

Lakehead District School Board

Mental Health and Addictions Strategy Implementation Action Plan 25/26

Strategic Plan Priorities	Activities What will you do?	Method How will you do it?
1. Three-Year Mental Health and Addictions Strategy and One-Year Action Plan	Every school board must develop and implement a three-year mental health and addictions strategy and one-year action plan that includes at a minimum, a comprehensive framework that includes the requirements outlined in this PPM and how each component will be evaluated and measured. The board's mental health and addictions strategy and action plan must be made publicly available on its website by June 30th of the prior school year and reflect input from key partners including students, families and local community-based child and youth mental health providers.	LDSB will post the 3 year strategy and one year action plan on its website as well as forward it to the Ministry by June 30 2025. In the 2025/26 school year there will be concentrated efforts made to engage key partners including students, families and local community-based child and youth mental health providers to inform the 2026/27 action plan.
2. Joint Local Planning with Community-based Child and Youth Mental Health Providers	<p>The work of joint local planning is to support school boards and community-based child and youth mental health lead agencies implementation of a coordinated mental health care system in local communities. This includes:</p> <ul style="list-style-type: none"> • Establishing and sharing relevant information between organizations including standardized partnerships, protocols and processes (e.g., Memorandum of Understanding); • Making the best use of mental health resources in each community by clarifying roles and responsibilities at each tier of service and communicating about the available capacity of local community-based child and youth agencies • Establishing clear pathways to/through/from mental health care services for students who require services outside of the school setting; and • Coordinating outreach and engagement with students and their families who may face barriers to accessing mental health care. <p>To further the vision of "one system of care" where mental health services across sectors place children, young people, and their families within the centre of care, it is the Ministry of Education's expectation that school board leadership (e.g., Superintendents with Responsibility for Mental Health and Mental Health Leaders) actively engage with and collaborate in local planning that is related to student mental health and wellness.</p>	The lakehead district school board continues to collaborate with community partners on the Right Time Right Care initiative as well as on several other committees including, The Child and Youth Mental Health and Addiction Network Table, The Early Childhood Partners Table, The Youth Tragic Events Response Committee, The Youth Suicide Prevention Committee, The Planet Youth Community Collaborative, The Every Body Collaborative, and The Thunder Bay Regional Hospital Youth Injury Prevention Mental Health Programming. These collaboratives will continue to be ongoing with openness to new initiatives.
3. Multi-Tiered System of Supports	School boards will utilize a Multi-Tiered System of supports approach to deliver school-based mental health services. This structure helps to establish priorities, clarify roles, and ensure service coordination and quality. A Multi-Tiered System of Supports structure includes a continuum of services: mental health promotion, early identification, prevention and early intervention, and service pathways / clinical support for more intensive mental health needs.	<p>Continue to expand on student prevention and promotion programming targeting tier 1, ensuring all students in all grades are provided with prevention and intervention mental wellness activities. Expand programming in secondary to include substance use prevention programming.</p> <p>Provide resources and coaching to educators on classroom management strategies pertaining to students experiencing challenges in mental wellness.</p>

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		<p>Continue to offer interested schools and classrooms the opportunity for tier 2 programming in the form of classroom presentations, staff presentations and student group interventions.</p> <p>Continue to provide individual counselling in schools delivered by registered Social Workers. This includes identity affirming, brief treatment, and appropriate referrals to community mental health services.</p>
4. Consistent Use of Evidence-informed Brief Interventions and Standardized Measurement	<p>As appropriate, regulated school mental health professionals will utilize evidence-informed brief interventions and standardized measurement tools that align with their scope of practice and regulatory colleges' obligations for privacy and reporting. This will allow for opportunities to maximize the best use of resources and meet students' goals of improved mental health in the school setting. Additionally, the interventions and measurement tools are to be compliant with applicable legislation, such as the <i>Personal Health Information Protection Act, 2004 (PHIPA)</i>.</p>	<p>LDSB will continue to use evidence informed brief interventions in all tiered levels of service including classroom, small group and individual. LDSB is in year two of utilizing Greenspace Mental Health to include assessments and screeners into clinical services to aid in clinical decision making and client autonomy and engagement.</p>
5. Suicide Prevention, Intervention and Postvention Protocols	<p>All school boards will work with their local community mental health and healthcare partners, including Indigenous partners and communities to regularly update and enhance their board's suicide prevention, intervention and postvention protocols. All school administrators and educators, including guidance teacher-counsellors, must have working knowledge of these protocols and know how to reach out for help immediately on behalf of students.</p>	<p>LDSB will continue to focus on training and capacity building for staff throughout our system so they are able to identify and engage students who may be struggling and ensure they are connecting them with appropriate supports. LDSB will also continue to work with the community to ensure that our protocol is regularly updated and enhanced to reflect community and Indigenous partner insight.</p>
6. Virtual Care Delivery	<p>School boards must use and ensure that the providers of mental health prevention and early intervention services are using a virtual care solution that meets provincial standards for Information & Information Technology solutions to support the safety and security of students and other board users, is compliant with applicable legislation, such as the <i>PHIPA</i> for providing mental health services and aligns with the provider's scope of practice and regulatory colleges' obligations for privacy and reporting.</p>	<p>LDSB will continue to offer virtual services for students when appropriate.</p>
7. Enhanced Educator and Staff Mental Health Literacy	<p>School boards will support learning and share evidence-informed resources on mental health and addictions with educators and school staff, including guidance teacher-counsellors, so that they can embed mental health promotion and substance use prevention into the education experience for students and help to foster safe, and welcoming environments.</p>	<p>LDSB will continue to be creative in finding ways to ensure that educators are receiving relevant up to date resources to use in their classrooms and schools. LDSB will continue to enhance the wellness champion initiative that ensures information is being brought back into schools and shared out with the opportunity for support in learning and uptake of materials.</p>
8. Mandatory Mental Health Literacy Learning for Students	<p>School boards will implement ministry-approved, teacher-led and culturally responsive mental health literacy learning modules for students in Grades 7 and 8 and for students enrolled in the Grade 10 Career Studies course that respect the individual and diverse needs of students and ensure consistency in mental health literacy learning across the province.</p>	<p>The Mental Health Lead will continue to work with program staff to ensure there is the opportunity for awareness and training of the mandatory modules. In the fall of 2025, a plan will be developed collaboratively to ensure that there is confidence and accountability in delivering the modules.</p>
9. Family Mental Health Literacy and Awareness	<p>In support of meaningful engagement with families, school boards will make available culturally responsive family mental health literacy resources to ensure that families have access to high quality information about how best to notice and respond when their child may be struggling with their mental health, reduce the stigma that surrounds mental health and mental illness, and provide appropriate supports for their child's individual needs. This</p>	<p>In The 2025/26 school year the mental health lead will be focusing on reaching out individually to schools to engage parents for mental health literacy opportunities. These sessions will include culturally relevant information on the availability of resources and services in the schools and the community.</p>

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	includes educational and engagement opportunities for families through school community outreach efforts.	
10. Social-Emotional Learning	Social-emotional learning skills help students foster overall health and well-being, good mental health, and support the ability to learn and thrive. The social-emotional learning skills that are embedded in the Ontario curriculum include: identification and management of emotions, recognizing sources of stress and coping with challenges, maintaining positive motivation and perseverance, building healthy relationships, developing self-awareness and confidence, and thinking critically and creatively. It is the ministry's expectation that instruction of the social-emotional learning skills will continue.	LDSB will continue to dedicate a staff role to evidence informed classroom based social emotional learning programs for grades k to 8 with the intention of transferring the knowledge and facilitation of the program to the classroom teacher for the purpose of individual future facilitation.
11. Mental Health Absences	Emphasizing the importance of self-care and prioritizing mental health can allow for more open conversations amongst students, parents, and teachers. If students are unable to attend school due to a mental health concern, their absence must be excused under s. 21(2)(b) ("by reason of sickness or other unavoidable cause") of the <i>Education Act</i> . Should the student/parent be unable to provide appropriate supporting documentation for the absence, a principal may still excuse the student from attendance at school temporarily under subsection 23(3) of Regulation 298: OPERATION OF SCHOOLS - GENERAL under the <i>Education Act</i> , at the written request of a parent or the pupil where the pupil is an adult. Principals and school board staff responsible for student attendance may wish to work closely with their school board Mental Health Leader and should consult the Ministry of Education's Enrolment Register Instructions for Elementary and Secondary Schools for further guidance.	The Mental health Lead and regulated mental health workers will continue to work closely with administrators and attendance counsellors to ensure that students are supported with appropriate services and bridged to appropriate services in the community if necessary.