



DSBN School-based Mental Health and Well-being Supports

Who?	What is their Role?	What is their Responsibility?
<p>Caring Adult <i>(all DSBN staff)</i></p>	<p>Caring Adult supports students with the following:</p> <ul style="list-style-type: none"> • Sense of purpose and belonging • Involvement in class/school-based activities • Emerging disengagement • Self-regulation • Peer relations • Self-esteem/self-worth 	<ul style="list-style-type: none"> • Creating a safe, caring, inclusive classroom environment • Ensuring meaningful and positive learning environments • Establishing clear and consistent behavioural norms within the school and classroom environment • Being a good listener/mentor to students • Reaching out to students who appear to be struggling or not themselves • Ensuring that every student is connected to at least one caring adult in the building • Determining if issues/symptoms appear to be interfering with the student's functioning • Communicating emerging issues to IST/ISSST
<p>Youth Counsellor</p>	<p>Youth Counsellor supports students with the following:</p> <ul style="list-style-type: none"> • Self-esteem • Anger/aggression management • Social skills building • Stress management • Peer relationships support • Disengagement • Basic needs (e.g., housing, food, clothing, etc.) • Attendance <p>The Youth Counsellor may refer students and families to the following:</p> <ul style="list-style-type: none"> • John Howard Society • Strive Niagara • Youth Resources Niagara • Ontario Works • The RAFT • food banks 	<ul style="list-style-type: none"> • Actively participates in IST/ISSST meetings, case conferences, community meetings to support school, student and family • Maintains ongoing communication and collaboration with administration, school and central staff • Delivers evidence-based group curriculum in small groups or classroom settings (e.g., Passport – Skills for Life, Roots of Empathy, etc.) • Delivers brief, time-limited evidence-based / informed interventions for students in their schools (3-6 sessions) • Provides attendance re-engagement support to students and families (e.g., identifying barriers to attendance, coordinating intervention in the board and larger community) • Supports students in goal-setting and skill-building in the following social and emotional learning core competencies (www.casel.org): <ul style="list-style-type: none"> ○ <u>Self-awareness</u> - the ability to accurately recognize one's emotions and thoughts and influence on behaviour. ○ <u>Self-regulation</u> - the ability to regulate one's emotions, thoughts and behaviours effectively in different situations. ○ <u>Social awareness</u> - the ability to take the perspective of, and empathize with others from diverse backgrounds and cultures, to understand social and ethical norms for behaviour, and to recognize family, school and community resource supports. ○ <u>Relationship skills</u> - the ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. ○ <u>Responsible decision-making</u> - the ability to make constructive and respectful choices about personal behaviour and social interactions based on consideration of ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the well-being of self and others. • Maintains appropriate records and reports through the use of consent and release of information forms

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Social Worker	<p>Social Worker supports students with the following:</p> <ul style="list-style-type: none"> • Self-harm/suicidal thoughts • Substance use • Risk assessment • Tragic event response • Child abuse • Crisis intervention • Family conflict • Gender identity support • Attendance <p>The Social Worker makes referrals to the following:</p> <ul style="list-style-type: none"> • Mental Health and Addictions Nurse • Pathstone school-based clinicians • Any agency under the purview of Contact Niagara • Niagara Health System • private therapists • McMaster Hospital 	<ul style="list-style-type: none"> • Directly supports students with clinical level concerns (e.g., students who have received a clinical diagnosis, students who are involved with external mental health supports that require longer term services) • Actively participates in IST/ISSST meetings, case conferences, community meetings to support school, student and family • Maintains ongoing communication with administration, school and central staff • Works collaboratively with administration, school and central staff to better understand factors (cultural, societal, economic, familial, health, etc.) affecting a student's learning and behavior • Conducts student assessment (e.g., bio-psychosocial assessment, suicide risk assessment) to target change across a broad range of presenting issues • Develops comprehensive intervention plans (e.g., safety planning) in consultation with student, family and DSBN personnel • Delivers brief, time-limited evidence-based / informed interventions for students in their schools – referring the youth to community mental health services in cases where intervention continues to be required beyond brief intervention • Provides attendance re-engagement support to students and families (e.g., identifying barriers to attendance, coordinating intervention in the board and larger community) • Delivers evidence-based group curriculum in small groups or classroom settings (e.g., D.B.T.) • Provides individualized and direct consultation to school administration and teachers about best practices across a range of mental health, learning challenges and issues pertaining to student and family well-being • Develops, implements and delivers effective professional learning for DSBN staff and DSBN parent community (e.g., mental health promotion topics) • Electronically maintains clinical case management (case notes) and clinical reports (e.g., ongoing consultative support while student is involved with outside agency; support family systems; support re-entry plan) through the use of consent and release of information forms

1. Referrals to the youth counsellor and social worker are made through the IST/ISSST, as well as by administration, student and/or family.
2. The student action plan developed to address student mental health concerns is regularly reviewed at the IST/ISSST, at which time it may be determined that an alteration/modification of the plan may be necessary (e.g., transfer of support from youth counsellor to social worker).
3. The youth counsellor and social worker regularly consult with each other, administration and IST/ISSST on caseload management.
4. In summary:
Social Workers work with students at the higher end of need on the mental health continuum, that is, students with mental health diagnoses (or suspected diagnoses), complex family issues, medical concerns, taking psychotropic medications, recently discharged from hospital for mental health concerns, addictions issues, and gender identity.
Youth Counsellors work at the lower end of need on the mental health continuum in small or large group settings. Their work is focused and targeted toward skill-building in deficit areas in order to build resiliency and prevent students from moving towards the illness end of the mental health continuum.