

Administrative Procedure 168

Appendix B – Mental Health

MENTAL HEALTH

Background:

Elk Island Catholic Schools recognizes that positive mental health for students and staff is a precondition to learning. Beyond learning considerations we recognize our Christian call to support each other: *As the People of God, the Church walks in the footsteps of Jesus, the Divine Healer, who came “that they may have life, and have it abundantly” (John 10.10).”* (CCCB, Pastoral Letter on Catholic Health Ministry in Canada).

Mental health, as differentiated from Mental Illness, is a key aspect of an individual’s well being, alongside physical, social-emotional, intellectual and spiritual well-being.

Elk Island Catholic has engaged in a multi-year and ongoing initiative to support positive mental health for staff and students known as “The Connection Project”. The focus and division commitment remains on building a culture of connection through our relationships with each other, knowing that God created us for relationship and that we are wired by God for connection.

Definitions:

Language is powerful. Developing a common language when we talk about mental health and mental illness is critically important both to shape our understandings and our conversations. Having a familiarity and understanding of the following terminology and concepts is foundational.

For further explanation, see the following [video on shared language](#).

Mental Health:

“Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people and the ability to change and cope with adversity.” (Surgeon General USA, 1999). It is important to understand that everyone has mental health just like everyone has physical health. And, just like a person can have good physical health and at the same time have a physical illness, people can have good mental health and a mental illness at the same time. (TeemMentalHealth.org)

Mental Distress:

Mental distress is the inner signal of anxiety or “stress” that a person has when something in their environment is demanding that they adapt to a challenge (for example: writing a test, giving

a presentation in front of the class, asking a person to go out on a date, failing to make a school sports team, etc.). Everybody experiences mental distress (often called “stress”), typically on a daily basis. It is a part of good mental health. It is a signal that tells us to try something new to solve the challenge we are facing. (TeenMental Health.org)

Mental Health Problem:

Mental health problems may arise when a person is faced with a much larger stressor than usual. These occur as an expected part of normal life and are not mental illnesses. For example: the death of a loved one, moving to a new country, having a serious physical illness, etc. Support can come from a counsellor, a religious leader, or another person that has the skills needed to help effectively. Medical treatment (medication or psychotherapy) is usually not necessary. The presence of a supportive adult (such as a teacher, parent or neighbour) is a key component that can help young people deal with a mental health problem. (TeenMental Health.org)

Mental Illness/Mental Disorder:

A mental disorder is very different from mental distress and from a mental health problem. It arises from a complex interplay between a person’s genetic makeup and the environment in which they live or have been exposed to at different times in their lives. A mental disorder (also called a mental illness) is a medical condition diagnosed by trained health professionals using internationally established diagnostic criteria. A person with a mental disorder will experience significant, substantial and persistent challenges with emotions/feelings (e.g. depression, panic attacks, overwhelming anxiety, etc.), cognition/thinking (e.g. delusions, disordered thoughts, hopelessness, suicidal thoughts, etc.), physical health (e.g. extreme fatigue, lethargy, excessive movement, etc.), and behaviour (e.g. school refusal, withdrawal from family and friends, suicide attempt, poor self-care, etc.). While interventions that can help distress and mental health problems can also be used to help a person who has a mental illness, and general health-enhancing activities are always useful, a person with a mental disorder requires a degree of care above and beyond that usually provided for a mental health problem. Mental disorders require treatment using best evidence-based care by trained health professionals (such as: psychiatrists, psychologists, nurses, mental health therapists, etc.).

Mental Health Literacy:

School Mental Health Literacy has four unique but integrated components: (teenmentalhealth.org)

1. Understanding how to optimize and maintain good mental health
2. Understanding mental disorders and their treatments
3. Decreasing stigma
4. Increasing health-seeking efficacy

We believe that providing opportunities for our employees, students and families to increase their mental health literacy will help promote compassion and empathy, invite opportunities for meaningful conversations that deepen relationships, further empower individuals to respond with greater sensitivity to people seeking support and allow us to work in a preventative rather than reactive manner.

Person-first language:

When we use person-first language, it is one way to show that the person is more important than their diagnosis or behaviour. Person-first language is a way to show respect and consideration, and also helps to convey that a person is not defined by their mental health; mental health and mental illness are simply among the many parts of being human. Using person-first language puts the individual first, as in “a student experiencing mental illness,” rather than “a mentally ill student.” Additionally, it is important to avoid words or phrases that evoke pity or guilt such as “afflicted with,” “plagued with” or “suffers from.” As much as possible use everyday language rather than medical terminology. Respectful and positive language is important in all that we do (Working Together to Support Mental Health in Alberta Schools).

Stigma:

“Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illnesses. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.” (SAMHSA 2004)

Attachment Theory:

Based on the understanding that emotional and physical attachment to at least one caregiver is vital for development. Throughout our lifetime, we have attachment needs that change and adapt but are vital for our mental health. Attachment theory emphasizes the importance of lasting psychological connectedness between human beings throughout the lifespan. There are four key characteristics of healthy attachment between a child and caregiver: a safe haven, a secure base, proximity maintenance and separation distress. These characteristics change and look different across a lifetime but remain significant for healthy attachments. These characteristics also provide the framework for “The Circle of Security”, which is a model that our school division also utilizes in shaping our understanding of attachment.

Connection:

Brené Brown defines connection as “The energy that exists between people when they feel seen, heard and valued; when they can give and receive without judgement; and when they derive sustenance and strength from the relationship.”

Culture of Connections:

As a school division, we are striving continually to embed the value of personal connections into all that we do. This is rooted in our faith because we know that God created us for relationship and that we are wired by God for connection. Our relationships with each other, with our students, with the families of our students, with various community partners and, most significantly, with God are integral in all that we do. We recognize that our students are more likely to thrive, experience success and feel fulfilled when their learning is done in the context of a safe, caring and significant relationship.

Carrington Connections Network:

Our school division is a part of the Carrington Connections Network (CCN). The CCN is a model that strives to create resiliency in schools by prioritizing the well-being of educators, and having a focus on relationships.

Circle of Security™:

The Circle of Security is a model based in attachment theory and neuroscience. It was developed to help promote secure attachments between caregivers and children. However, the Circle of Security helps us understand that attachment and security are important throughout our whole lives and everyone has attachment needs. The Circle of Security model teaches the following key principles:

Always be: bigger, stronger, wiser and kind.

Whenever possible: follow your child's need.

Whenever necessary: take charge.

Forming the back-bone of the Circle of Security is the understanding that children need their attachment figure to be either a “secure base” (or “top hands”) or “safe haven” (or “bottom hands”). A secure base supports a child's need to explore independently and helps a child feel confident to try new things. It gives an appropriate push or encouragement to a child to try things and step out into the world, while still staying close to delight in the child's experiences. A safe haven comforts and protects a child and also helps a child organize his or her feelings. Asking “Where is my child on the circle?” can help an attachment figure to respond most appropriately to the attachment needs of the child. For further information, see this [learning guide](#).

Top Hands:

Based on the understanding of the Circle of Security, the term “top hands” represents the ability to give someone confidence, encouragement and support to explore, take risks, and have courage. Another term for top hands is “secure base” - meaning that in a securely attached relationship, the caregiver is a secure base from which the child can explore the world. Individuals who step out from their secure base do so with the confidence that their attachment figure (their “top hands”) believes in them, will be there to cheer them on, delight in them, and watch over them. Being top hands for someone is an important part of a healthy attachment between a caregiver and a child because it allows the child to grow, learn, explore, and develop resilience.

Bottom Hands:

Based on the understanding of the Circle of Security, the term “bottom hands” represents the bigger, stronger, kinder, wise approach to collecting and comforting someone who is in distress. Bottom hands is also a term used to refer to the people who truly support you. The people in your life who you can go to in times of distress for unconditional support. Identifying and accessing support is important for our mental health. “Safe haven” is another term for bottom hands and refers to the idea of an attachment figure being the safe haven for someone when they need protection and comfort from whatever is happening in their world.

The “light up”:

Jody Carrington compares the “light up” as the feeling and experience of “losing your mind with joy” when you haven’t seen someone that you love for a long time. Your eyes and smile light up, you open up your arms to the person and you are focused totally on the other person for a moment in time. When we “light up” for others, we remind them that we delight in them and are excited to be in their presence because we care about them. As Dr. Carrington says, “It’s all about the light up!”

The idea of the light up is based on a quote from Dr. Urie Bronfenbrenner: “In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody’s got to be crazy about that kid. That’s number one. First, last and always.”

Connect and redirect:

When a student is upset and irrational (see the definition of “lip flipping” below), the concept of “connect and redirect” encourages the adult/caregiver to first make sure the student feels cared for, heard and acknowledged. This can be hard to do and obviously looks different depending on the age of the student, yet it is important to do because it shows the student that the adult is “tuned in” to the feelings of the student. Connecting with a student before directing the student to do what they need increases the chance of cooperation and problem-solving and, most importantly, keeping the relationship intact. Once the student is more rational and able to process language, that is the time to solve the problem. Directing or disciplining is not a matter of if, it’s a matter of when and how.

Lid Flipping:

This occurs when the rational part of the brain disconnects and the fight, flight or freeze response kicks in. A helpful metaphor for understanding the lid flip is the hand model of the brain (based on Dr. Daniel Siegel’s work). Dr. Jody Carrington speaks about the lid flip [here](#).

Neuroplasticity/growth mindset:

Neuroplasticity is the brain’s ability to adapt, learn, and heal through the formation and reorganization of synaptic connections. Growth mindset is an attitude about ability which reflects neuroplasticity: we can become better at things.

Flipping the Pyramid:

Elk Island Catholic Schools acknowledges the importance of staff wellbeing. Supporting the mental health of our staff is essential. When staff are well they are more creative, innovative, empathetic and productive. The system that holds our children needs to be well so that we can offer our students the best teaching and support possible.

Empathy:

There are four key principles of empathy: perspective taking, staying out of judgement, recognizing emotion in other people, and then communicating that. Empathy is *feeling with* people. It is also a choice: to be able to connect with someone else, you have to be able to connect to something within yourself that knows that feeling. “Empathy fuels connection. Sympathy drives disconnection.” (Dr. Brené Brown).

ACEs:

Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.

Adverse Childhood Experiences have been linked to

- risky health behaviors,
- chronic health conditions,
- low life potential, and
- early death.

As the number of ACEs increases, so does the *risk* for these outcomes. However, children’s positive experiences or protective factors can prevent children from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred (Center for Disease Control and Prevention).

Resilience:

Resilience is often regarded as the ability to “bounce back” from stressors in life to return to the same state of functioning pre-stressors. People who have learned and developed resilience are often able to do this after experiencing moderate amounts of stress. However, those who have experienced significant stressors (grief, loss, trauma, etc.), know that the notion of “bouncing back” to the same exact state of functioning prior to those significant stressors is often not possible. Perhaps a more realistic understanding of resilience is finding healthy ways to integrate those experiences and learn from them. Experiencing failure is a key component of developing resilience. People need to learn how to cope with and move on from failure in order to strengthen their ability to move through challenging experiences.

Procedures

This Administrative Procedure uses the “[Key Conditions for Supporting Mental Health in Schools](#)”: [A planning and implementation tool](#)” as a guide. The six key conditions are outlined below.



1. Vision, Leadership, and Commitment:

Vision statement: Elk Island Catholic Schools is committed to creating a culture supporting mental health in its communities, with the involvement of all of its stakeholders. Our approach to creating this culture is through a model of connection, with a focus on the value of relationships. Furthermore, it is a division priority to focus on staff wellness because we know that when our staff are well, they will have a better capacity to take care of our students.

- Elk Island Catholic Schools works to support mental health using the [Comprehensive School Health](#) Model by integrating each of the following areas:
 - Social and physical environment
 - Teaching and learning
 - Healthy school policy
 - Partnerships and services
- Supporting Mental Health is a fundamental value in Elk Island Catholic Schools, and is a key component to the [EICS Assurance Plan](#).
- Elk Island Catholic Schools believes the importance of wellness in body, mind, and spirit. We recognize the importance of supporting the whole person, knowing that these key dimensions of wellness interact and are interrelated.
- Our division is a member of the Carrington Connections Network. This network is designed to be a place of connection for supporting the mental health and emotional well-being of a school division. Our commitment to this network will help us continue to keep a focus on supporting mental health needs of the people within our school division.

2. Communication and Shared Language

“Clarity regarding the words we use when we talk about mental health and mental illness is important. A common language will help build a shared understanding and facilitate collaborative conversations and planning with partners.” (Mental Health in Alberta Schools).

In EICS we have established common and shared language to promote accurate understanding of system and individual wellness.

See the [Mental Health Shared Language Document](#) for understanding of key terms and concepts.

3. Data, Evidence and Research

“All mental health strategies and action need to be data-informed and based on credible research.” (Mental Health in Alberta Schools)

In Elk Island Catholic Schools, mental health is part of our divisional Wellness Assurance goal. This is measured each year as part of the assurance processes. Wellness goals are evident on the division plan, school plans, and staff development assurance plans. This data is reported publicly to all stakeholders and is [available here](#). School and individual data is reviewed with all stakeholders while schools are formulating their assurance plans. This includes parents, students and community groups.

4. Roles, Responsibilities, and Processes

“The mental health and well-being of students is the responsibility of all education and community partners.” (Mental Health in Alberta Schools)

- EICS believes that mental health is a shared responsibility.

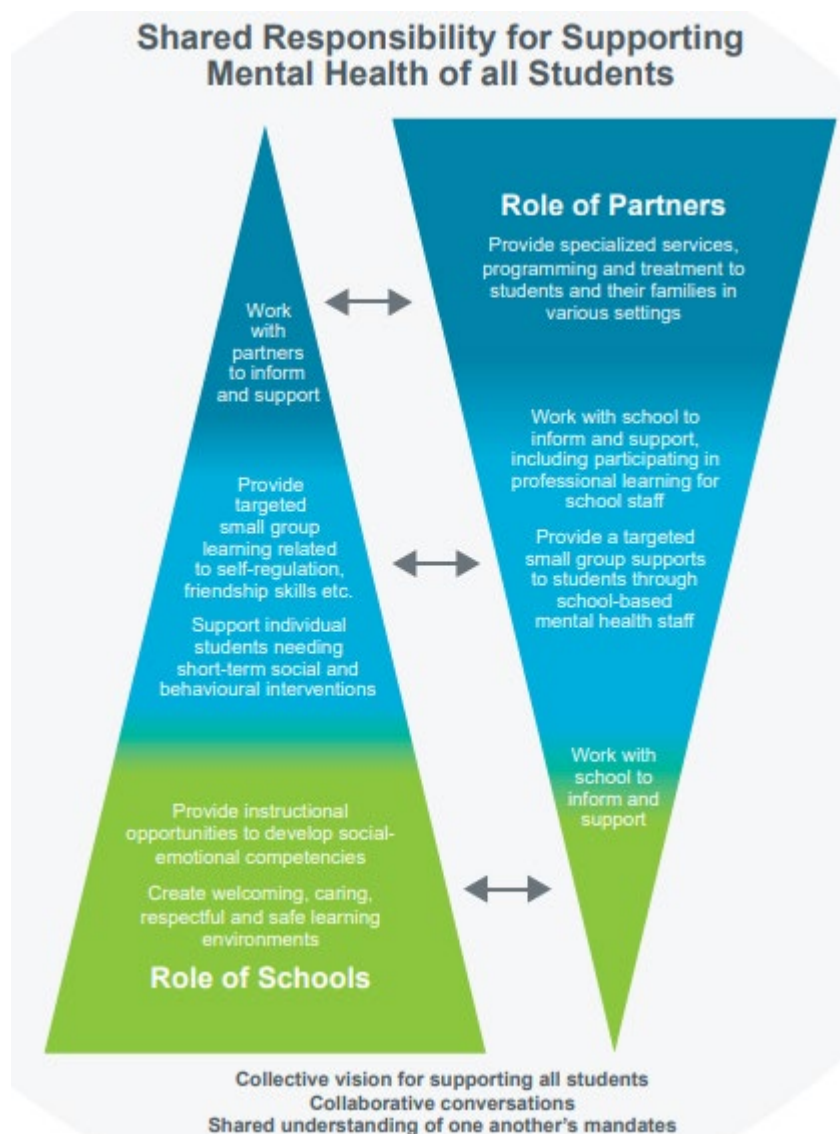


Figure: Mental Health and Alberta Schools pg. 33

- We all have a role to play in supporting positive mental health within our division. “Clearly developed roles, responsibilities and processes enable collaboration and joint planning, and increase the schools’ capacity to provide timely and effective mental health supports for students who require them.” (Mental Health in Alberta Schools). Below are the roles that each member of our school communities can play:

Students

- Build positive relationships with peers and school staff to establish a welcoming, caring, respectful and safe learning environment.
- Contribute to a sense of community through their involvement and/or participation in various school activities.
- Act with integrity, responsibility and kindness towards others.
- Engage in healthy conversations around mental health in order to reduce stigma and promote empathy.
- Share thoughts and opinions on mental health through various platforms including student voice, assurance plans, etc.

EICS Staff

- Provide appropriate support within the framework of a welcoming, caring, respectful and safe learning environment when they recognize that a student may be struggling with mental health difficulties.
- Work together with other staff to help all students learn about and experience positive mental health.
- Create or support a learning environment that is inclusive and values diversity. Provide appropriate universal and targeted strategies and supports to address students’ strengths, learning challenges and areas for growth.
- Foster equality and nurture a sense of belonging and a positive sense of self.
- Look for teaching and learning opportunities to enhance resiliency, social-emotional competencies and other mental health literacies.
- Collaborate as appropriate with service providers and other specialists to design and provide targeted and specialized supports.
- Build positive relationships with students, families, peers and others in the school and in the community to support student learning and well-being.

School Leadership

- Support inclusive learning environments.
- Provide their staff with resources and professional development opportunities to help them enhance their knowledge and understanding of mental health.
- Recognize the essential connection between our faith and our wellness and work to integrate faith into wellness activities in the school.
- Work with staff, students and their families to promote understanding, compassion and empathy for individuals with mental health issues and mental illness.

- Build positive working relationships with students, teachers, support staff, families, school councils and community partners so mental health needs can be identified, discussed and responded to.
- Make referrals to the area learning team who will then triage to the appropriate area supports.

Community Partners/Parishes

- Provide information, support and advice to schools on early identification of mental health concerns.
- Provide small-group and targeted interventions, on an as-needed basis.
- Work with schools to clarify local pathways to service.
- Provide crisis response when there are significant school or community events that could negatively impact the mental health of students and school staff.
- Provide assessment and coordinated intervention and treatment for individual or small groups of students.
- Ensure that procedures are in place to share relevant information from and with school staff.
- Share outcomes and recommendations with families and school teams.
- Support schools in understanding and responding to the learning and transitional needs of individual students with significant mental health needs.
- Parish for spiritual support, prayer, and offering the Sacrament of Reconciliation.

Parents and Families

- Support positive mental health habits at home.
- Have an awareness of signs of mental health concerns.
- Support their child/youth in obtaining the supports needed.
- Provide information to school staff (such as classroom teacher, guidance/resource counsellor and/or administration) and service providers that support their child/youth.
- Support communication between home, school and community.
- Collaborate with service providers and school staff.
- Engage in service when and to the extent that is appropriate.

(Adapted from Calgary Board of Education- Health and Wellness in Schools).

5. Community, Collaboration, and Engagement

“Effective and efficient partnerships are built on trust, understanding and respect.” (Mental Health in Alberta Schools)

Engaging and collaborating with community partners is key for supporting mental health. Some examples of community partnerships include: parish priests, families, local organizations, as well as Family and Community Services in each community.

Divisionally, we work with Alberta health services, the Carrington Connection Network, EverActive Schools, the Alberta Teachers' Association (ATA), College of Alberta School Superintendents (CASS), Alberta School Employment Benefit Plan (ASEBP), Apple schools, Mental Health Capacity Building (MHCB) projects, and many other provincial organizations dedicated to mental health.

6. Systematic Professional Learning

“Planned and ongoing professional development at all levels of the system ensures that all school and school authority staff have the knowledge, skills, and attitudes to promote mental health and well-being in a way that is consistent with their role.” (Mental Health in Alberta Schools.)

EICS is committed to ongoing professional learning in the area of Wellness and mental health.

Systemic Professional development:

- New teacher retreat focused on wellness
- School retreats/ Wellness PD days
- Divisional faith and wellness day
- Connections days
- Leadership and Trustee retreat
- Support for Health Champions, Schools Chaplains, Family Wellness Workers,
- Counsellors and Collaborative response coordinators

Individual and At-the-elbow Wellness support:

- Support for teacher PD based on Staff Assurance plan Wellness goal
- Professional development
- FWW / Counsellor support
- Consultant Support
- Health Champion initiatives

APPENDIX: Images and References



THE INTER-RELATIONSHIP OF MENTAL HEALTH STATES: LANGUAGE MATTERS



Check out Dr. Kutcher's video blog, *The Inter-Relationship of Mental Health States: Language Matters* at: <https://www.youtube.com/watch?v=LsowyMnqCRs&t=1s>

Figure 1: The Inter-relationship of Mental Health States: Language Matters, from teenmentalhealth.org

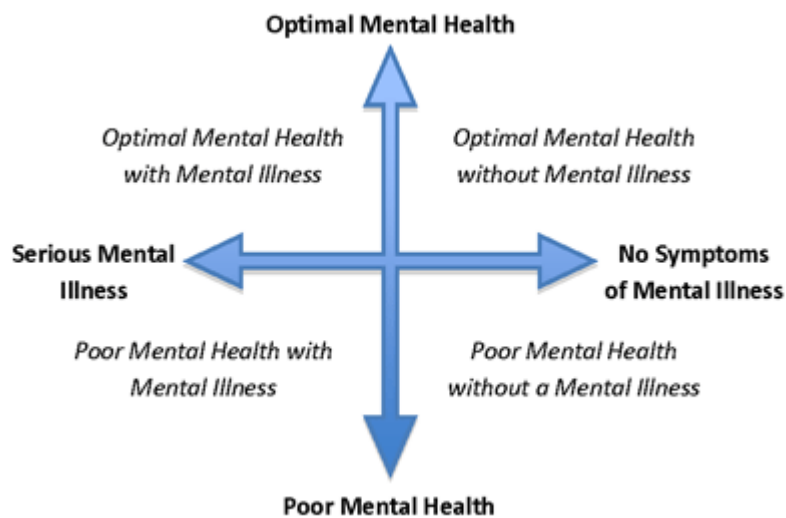


Figure 2: The Mental Health and Mental Illness Continuum, from cmhaontario.ca

Circle of Security®

Parent Attending To The Child's Needs

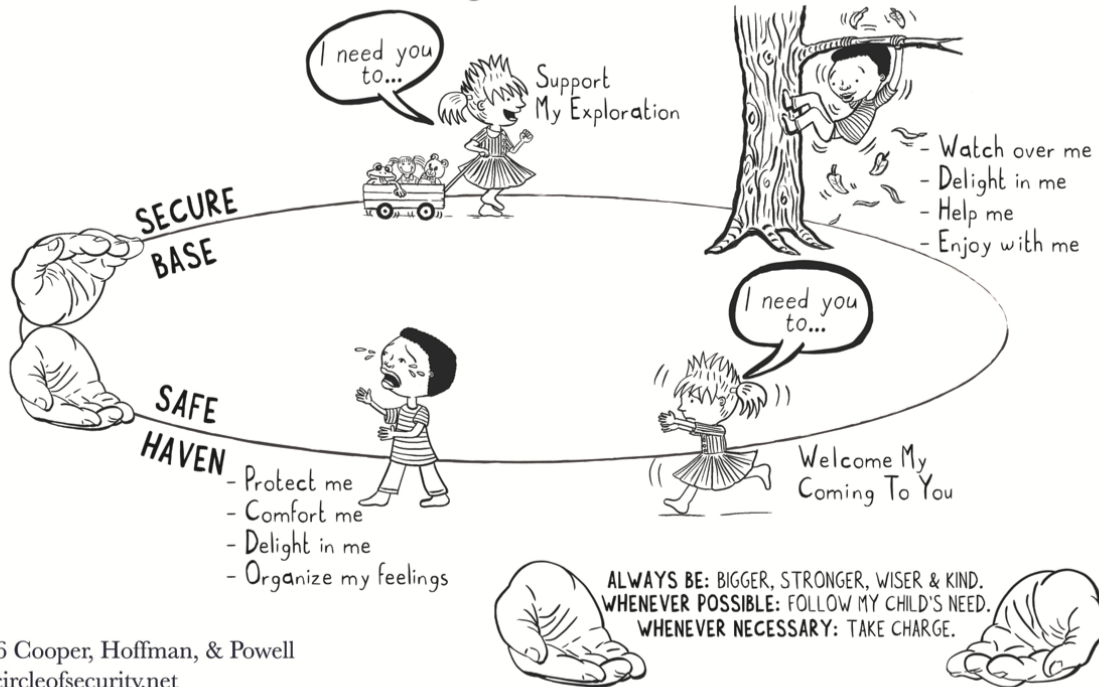


Figure 3: The Circle of Security, from www.circleofsecurityinternational.com/

- References:**
- [Working Together to Support Mental Health in Alberta Schools](http://www.teenmentalhealth.org)
 - [Teenmentalhealth.org](http://www.teenmentalhealth.org) (based on Dr. Stan Kutcher's work)
 - [Canadian Mental Health Association](http://www.canadianmentalhealthassociation.ca)
 - [Kids These Days](http://www.kids-these-days.com) by Dr. Jody Carrington
 - [The Carrington Connections Network](http://www.thecarringtonconnectionsnetwork.com)
 - Alberta Family Wellness Initiative: [Understanding Adverse Childhood Experiences \(ACE's\)](http://www.understandingadversechildhoodexperiences.ca)
 - The work of [Dr. Dan Siegel](http://www.dan-siegel.com)
 - [Circle of Security](http://www.circleofsecurity.net)
 - The work of [Dr. Brené Brown](http://www.brenebrown.com)
 - [Creating Strength-Based Classrooms and Schools](http://www.creatingstrengthbasedclassroomsandschools.com)