prevention and intervention
- 149 Protocol for partnerships with external agencies for the provision of services by regulated health professionals
- 169 Student mental health

NCDSB Administrative Procedure
- APE006 Provision of Health Support Services in Schools
- APE020 Response to Tragic Events
- APE024-1 Personal Information Management
- APE032 Equity and Inclusive Education
- APE034-2 Safe Schools: Bullying Prevention and Intervention
- API002 Responsible Use of Information and Communication Technology

NCDSB Protocols
- Anti-Sex Trafficking
- Partnerships with External Agencies
- Suicide Prevention, Intervention, and Postvention
- Tragic Events

DEFINITIONS

Evidence-informed practices
Provided in a way that combines the best available research with the experience and judgment of practitioners and the unique preferences of children, youth and their families to deliver measurable benefits.

Measurement-based Care
The routine, systematic use of validated measures, such as patient-reported symptom-rating scales, before or during each clinical encounter to inform decision-making about treatment.

Mental Health
The state of an individual's psychological and emotional well-being. It is a necessary resource for living a healthy life and a main factor in overall health. It is not the same thing as mental illness.

Mental Health Literacy
Includes the knowledge, understanding, skills, and confidence that help us care for our mental health, support others, and know how to seek help.

Structured Psychotherapy
An approach to mental health intervention that utilizes systematic, short-term, and evidence-based methods delivered by mental health professionals regulated by a professional college.

Privacy
The rights and obligations of individuals and organizations with respect to the collection, use, disclosure and retention of personal information; however, recorded, whether in printed form, by electronic means or otherwise.

System of Care
A conceptual framework that supports a key goal of the mental health system: to provide the right service, at the right time, in the right modality and in the right place to meet the unique needs of each child and young person.

PROCEDURES

1.0 GENERAL PROVISIONS

1.1 These procedural guidelines apply to all employees who promote, provide, or supervise, mental health support and services within the school environment.

1.2 NCDSB mental health programs and services align with the provisions of Policy Program Memorandum 169 and with the NCDSB Mental Health Strategy.

1.3 NCDSB will offer a range of mental health supports, interventions, and services, designed to enhance the mental health and well-being of every student within our Catholic schools.

1.4 NCDSB will provide accessible, inclusive, and culturally responsive mental health services to support the well-being and academic success of every student. The services will be based on principles of equity, respect for cultural and linguistic diversity, and acknowledgment of each student's unique experiences and identity.

1.5 NCDSB mental health services will operate during regular school hours, within the normal school year calendar.

1.6 Student service requirements that fall outside of normal school hours, or extends beyond the NCDSB personnel's scope of practice, will be addressed through consultation among NCDSB personnel, the student and their parents/caregivers, and, where necessary, referrals to relevant community service providers (e.g., emergency services, public health, child & youth mental health agencies, Indigenous services).

2.0 CONTINUUM OF MENTAL HEALTH SUPPORTS

2.1 NCDSB's approach to school-based mental health services will reflect a multi-tiered system of support provided by trained school personnel, ranging from mental health promotion (tier one), prevention (tier two) and interventions, including referrals to external services (tier three).

i) **Tier 1** includes a focus on mental health and well-being promotion in NCDSB schools, organized within and beyond the curriculum ensuring all students have access to the foundational learning. This occurs through day-to-day welcoming interactions with school staff, school-wide initiatives, and classroom curriculum and programming. The mental health curriculum will primarily include a focus on social-emotional learning and enhancing mental health literacy. School-wide initiatives will primarily include staff or student-led wellness activities, and student and parent/caregiver access to general mental health resources posted in the school and offered through NCDSB communication platforms, addressing a range of topics.

ii) **Tier 2** services include small group or individual sessions provided by Child and Youth Workers or Mental Health Workers. Structured sessions are scheduled and will typically occur over a short-term. The service will provide students with opportunities to set goals, build on their strengths and develop skills and strategies to target social or emotional or mental health barriers to learning.

iii) **Tier 3** services include short-term individual support or interventions. Trained Child and Youth Workers or Mental Health Workers will intervene to address immediate concerns affecting a student's mental health and well-being. Depending on need, tier three services may require consultation with a

student's circle of support such as the school principal, board mental health personnel, a student's parent/caregiver and coordinating support with internal or community service providers.

3.0 SERVICE DELIVERY

3.1 NCDSB mental health and well-being services and interventions will be provided based on available resources and within the professional scope and training of the school personnel.

3.2 The level of service provided will be determined by a student's expressed need and consent, as well as in consultation with the school team, and at times, parental and professional input.

3.3 Within our elementary schools, Child & Youth Workers (CYWs) support student well-being and social-emotional skills and programming (tier one) in collaboration with classroom educators. Through a referral process, CYWs will provide early intervention services (tier two) in group-based or individualized sessions primarily focused on social-emotional skill building.

3.4 CYWs will respond when tier 3 interventions are needed by assisting with providing immediate de-escalation support (e.g., BMS) or respond to a mental health crisis by connecting a student to more intensive mental health services. This work will be done in consultation with members of the school team and under the direction of the school principal.

3.5 Within our secondary school, Mental Health Workers (MHWs) primarily focus on tier two services, providing early intervention and prevention services. This typically occurs through structured psychotherapy, delivered in one-to-one or group-based sessions with students experiencing mild to moderate mental health concerns, often anxiety or mood related problems. MHWs work in collaboration with the school Principal and team, and as regulated health professionals, they are responsible for ensuring adherence to their professional regulatory requirements. MHWs will also participate in school-wide mental health awareness initiatives to support tier one mental health promotion efforts.

3.6 In more complex situations requiring tier three intervention, Mental Health Workers (MHWs) will provide specialized assessment, support therapeutic services and service coordination for both elementary and secondary students, under the direction and clinical supervision of the Supervisor of Mental Health & Wellness.

4.0 EVIDENCE-INFORMED PRACTICES

4.1 The NCDSB prioritizes evidence-informed practices within all mental health programming and services. Through collaboration with the Ministry of Education, School Mental Health Ontario, and other partners, NCDSB schools will have access to current and thoughtful school-relevant resources and training to support student mental health and well-being.

4.2 An annual review of resource and training needs will be conducted in alignment with the NCDSB Mental Health Strategy, PPM 169 requirements, and the Ontario curriculum, to ensure program relevance and effectiveness.

4.3 Regular investments in training and resources are made to ensure educators have the tools to meet expectations of current practices in school mental health approaches.

4.4 Child & Youth Workers shall incorporate board-approved evidence-informed practices and programs in their service with students. Child and Youth Workers (CYWs) will participate in annual training and receive materials and coaching in alignment with NCDSB's Mental Health Strategy to support a students' social-emotional growth, mental health literacy and overall well-being across various school settings.

4.5 Mental Health Workers (MHWs) will participate in annual training and ongoing supervision and coaching to integrate structured psychotherapy and school-relevant approaches into their work. They shall use board-approved measurement-based care including screening tools, symptom checklists, functional scales, and satisfaction surveys. MHWs will use the results from the tools to help guide a student's service needs but cannot provide a mental illness diagnosis.

5.0 VIRTUAL CARE

5.1 The NCDSB will support equitable access to mental health services to reduce service barriers through virtual care approaches when in-person services are not readily accessible.

5.2 Under the supervision of the Supervisor of Mental Health and Wellness, Mental Health Workers (MHWs) are authorized to provide virtual care and structured psychotherapy services within the NCDSB delivery model. This practice will comply with applicable NCDBS privacy, consent and Information and Technology policies, and Ministry of Education guidelines. Non-approved platforms, including the use of one's personal social media, email or phone communication, are strictly prohibited in the delivery of therapeutic mental health services.

5.3 MHWs will receive annual training on virtual care delivery and must adhere to virtual care guidelines outlined by the Supervisor of Mental Health & Wellness.

5.4 When providing virtual services, Mental Health Workers (MHWs) will:

i) Maintain the same professional boundaries as in person services.
ii) Obtain consent from the student and document their informed consent.
iii) Assess suitability of the service, physical space and use of therapeutic materials.
iv) Provide clear guidance to the student about using the online platform.
v) Ensure contingency plans are pre-arranged with the school principal or designate in the event of technical failures.
vi) Ensure safety and privacy measures are accounted for in advance with the school Principal or designate and confirmed with the student at the beginning of each session.
vii) Activate appropriate service protocols (e.g. suicide risk management) if safety concerns are disclosed.

5.5 Staff other than MHWs will interact with students through virtual platforms in a discretionary way; however, these interactions must align with the staff's training and designated responsibilities. Staff must obtain appropriate supervisory approval and use only approved platforms prior to engaging in virtual interactions with students.

6.0 CONSENT FOR SERVICES

6.1 A student's consent for mental health and well-being services is a collaborative process. This process will occur between the student and the NCDSB service provider and will include the parent/caregiver whenever possible.

6.2 When obtaining student consent for services, the provider will engage the student in a process that is clear, informed and responsive to cultural or language barriers.

6.3 The provider will discuss consent with the student and ensure consent to participate in the service is given freely, without coercion.

6.4 The NCDSB provider will inform the student about the nature, purpose and potential outcomes of the service, including any risks.

6.5 The NCDSB provider will revisit consent as an ongoing dialogue with the student whenever service needs change.

6.6 If the NCDSB provider has concerns relating to the student's capacity to understand the nature of the services and to provide consent, they will consult with their supervisor for guidance when they are unsure how to proceed.

6.7 The NCDSB provider will ensure the student understands their right to withdraw their consent to service and any exceptions that apply.

6.8 The exception to consent will occur when there is a safety concern or requires activating a specific protocol (e.g. suicide risk).

6.9 Under the direction of the school principal, the NCDSB provider may support a student in required learning activities as part of a disciplinary follow-up. In such cases, the provisions of consent described in 6.0 do not apply when the related learning activity is to maintain a safe and positive school climate.

7.0 RECORD MANAGEMENT

7.1 Students who are removed from academic programming for a scheduled service will have a documented service record that describes the planned service.

7.2 The NCDSB provider will document student sessions with accurate and up-to-date service notes.

7.3 Student service notes will be entered and stored securely within NCDSB's official reporting platform, Clevr.

7.4 Any reporting duties that fall outside the provision of mental health services (e.g., suspected abuse, health and safety incidents) will follow the designated process. A staff member will consult with their supervisor for guidance when they are unsure how to proceed.

8.0 CONFIDENTIALITY

8.1 NCDSB has a range of policies and procedures that address personal information, privacy laws and mandatory reporting. NCDSB staff must review the guidelines and apply them to their work.

8.2 The NCDSB provider is responsible for informing the student of the steps that will be taken to ensure that the student's personal information is handled with discretion and any exceptions or limits to confidentiality.

8.3 In situations of uncertainty, the NCDSB provider must consult with their supervisor for guidance, including when there is a perceived conflict is believed between NCDSB policies and a staff member's professional regulatory requirements.

9.0 RESPONDING TO ACUTE AND SPECIFIC MENTAL HEALTH SITUATIONS

9.1 NCDSB protocols will guide the prevention, early identification, managing support and postvention efforts, for students with acute and specific mental health or well-being needs. All school and board staff are expected to adhere to the protocol guidelines when responding to the specific situations.

9.2 NCDSB personnel who interact with students will engage in annual training on NCDSB's Suicide Prevention, Intervention, and Postvention Protocol and NCDSB's Anti-Sex Trafficking protocols.

9.3 The NCDSB Suicide Prevention, Intervention, and Postvention Protocol will include provisions to support life promotion efforts and for responding in situations where a staff member becomes aware of a potentially suicidal student.

9.4 The NCDSB Anti-Sex Trafficking Protocol will provide NCDSB staff with a framework for response, to support early and appropriate intervention.

9.5 The Supervisor of Mental Health & Wellness will consult with community partners annually to ensure the protocols reflect available resources to support awareness, prevention, and intervention.

10.0 ACCOUNTABILITY

10.1 The NCDSB will use measurement-based care for gathering student-informed feedback and data aimed at enhancing the quality and accountability of school mental health services.

10.2 The NCDSB is accountable to the Ministry of Education to demonstrate the impact and alignment of mental health programs with provincial objectives. This will include collating and sharing service delivery data, care-related outcome measures, student demographic data, and program implementation outcomes.

10.3 A designated Superintendent will hold responsibility for ensuring that NCDSB's Mental Health & Addictions Strategy is aligned with board policies, priorities and Ministry of Education directives, while also supporting system-wide planning and school leadership.

10.4 The Supervisor of Mental Health & Wellness (Mental Health Lead) will oversee the development and implementation of the Strategy, ensuring staff training, leadership support and service delivery align with established plans.

10.5 Every three years or as directed by the Ministry, the Mental Health and Addictions Strategy will be updated to guide programming, while an annual Action Plan will outline specific strategies for the school year. The plans will be posted on the NCDSB website for public access.

10.6 The NCDSB Mental Health Advisory Committee will provide annual feedback, and oversight of the Mental Health Strategy and progress of the Action Plan. The committee will be comprised of a range of stakeholders representing various employee groups.

11.0 RELATED FORMS AND DOCUMENTS

Nil

Chief Executive Officer: *Tricia Stefanie Weltz*
Date: October 2025