

The Algoma Model: A Collaborative Approach to Supporting the Positive Behaviour, Well-Being and Mental Health of Children and Youth

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Introduction

In Ontario, increasing mental health support for children and youth has been recognized by educational leaders as a key challenge that must be addressed. "There is broad acknowledgement that student mental health needs exceed the current capacity of school systems to respond adequately."¹

According to Children's Mental Health Ontario:²

- One in five children and youth has a mental health issue.
- Only 17% of these children currently receive treatment in Ontario.
- Canada's youth suicide rate is the third highest in the industrialized world.
- Mental health disorders and difficulties are closely associated with declining academic performance.



These statements are not surprising to educators or to community-based mental health professionals charged with the mandate of providing mental health services and supports to children, youth, and their families. From an educator's point of view, it means that four or five students in the typical classroom are struggling with a diagnosable mental health issue. For mental health service providers, it means they have the capacity to provide support to approximately 20% of the children and youth requiring treatment.

There is a growing recognition across Canada that "...identifying youth at risk and intervening as early as possible improves their life trajectories, their productivity as Canadians and reduces the prevalence of mental health problems in adulthood."³ This same body of research supports the delivery of evidence-based mental health services for children and youth within the school setting.

Student Support Leadership Initiative: Cluster 13 – Algoma

Through the Ministry of Education and Ministry of Children and Youth Services' Student Support Leadership Initiative (SSLI), the Algoma Region has begun to implement a strategy that will develop creative solutions to address child and youth mental health issues using research, collaboration, joint decision making, and partnership. The rest of this article outlines some of the key elements to their strategy.

In the early stages of the Student Support Leadership Initiative (SSLI), Cluster 13 (Algoma) made the conscientious decision to focus in on two areas:

1. Building relationships and increasing understanding of roles and mandates among community partners

During the first two years of the project, the SSLI leadership team documented the services, programs and supports currently available in the Algoma District. It was interesting to note that during this process, it was realized that not only was the educational community unaware of all of the different supports available to children and youth, but the partners were also not completely aware of what other agencies were offering and what their mandates were. As a result, an inventory was created that could be kept current and could be easily searched and accessed by a variety of user groups, including the general public.

The Algoma Model Website (www.algomamodel.ca) is a result of these efforts. It is a portal developed by school boards in conjunction with community partners to assist schools, agencies and the general public in searching key services, supports and resources that address the mental health and well-being of school-aged children and youth in the Algoma District. The local coalition began with approximately 10 partners at the table and, as the definition of mental health was acknowledged and embraced as a collective community responsibility, the number of committed partners continued to grow and is currently sitting at over 40.

A number of features on this website are helping to build awareness, including:

1. A complete listing of services/supports/programs, including program descriptions and contact numbers;
2. A resource for teens that links to sites such as Mind Your Mind, The New Mentality, Teen Mental Health, and Kids Help Phone;
3. A services search engine that supports searches by community and across all local agencies to find specific programs, supports and services (e.g., substance abuse programs, supports for depression, classes in conflict resolution); and
4. A "Learn More" section that provides a library of articles, resources and current research specifically designed for teachers and parents in the categories of Prevention, Intervention, Treatment, and Crisis.

The website has become a very good resource for principals looking to find non-academic supports and resources (as per the Safe Schools legislation) for students who are on long-term suspension or expulsion or for students who have been victimized. It will also be a resource that will support the Equity and Inclusive Education strategy. A number of school boards in Ontario have adapted the website design and database for

use by their SSLI cluster and have customized it to meet the needs of their community. The portal has been set up to be easily transferrable to other jurisdictions wishing to use a similar format.

2. Developing a Common Vision: The Algoma Model

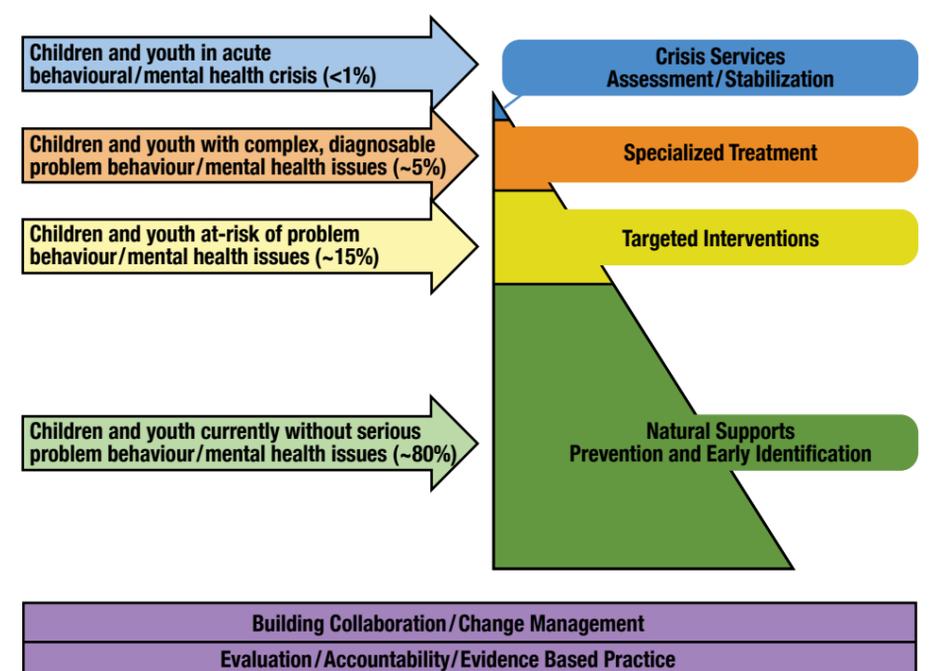
Priority two was to build a commitment to working together through the creation of a common vision for a more effective and wider-reaching system of mental health support for children and youth. Throughout this process, the team adopted the definition of mental health as described by the World Health Organization: "a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community."

Today, the leadership team has over 40 community partners who have committed to the following Algoma Model objectives:

- Developing and implementing a collective vision for delivering comprehensive, integrated services for children and youth through collaboration and partnership;
- Enhancing and increasing the use of positive, evidence-based resources for child and youth mental health using a school-based mental health model;
- Maximizing the use of existing resources throughout the Algoma region.

Our work over the next several years will be to move the vision of the Algoma Model forward using a tiered intervention model based on the work of Duchnowski and Lynn (2006)⁴, who have synthesized current research regarding effective School-Based Mental Health (SBMH) strategies. The Algoma Model uses population-based tiers of intervention and sees schools as "hubs of opportunity" to support the mental health of children and youth through a comprehensive range of natural supports, targeted interventions, specialized treatment, and crisis services. The model (see below) helps all partners in a community to understand where their services, supports, and programs fit into an overall range of supports and services for children and youth.

The Algoma Model



For example, hospital and mental health treatment providers are providers of crisis services and specialized treatment. Students in the early stages of developing a drug and alcohol dependency or an eating disorder may be supported with an evidence-based program delivered by an agency or school personnel in the yellow section—targeted interventions. The green section, Natural Supports, indicates programs focused on prevention—for example, the local partnership initiative delivering the AI's Pals Program, shown through research to build resiliency in young children, is being developed in all elementary schools. Character education also fits nicely into this universal intervention section.

As we look to the future, Cluster 13 is currently moving into Year 4 of the SSLI initiative and has been working with the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (Children's Hospital of Eastern Ontario) to develop a Logic Model to guide the development, implementation and evaluation of the Algoma Model over the next several years. We recognize that schools represent the single largest resource setting available to the children and youth in our communities. Schools, in partnership with local service providers, can play a key role in positive child and youth mental health and well-being. We look forward to continuing our work as a cluster and realizing the benefits for the children, youth, and families we serve.

1 Santor, D., Short, K., and Ferguson, B. (2009). *Taking mental health to school: A policy-oriented paper on school-based mental health for Ontario*. Ottawa: The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO. http://www.onthepoint.ca/products/product_policypapers.htm

2 Children's Mental Health Ontario. *Just the Facts*. http://www.kidsmentalhealth.ca/join_the_cause/just_the_facts.php

3 Mental Health Commission of Canada. *Child and Youth*. <http://www.mentalhealthcommission.ca/English/Pages/ChildandYouth.aspx>

4 Kutash, K., Duchnowski, A.J., and Lynn, N. (2006). *School-Based Mental Health: An Empirical Guide for Decision Makers*. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies, Research and Training Center for Children's Mental Health. ●