

EDU Stakeholder Consultations on Mental Health & Addictions Strategy

Learning Disabilities Association of Ontario (LDAO)

Response to the Discussion & Feedback Questions

1. What is your organization doing now that will contribute to the strategic directions?

- LDAO has worked with Integra Children's Mental Health Centre to produce a brochure on learning disabilities (LDs) which talks about the emotional-social effects of LDs.
- LDA local chapters are able to refer families to children's mental health centres or other counselling services.
- Many chapters do presentations in schools and/or PA day sessions about the effects of LDs.
- Several of our chapters run social skills programs for children and youth with LDs.

2. What more could your organization do to contribute to the strategy?

Contribute expertise to the development of training modules for educators on:

- understanding LDs and the effects of LDs on emotions/behaviour
- recognizing behavioural difficulties that are directly related to how students process information
- using effective strategies to enhance motivation and prevent behaviour problems

Participate in training sessions for educators (both pre-service and in-service), perhaps in conjunction with other organizations that represent students whose disabilities create emotional/behavioural effects.

3. How can we work more effectively together to make a difference in the lives of people with mental illnesses and addictions? Do we need to work differently? What needs to change?

- First of all we should be talking about persons who have mental health issues or difficulties, as opposed to 'medicalizing' by using the term *illness*. There is a continuum of mental health difficulties that should be recognized and addressed early, and not all persons will go on to be diagnosed with a mental illness.
- Educators need a better understanding of underpinnings of behaviours and the signs of anxiety, frustration and loss of hope in children and youth.
- There must be better integration of services to meet educational and emotional/social needs of students (see question 5).
- Families need to feel welcome in schools and there should be someone there who they can talk to about **all** their concerns about their children.

4. What types of pre-service opportunities and in-service training for teachers and others in the education system would be useful to assist them in identifying the warning signs or mental illnesses and addictions?

Pre-service training and Induction year training must include training modules on:

- understanding various disabilities and the effects of these on educational performance and emotions/behaviour
- learning how to observe classroom behaviours and reflect on what they might indicate.
- learning effective strategies to enhance motivation and prevent behaviour problems in the classroom.

The Ontario College of Teachers would need to set standards for the relevant competencies teachers must have in order to teach in Ontario. This may be the only way to get changes to curriculum at Faculties of Education.

In-service training could look more closely at the types of behaviours that teachers should be concerned about, and the layers of steps in a process of intervention and/or referral. The ABCs of Mental Health website (www.brocku.ca/teacherresource/ABC/) is a good model, but educators would also need to become familiar with their local resources and protocols.

5. What types of activities and/or supports do you see enhancing relationships between school boards and local mental health agencies so that when teacher/educators identify the warning signs they are able to refer students and families to the appropriate resources within their communities?

The best way of integrating services would be to have an office in all schools which would be used by personnel from children's mental health services and/or youth counselling services so that appointments could be made for intake and/or counselling sessions.

This would require a different funding model for use of school space, and some coordination of services of agencies in the community (e.g. a joint intake process).

It would be important that there still be an option to access such services outside of the school setting, as there are parents and students who would not feel comfortable seeking treatment at the school.

Some type of liaison team between the school and agencies would be needed. Personnel from agencies could come in to schools to talk to educators and answer general questions, keeping in mind privacy issues. Parents could be invited to meet with the teacher and the agency person to explore options, if the parent was comfortable with this approach.

In the case of Section 23 classes, it would help the student and family's transition to and from the treatment setting if the agency was involved in a consultative role in the home school.

Parents and students would probably feel more comfortable with the idea of mental health services in the school if schools as were redefined as community hubs for family support, social and recreation programs, in addition to mental health services to children, youth and families.

6. What should be our top three to five priorities?

- Professional development programs for educators and administrators, using expertise of organizations who support parents of students with special education needs.
- Relevant teacher competencies required by the College of Teachers leading to changes in pre-service training.
- Collaborative projects between schools and mental health agencies.
- Use of schools as community centres for provision of counselling services.