

# Mental Health and Well-Being Belongs to Us

## *Professional Support Services in the TDSB*

### *Five Specialties – One Common Goal*

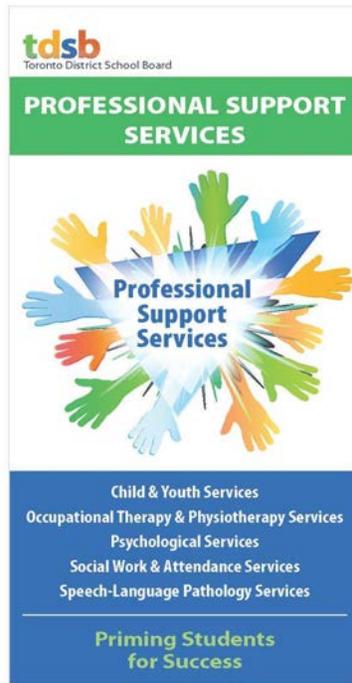


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*This edition focuses specifically on how each of the areas in Professional Support Services works to address students' mental health and well-being. At the heart of their work, with the students they serve, is the recognition that mental well-being is vital to student success.*

*You will see how their work is unique and yet linked together in so many ways. In every instance, a caring adult makes an enormous impact on each and every student. This relationship enhances students' sense of belonging and their feelings as engaged members of the school community.*



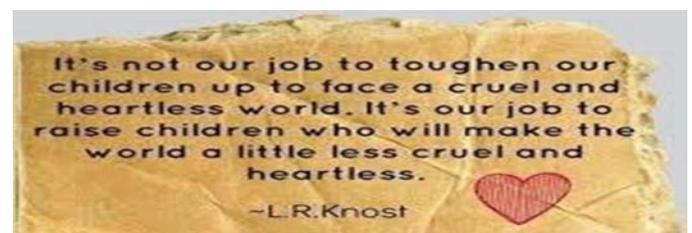
#### **What about the 5 – 10 %...Those that struggle with learning?**

Many students struggle with the motor tasks that are required throughout the school day. Children with motor challenges in school have been found to have lower self-esteem and higher anxiety at school. These children tend to fly under the radar in a classroom until they show their distress in an outward manner (unexpected behaviour). OT/PT services addresses the needs of this population through accommodation and education. Some accommodations may include supporting the use of technology and educating all school staff and parents on step by step approaches to motor development in the classroom, school yard and in the gym.

Education and skills-based supports have been successful in many schools. Some examples include:

- Parkfield Junior School Mental Health Education Day included staff from OT/PT, Social Work and the Behaviour Regional Services team who educated the entire school on ways to support resilience in children.
- Lucy McCormick Senior School has a multi-disciplinary team from CAMH and TDSB comprised of Professional Support Services and Special Education, including OT/PT, Social Workers, Speech-Language Pathologists and Consultants, who completed a 2-year project that supports mental health through a communication and self-regulation focus. This education-rich and hands on approach was part of the school improvement plan and involved all staff.
- Various pilot projects in the Low Incidence programs have addressed the needs of students and staff to increase safety, reduce anxiety and increase the state of well-being for all. These have included the use of yoga, as well as the use of classical music to reduce transitional difficulties in some Developmentally Delayed Intensive Support Programs. The schools involved reported an improvement in the students' ability to use these strategies to self-regulate and increase their participation.

*(by: Anne Ricci, Chief of Occupational Therapists/Physiotherapy Services)*



## **Occupational Therapy and Physiotherapy Services**

### **Mitigating Risk and Building Resilience at the TDSB**

Occupational Therapists (OT) are Registered Health Professionals whose field began in improving the physical and emotional life of war veterans in WWI. Physiotherapists (PT), also Registered Health Professionals work to reduce the impairment, improve functional movement and quality of life for those with injury, illness and/or disability. Working together at the TDSB, Occupational Therapy and Physiotherapy (OT/PT) Services support, educate and empower school staff, students and caregivers to be strong, resilient and better equipped to balance life's daily demands.

#### **What about the 1%....The highly vulnerable?**

As the OT/PTs who work with students with neurological, developmental and/or physical disabilities, we note that they experience daily significant challenges that impact their learning. Many students move through the system without the ability to effectively self-regulate. Poor self-regulation can be triggered by a reduced ability to communicate, a fear response to sensory information and/or pain leading to self-injurious behaviour. To increase the safety of the students and staff, OTs and PTs educate through workshops on back care and stress reduction, self-care, self-regulation, feeding skills, etc. These workshops are also provided to parents on an individual or group basis.

## Speech-Language Pathology Services

### *Mental Health and Well-Being belongs to... the KELI Program!*



Karen Brayshaw-Marshall, Speech Language Pathologist and KELI Students at Maryvale PS

From an early age, children are encouraged to “use their words” to express their feelings, to negotiate roles and responsibilities and to resolve peer conflicts. This may be an unrealistic expectation for a student who is lacking the oral language foundation to (a) understand what is being asked of them; and/or (b) to use the appropriate verbal or nonverbal means to comply with the request. Students with speech and language impairments are at particular risk for mental health issues, including those stemming from diminished self-esteem, bullying, anxiety and social difficulties. (Knox et al. 2003, Lindsay et al. 2002, 2010, Beitchman et al. 2001).

To provide critical early intervention in oral language, early literacy and social skills, the Speech-Language Pathology department developed the Kindergarten Early Language Intervention (KELI) Program. The KELI Program is delivered by a special education teacher and speech-language pathologist as a co-instructional team to small groups of senior kindergarten students from select schools, two half-days per week.

In the KELI Program, oral language development is supported within the context of narratives and related high-interest activities. This type of programming provides a natural platform for discussions about characters’ feelings, and for identifying problems in the stories, along with corresponding solutions. Students are supported to understand the accompanying language (words, sentences, paragraphs), and to express their thoughts and ideas. Additionally, the KELI students are provided with the foundational tools to communicate for a variety of reasons. These include initiating and extending conversations with each other; identifying their own and others’ feelings; settling disagreements; and telling their instructors which strategies help them to learn (e.g., repetition, picture cues).

The small group and highly supportive nature of the KELI program provides ongoing opportunities for individual student success, thereby boosting self-confidence, increased participation in class and improved social interactions with their peers.

KELI speech-language pathologists and teachers seek to effect positive change in the students’ program at their home school through close and ongoing collaboration with the referring kindergarten teachers, including the sharing of helpful strategies; reciprocal classroom visits; and in-services on language development tools.

The KELI Program and its partners in the educational community represent an effective, collaborative model of how early, intensive oral language programming can provide students with the necessary communication tools to understand their world, express their feelings and desires, and advocate for their own learning and well-being.

(by: Karen Brayshaw-Marshall, Speech-Language Pathologist)

#### Sources:

- Knox, E., and Conti-Ramsden, G., 2003, Bullying Risks of 11-year-old children with specific language impairment: does school placement matter? *International Journal of Language and Communication Disorders*, 38(1), 1-12.
- Lindsay, G., Dockrell, J.E., Letchford, B., and Mackie, C., 2002, Self-esteem of children with specific speech and language difficulties. *Child Language Teaching and Therapy*, 18, 125-143.
- Lindsay, G., Dockrell, J., and Palikara, O., 2010, Self-esteem of adolescents with specific language impairment as they move from compulsory education. *International Journal of Language and Communication Disorders*, 45(5), 561-571.
- Beitchman, J.H., Wilson, B., Johnson, C.J., Atkinson, L., Young, A., Adlaf, E., Escobar, M., and Douglas, L., 2001, Fourteen-Year follow-up of speech/language-impaired and control children: Psychiatric outcome. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(1), 75-82.



KELI Students at Maryvale PS showing how they look “grumpy”



This month we look to draw attention to the Ontario Association of Children’s Aid Societies’ annual Purple Ribbon Campaign. The Purple Ribbon Campaign encourages Ontarians from across Ontario to learn the signs of child abuse, and it reminds us that everyone has a duty to report suspected cases of child abuse and neglect.

#### Remember to view:

- The “Foundations of Children and Youth Mental Health and Well-Being” online training module on KEY to Learn. This module has been loaded onto everyone’s Learning Profile - click on the “MyLearning” tab to get started.
- The Anxiety Awareness Module with your staff. This module can be found on the Professional Support Services webpage under training modules or by clicking the following link: [http://tdsbweb/\\_site/ViewItem.asp?siteid=10486&menuid=42888&pageid=36043](http://tdsbweb/_site/ViewItem.asp?siteid=10486&menuid=42888&pageid=36043)



We are not focused on deficits, labels and behaviour modification.

The foundation of Child and Youth care is relationships. With knowledge of child development and responsibility to connect, we work with purpose to offer a therapeutic relationship with exceptional children and youth. The students' mental health and well-being is a priority. We engage, we share, we participate and through that we are able to support children and youth to grow, to learn and to develop. We are there in the moment when things are going well and we strive to celebrate every success, no matter how small. When challenges occur, when crisis strikes, when emotions run high, we help to provide safety, guidance and boundaries that can result in skill building and problem solving. Through relationships, our children and youth feel valued and included.



Mural created by students at Gledhill P.S.

We invest the time, energy and self into developing relationships that will matter to children and youth. We play with our kids. Play is a way of connecting. It builds trust and develops skills. The next time you look into a classroom and see a Child and Youth Care Practitioner sitting with students playing a game of cards, drawing or just "hanging out", understand that being with students **is** the job.

It is these moments spent engaged with the student, following their lead, talking about what they are interested in, that we create a space in which we can work together. We are joining with students, we are identifying goals and we are finding ways to build on strengths. These relationships allow us to intervene when children and youth are angry, scared or sad. Without the relationship, a CYCP can be seen by the child as just another adult.

While stickers and consequences appear to others to be concrete examples of our work, the real evidence actually includes relationships, conversations, and caring, positive environments.

These relationships will help students to come to school, to try when things become difficult, to laugh when they didn't think they could, to cry when they need to and to learn.

We hang in when others want to back away because that is one of the times when we are needed the most. Our actions let the young people know that we are really in the relationship.

Children do the best they can with what they have. Having a caring adult with them in the moment, increases resilience and reduces risk.

(by: Christine Gaitens, Chief of Child and Youth Services)

Sources: Freeman, J. & Garfat, T. (2014) Being, interpreting, doing: A framework for organizing the characteristics of a relational child and youth care approach. *CYC-Online*, 179, 23-27.

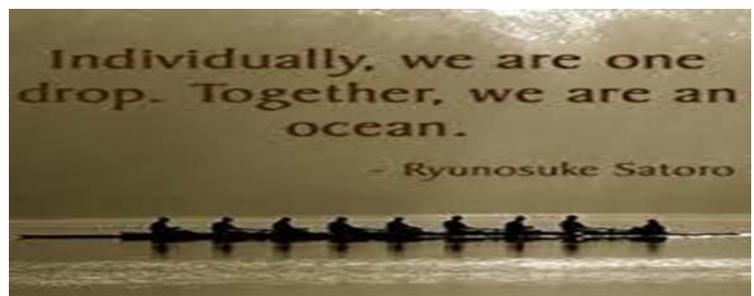
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Phelan, J. (2014). Life space is not working in an office. *CYC-Online*, 179, 18-19.

### Psychological Services Strength-Based Resilience (SBR)

Life is full of hardships from daily hassles and disappointments, failure, illness, money issues, relationship problems to surviving famine or living in war zones. Resilience is the ability to persevere and adapt in the face of adversity. In June 2015, the University of Toronto Scarborough Campus (UTSC) received a grant from the Mental Health Innovation Fund (MHIF) to partner with TDSB to teach concepts of character strengths and resilience to teachers, in four TDSB high schools (RH King, SATEC, Wexford and Malvern Collegiates). These teachers will then pass on methods acquired in the SBR program to their high school students. In addition, trained Psychologists and Social Workers will run groups with high-risk students struggling with anxiety and mood issues in various other schools from the South East quadrant. Students will learn how thoughts, feelings and behaviours influence one another and how they can show flexible thinking to cope with feelings of nervousness, sadness or anger. They will also learn about and use character strengths such as optimism, social intelligence, empathy, creativity and self-regulation to solve problems as well as enhance positive emotions, engagement and meaning in their life. The project, as it has for schools in other parts of the board, will also provide curriculum materials to students, and hold parent workshops on the topic of improving their child's resilience.

(by: Chiefs of Psychological Services, TDSB)



#### Mental Health and Well-Being Core Leadership Team

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