

Chapter 4

Living Sky School Division No. 202—Providing Intervention Services to High School Students with Significant Mental Health Concerns

1.0 MAIN POINTS

Poor mental health can negatively impact student engagement and academic achievement. Mental health challenges can cause high school students to be vulnerable to other at-risk behaviours such as substance abuse, suicide, self-harm, and violence. Timely intervention for mental health concerns in high schools can help to reduce lifelong mental health challenges and potentially save lives.

Living Sky School Division No. 202 is responsible for educating over 2,500 high school students in northwest central Saskatchewan. Its recent student survey results showed Grades 7–12 high school students experiencing moderate or high levels of anxiety and depression at 32%—worse than the 2022–23 Canadian student average at 26%.

We assessed Living Sky’s processes to provide timely intervention services to high school students with significant mental health concerns. At December 31, 2023, we found Living Sky had effective processes, except it needs to:

- Analyze counsellor caseloads to determine whether resource gaps exist and need addressing. One counsellor was responsible for over 820 students at three high schools who could potentially have significant mental health issues.

Without formally analyzing counsellor workloads, Living Sky is unable to assess whether it provides appropriate resources to support students with mental health concerns and to determine actions or decisions to address any gaps in delivering those supports in a timely manner.

- Have counsellors formally complete risk assessments and safety plans for students at risk of suicide, which help inform appropriate support services needed.
- Track student referrals to outside agencies (e.g., Saskatchewan Health Authority) and work with these agencies to develop information sharing agreements.

Doing so would help counsellors know whether students who require mental health supports get the needed services outside of school hours.

- Prepare mental health critical incident reports to assist in assessing trends, root causes, and sufficiency of actions.
- Analyze and report key information (e.g., counsellor caseloads, critical incidents, outside agency referrals) to assess the adequacy of intervention services provided to high school students with significant mental health concerns.



2.0 INTRODUCTION

This chapter outlines the results of our audit of Living Sky School Division No. 202's processes, for the period ended December 31, 2023, to provide timely intervention services to high school students (Grades 7–12) with significant mental health concerns.

Intervention services include student counselling within the schools or referrals to outside agencies (e.g., mental health and addictions agencies, family support services, health centres).

2.1 Background

Mental health is a state of mental wellbeing that enables people to cope with stresses of life, realize their abilities, learn well, and contribute to their community. Adolescence is a crucial period for developing social and emotional habits (e.g., healthy sleep patterns; developing coping, problem-solving, and interpersonal skills; learning to manage emotions), which are important for mental wellbeing.¹

Risk factors that affect mental health include living conditions, discrimination or exclusion, relationships with peers, bullying, exploration of identity, or lack of access to quality support and services.²

The Ministry of Education identified mental health and wellbeing as one of its key priorities in its *Framework for a Provincial Education Plan 2020–2030*, released in November 2019. Mental health and wellbeing is one of the four pillars in the Framework. The Ministry's goal seeks to have students feel supported in their mental, physical, emotional, and spiritual health and wellbeing.³

The Education Act, 1995, gives Boards of Education (school boards) the responsibility for administration and management of schools. School boards are expected to deliver services to students to meet the Ministry's key priorities, including supporting positive student mental health.

School boards may employ specialized personnel to provide psychological and related services necessary to the growth, development, and general wellbeing of students and in their educational advancement. Boards may also enter into agreements with agencies and individuals to provide these specialized services.

2.2 Living Sky School Division No. 202

Living Sky School Division No. 202 is responsible for educating approximately 5,300 students in northwest central Saskatchewan, which includes the area surrounding North Battleford, Unity, and Spiritwood.⁴ There are 28 schools in the Division, of which 13 are high schools. Almost half of Living Sky's students (or over 2,500) are high school students in Grades 7–12.

¹ www.who.int/news-room/fact-sheets/detail/adolescent-mental-health (1 November 2023).

² Ibid.

³ Ministry of Education, *Framework for a Provincial Education Plan 2020–2030*, p. 5.

⁴ Living Sky School Division No. 202, *2022–2023 Annual Report*, p. 6.

Each year, Living Sky administers the OurSCHOOL survey designed to collect information such as students' sense of belonging, wellbeing, and safety. Living Sky's Grades 7–12 survey results in 2022–23 showed students' levels of anxiety and depression worsened since 2015–16, from 21% to 32%. Living Sky's rate at 32% for moderate or high levels of anxiety and depression is also worse than the 2022–23 Canadian student average at 26%.⁵

Since January 2019, Living Sky's largest school, North Battleford Comprehensive High School, has participated in the Mental Health Capacity Building initiative led by the Saskatchewan Health Authority, of which it is one of 10 schools across the province with the initiative as of November 2023.⁶

The initiative's intent is to build strong mental health in youth and focuses on prevention and mental health promotion, early identification, and intervention. The initiative provides support to all students (i.e., Tier One) by helping them to better manage their feelings and increase awareness of where they can find help. Living Sky receives funding from the Authority to hire Mental Health Capacity Building staff (i.e., one school coordinator and one wellness promoter) to work at the high school.

As shown in **Figure 1**, Living Sky uses a tiered approach to provide support to students with mental health concerns at all its schools.

Figure 1—Tiered-Level Support Provided to Living Sky School Division Students

Tier	Type of Support	Support Provided By
Tier One	Mental health promotion for all students. Activities, such as encouraging positive social, emotional, and behavioural skills and wellbeing, designed to meet the needs of all students regardless of whether they are at risk for mental health challenges/issues or concerns. An example is the Mental Health Capacity Building initiative.	School counsellor, student services teacher ^A , classroom teacher, Mental Health Capacity Building staff
Tier Two	Focuses on prevention and early intervention (e.g., small group interventions for students with similar needs) for students experiencing mild distress, mildly impaired functioning, or at risk for a given mental health issue or concern.	School counsellor, student services teacher, classroom teacher
Tier Three	Addresses mental health concerns for students who are already experiencing significant distress and impaired functioning. Interventions are individualized to specific student needs (e.g., one-on-one counselling).	School counsellor, student services teacher, classroom teacher, parents, healthcare professionals

Source: Adapted from information provided by Living Sky School Division No. 202.

^A Student services teachers have specialized training, skills, and qualifications in special education.

Our audit focused on intervention services provided to high school students experiencing some mental health concerns (i.e., Tier 2 and 3)—students who experience mild or significant distress and impaired functioning, and who are at a higher risk of mental health issues.

⁵ Adapted from Living Sky School Division No. 202's OurSCHOOL survey results.

⁶ The Mental Health Capacity Building initiative led by the Saskatchewan Health Authority promotes positive mental health in children, youth, families, and people in the community who interact with children by focusing on prevention and mental health promotion, early identification, and intervention. It also helps young people better manage their feelings and increase awareness of where they can find help. www.saskatchewan.ca/government/news-and-media/2022/august/30/more-students-to-benefit-from-mental-health-capacity-building-in-saskatchewan-schools (20 November 2023).



2.3 Importance of Timely Intervention Services for Students with Significant Mental Health Concerns

Poor mental health can negatively impact youth school engagement and academic achievement. If untreated, mental health disorders may have severe consequences, such as hospitalizations or suicide. In Canada, hospitalizations for mental health disorders among children and youth (aged 5–24) increased from 21% in 2019 to 23% in 2020. Nearly 1 in 4 hospitalizations for children and youth were for mental health conditions in 2020.⁷

The Canadian Psychological Association noted 10–20% of children and youth worldwide will be diagnosed with mental health disorders during their school years. Despite the high and increasing rate of mental health concerns, only about 20% of children and youth requiring mental health support receive it.⁸

In 2019, the Saskatchewan Alliance for Youth and Community Wellbeing conducted a province-wide survey on the health and wellbeing of youth in Grades 7–12.⁹ It found:

- 38.6% of youth reported symptoms of depression
- 21.6% reported ever self-harming
- 23.4% considered suicide, with 9.7% having attempted suicide
- 1 in 3 youth (31.8%) who self-harmed reported not knowing where to get help¹⁰

The COVID-19 pandemic negatively affected students' mental health—symptoms of anxiety, depression, and other mental health concerns increased globally with students stating the pandemic negatively affected their mental health 'very much' or 'extremely'.¹¹

Given that children and youth spend more than six hours per day and 180 days per year in school, it is important that schools deliver activities and initiatives related to positive mental health.¹² Some studies indicate mental health supports in schools can effectively reduce symptoms of mental disorders with especially positive results when schools integrate support into students' academic settings.¹³

Mental health challenges can cause youth to be vulnerable to other at-risk behaviours such as substance abuse, suicide, self-harm, and violence. This can ultimately affect students' future opportunities and have implications for health, social, and judicial services. Having effective processes to provide intervention services to students with mental health concerns help to ensure schools support students when they are feeling their worst. Early and timely intervention in schools can help to reduce lifelong mental health challenges and potentially save lives.

⁷ Canadian Institute for Health Information. www.cihi.ca/en/children-and-youth-mental-health-in-canada (27 March 2024).

⁸ Canadian Psychological Association (2022). *Mental Health Care for Canadian Children and Youth. The Role of School Psychologists. A Position Paper of the Canadian Psychological Association.* p. 4.

⁹ The Saskatchewan Alliance for Youth and Community Wellbeing, dissolved as of January 31, 2023, was a partnership between health, education, and other community stakeholders focused on improving the health and wellbeing of the Saskatchewan population.

¹⁰ Saskatchewan Alliance for Youth and Community Wellbeing (2020), *Thriving Youth, Thriving Communities Report, 2019 Survey Findings*, p. 2.

¹¹ smho-smso.ca/about-student-mental-health-in-ontario/ (2 November 2023).

¹² Morrison, W. and Peterson, P. (2013). *Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives. Second Edition.* Summerside: Pan-Canadian Joint Consortium for School Health.

¹³ National Center for School Mental Health (2020). *School Mental Health Quality Guide: Early Intervention and Treatment Services and Supports.* NCSMH, University of Maryland School of Medicine.

3.0 AUDIT CONCLUSION

We concluded, for the period ended December 31, 2023, Living Sky School Division No. 202 had, other than the following areas, effective processes to provide timely intervention services to high school students with significant mental health concerns.

Living Sky needs to:

- Analyze counsellor caseloads to determine whether resource gaps exist and need addressing
- Have counsellors formally complete risk assessments and safety plans for students at risk of suicide
- Track student referrals to outside agencies (e.g., Saskatchewan Health Authority) and work with these agencies to develop information sharing agreements
- Prepare mental health critical incident reports
- Analyze and report key information (e.g., critical incidents) to assess the adequacy of intervention services provided to high school students with significant mental health concerns

Figure 2—Audit Objective, Criteria, and Approach

Audit Objective:

To assess whether Living Sky School Division No. 202 had effective processes, for the period ended December 31, 2023, to provide timely intervention services to high school students with significant mental health concerns.

Audit Criteria:

Processes to:

1. **Plan for intervention services**
 - Set policies, procedures, and guidance to support students with mental health concerns
 - Allocate appropriate resources
 - Identify students with mental health concerns
 - Establish working relationships with outside agencies (e.g., community-based organizations, Saskatchewan Health Authority)
2. **Respond to students with mental health concerns in a timely manner**
 - Assess students' mental health
 - Manage mental-health emergency situations
 - Provide appropriate and timely intervention (e.g., internal and external referrals) based on assessment
 - Facilitate collaboration between agencies (e.g., Saskatchewan Health Authority) in complex cases
 - Provide ongoing support to students with mental health concerns
3. **Monitor intervention services provided to students with mental health concerns**
 - Analyze key information related to intervention services (e.g., number of students with mental health concerns, schools with high number of students with mental health concerns, number of referrals)
 - Take corrective action in response to critical incidents (e.g., suicides)
 - Report key information to senior management and impacted parties (e.g., Board, Ministry)

**Audit Approach:**

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate Living Sky's processes, we used the above criteria based on our related work, review of literature including reports of other auditors, and consultations with management. Living Sky management agreed with the above criteria.

We examined Living Sky's policies and procedures, the Counselling Handbook, the Safe Schools Handbook, and other key documents related to providing timely intervention services to high school students with significant mental health concerns. We also interviewed key Living Sky staff. We tested a sample of students with significant mental health concerns. In addition, we used an independent consultant with subject matter expertise in the area to help us identify good practice and assess Living Sky's processes.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Counselling Handbook Maintained

Living Sky School Division No. 202 has a Counselling Handbook to guide counsellors in providing intervention services to students with significant mental health concerns.

The Handbook provides clear direction to school counsellors, school administrators (e.g., principals) and other student services' team members on proper handling of student counselling records and to provide consistency in counselling practices. It contains key information such as:

- Roles and responsibilities of school counsellors (see **Figure 3**)
- Student referral process—includes who (teacher, parent/guardian, student) can refer students to school counselling and the requirements for obtaining parent/guardian consent prior to the student entering a counselling relationship¹⁴
- Documentation expected from counselling sessions (e.g., counselling goals)
- Suicide protocol—counsellors should have training in suicide risk intervention and the Handbook has a link to a suicide assessment tool (Columbia-Suicide Severity Rating Scale)¹⁵

The Handbook also refers to other supports and documents. For example, when counsellors are supporting students at risk of substance use/abuse, it lists mental health and addictions facilities within the school division (i.e., northwest central Saskatchewan) with contact numbers. It also refers to Living Sky's Safe Schools Handbook for handling critical incidents and crisis response (see **Section 4.8**).

We found Living Sky keeps the Counselling Handbook up to date and makes it accessible to all counsellors on an internal sharing platform. Living Sky updated the Handbook in November 2023.

Having clearly written and up-to-date guidance and procedures help staff involved in providing interventions to students with mental health concerns to have a clear understanding of expected processes.

¹⁴ Students aged 16 and older can consent to their own counselling supports.

¹⁵ cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf (3 April 2024).

4.2 Qualified Staff Providing Counselling Services to Students

Living Sky School Division No. 202 has qualified staff providing intervention services (i.e., counselling) to its high school students.

At November 2023, Living Sky employed 12 counsellors (part-time and full-time) who provided support to Grades 7–12 students at its 13 high schools. The Division has more than 2,500 high school students. Some counsellors provide support to more than one school (e.g., spend two days a week at one school and three days a week at two other schools). **Figure 3** sets out the key responsibilities of school counsellors.

Figure 3—Key Responsibilities of School Counsellors

- Provide counselling and/or crisis response for students with an emergent need
- Use a tiered approach to provide support to students with mental health concerns^A
- Provide behavioural, academic, social/emotional wellbeing counselling
- Maintain records/notes of individual students in counselling IT system
- Make referrals to outside agencies (e.g., Prince Albert Mental Health Centre)
- Identify and advocate for systemic changes to improve equity and access, achievement, and opportunities for all students

Source: Living Sky School Division No. 202, Position Summary for Counsellor.

^A See **Figure 1** for a description of the tiered-level support provided to students.

Living Sky requires counsellors to have a university degree in social work, counselling, or psychology. For the six counsellors tested, we found each had an appropriate degree.

It also requires certain staff (e.g., counsellors, principals, vice principals) have training related to mental health. Key training includes mental health first aid, violence threat risk assessment, and suicide intervention skills training. For the staff tested (counsellors, principals, and vice principals) at three high schools, we found each had the required training for their respective role.

Having qualified staff helps ensure students receive proper support and counselling when dealing with mental health concerns.

4.3 Identifying Students with Mental Health Concerns

Living Sky School Division No. 202 identifies students with mental health concerns mainly through referrals from school staff, parents/guardians, and students.

Any staff member (e.g., teachers, principals) within the Division's schools or parents/guardians can identify students with mental health concerns and refer them to a counsellor. Students themselves can also request to see a counsellor. However, we note some high schools do not always have a counsellor on-site daily (see **Recommendation 1** about analyzing counsellor caseloads to determine sufficiency of mental health supports for students).

During our interviews with staff at the three high schools tested, they indicated staff within the schools monitor students' day-to-day wellbeing by walking through the halls and within classrooms. Staff know their students and can identify behavioural changes



(e.g., withdrawing socially, severe mood swings, decrease in attendance). Staff will approach the student to talk and, if they determine more support is necessary, they refer the student to a counsellor.

We also found Living Sky's high school counsellors are aware of elementary students (i.e., Grade 6 students) with mental health concerns transitioning to high school. For example, in one high school, staff from the elementary school share a list of students with mental health concerns with the high school counsellor. This makes high school counsellors aware of students requiring mental health supports once they start high school. In another high school, the counsellor noted they meet with the elementary school counsellor at the end of each school year to discuss the existing counselling list and whether a plan exists to continue counselling at the high school.

Students are made aware of counselling services available to them through various means (e.g., school calendars, school assemblies).

During our testing of files for 20 students with mental health concerns at three high schools, we found:

- Staff identified seven students with mental health or behavioural concerns (e.g., depression, poor attendance)
- Elementary school counsellors identified six students needing continued counselling
- Parents/guardians of four students requested counselling
- Three students referred themselves for counselling

Counsellors are to obtain consent (verbal or written) from parents/guardians prior to providing counselling to certain students.¹⁶ We found all students we tested who required consent had consent forms signed and on file, or the counsellor was attempting to obtain consent.

Identifying students with mental health concerns helps those students get the necessary support when needed.

4.4 Analysis of Counsellor Caseloads Required

Living Sky School Division No. 202 does not formally track and analyze counsellor caseloads to support its counsellor allocation decisions.

Living Sky management indicated that it assigns counsellors to schools after considering its historical allocation of counsellors, counsellor workloads, and observation of where the greatest need exists. However, management could not provide any evidence of its assessment or analysis.

Our analysis found the number of students seeing counsellors on a regular basis steadily increased in the Division since the 2020–21 school year, as well as at the three high

¹⁶ Students aged 16 and older can consent to their own counselling supports.

schools (North Battleford, Unity, and Spiritwood) we tested (see **Figure 4**). However, Living Sky noted the number of counsellors has stayed the same.

Figure 4—Number of High School Students Seeing School Counsellors Each School Year

High School	2020–21	2021–22	2022–23	2023–24 (up to November)	Part-time and Full-time Counsellors at November 2023
North Battleford Comprehensive	44	49	73	97	4
Unity Comprehensive	16	16	30	41	1
Spiritwood	7	12	27	27	1
Totals—Living Sky School Division	257	354	542	Not Provided	12

Source: Adapted from information provided by Living Sky School Division No. 202. Living Sky did not provide partial year information for 2023–24.

Living Sky also does not consistently track the number of students with mental health concerns who walk into (i.e., without referral) high school counsellor offices—this means the numbers in **Figure 4** may also not reflect all students who see school counsellors in a year. Therefore, this limits Living Sky’s ability to properly assess mental health resources needed to support students.

Our analysis determined that counsellor caseloads vary significantly between counsellors. For example, the counsellor at Unity Comprehensive High School is also responsible for two other schools. This counsellor had a total caseload of 89 students at November 2023—reflecting only students with scheduled appointments. Whereas at North Battleford Comprehensive High School, two permanent and two part-time counsellors shared the caseload of 97 students up to November 2023. Living Sky has not assessed whether these caseloads are reasonable.

Overall, the counsellor at Unity Comprehensive High School is responsible for over 820 students at three schools who could potentially have significant mental health issues. In the United States, the American School Counsellor Association recommends a ratio no higher than 250 students to one counsellor. In addition, a 2018 survey in Ontario found an average student-to-counsellor ratio of 396 to 1.

Without formally analyzing counsellor workloads, Living Sky is unable to assess whether it provides appropriate resources to support students with mental health concerns and determine what actions or decisions may be needed to address any gaps. Without appropriate resources, there is an increased risk that students who need ongoing counselling may not get it in a timely manner.

- 1. We recommend Living Sky School Division No. 202 formally analyze counsellor caseloads to assess whether it has appropriate resources to support high school students with mental health concerns.**

4.5 Suicide Risk Assessment Not Always Completed

Counsellors assess students with significant mental health concerns; however, they do not always complete risk assessments using good practice tools for students at risk of suicide.



When students are referred to counselling, counsellors use their professional judgment based on their various professional training and past work experience to assess students' mental health. If a student is at risk of suicide, good practice recommends counsellors use standard risk assessment tools (e.g., Columbia-Suicide Assessment Rating Scale) to document a student's risk of suicide.

We found Living Sky's Counselling Handbook recommends counsellors use the Columbia-Suicide Assessment Rating Scale as an assessment tool. This assessment tool guides counsellors through a series of questions to help determine the student's risk of suicide.

During our testing of files for 20 students with mental health concerns at three high schools who saw a counsellor in the 2022–23 school year and up to November 2023, we found counsellors assessed four students as at risk of suicide on the same day the student expressed suicidal thoughts to the counsellor. Of these four students, we found counsellors:

- Used the Columbia-Suicide Assessment Rating Scale to assess two students—the counsellors assessed one student as high risk and the other student as low risk of suicide. For the high-risk student, the counsellor appropriately developed a safety plan (see **Section 4.6** for more information on safety plans).
- Did not use an assessment tool to assess two students. Counsellors noted they used their professional judgment to determine the suicide risk level. We found both students assessed as low risk of suicide according to the counsellors' notes. However, the counsellors did not document rationale for their decisions.

Not documenting decisions for students at risk of suicide based on standard assessment tools increases the risk appropriate services (e.g., external referrals) may not be provided when needed.

2. We recommend Living Sky School Division No. 202 have all counsellors use standard risk assessment tools when documenting decisions for high school students at risk of suicide.

4.6 Safety Plans Not Always Documented

Living Sky School Division No. 202 counsellors do not always document safety plans for high school students at risk of suicide.

Counsellors follow up with students based on the students' needs. Each day, counsellors schedule their day to meet with students with mental health concerns. However, if an emergency arises, counsellors noted they adjust their schedule (i.e., reschedule counselling sessions) to deal with the emergency case.

For the 20 students with mental health concerns tested, we found counsellors met with those students weekly, bi-weekly, or monthly. However, as noted in **Recommendation 1**, Living Sky has not analyzed counsellor caseloads to determine sufficiency of its mental health supports for high school students.

Living Sky requires counsellors to document and retain information related to students' counselling goals and/or participation in counselling, as well as safety plans for students at risk of suicide. This includes documenting counselling goals or tools to use (e.g., self-talk techniques, coping strategies) to help students cope with their mental health concerns (e.g., anxiety, substance abuse). We found this aligns with good practice.

When a student is at risk of suicide, the counsellor and student should work together to document a safety plan. The safety plan includes information to help the student know what to do if they start feeling like they could harm themselves (see **Figure 5**).

Figure 5—Components of a Safety Plan for Students at Risk of Suicide

- Triggers (what sets the student off, how can the triggers be managed)
- Warning signs (thoughts, emotions, body sensations, behaviours)
- Things to do or tell themselves to make themselves feel better (e.g., talk to someone they trust, journal, listen to music, go for a walk)
- Reasons for living
- Supports (names of individuals, relationship, contact information, and how the individual can support the student)
- How to create a safe environment
- Resources (e.g., phone numbers for Crisis Services Canada, Kids Help Phone, First Nations and Inuit Hope for Wellness Help Line, SK Healthline, 911)
- Support services to access during office hours (e.g., school counsellors, outside agencies such as Prince Albert Mental Health Centre)

Source: Adapted from information provided by Living Sky School Division No. 202.

For the four students assessed as at-risk for suicide in the three high schools tested, we found two students did not have a documented safety plan. Counsellors assessed these two students as low risk and continued to provide counselling sessions (every 2–3 weeks). However, we found the counsellors did not document any counselling goals or tools to use to further help these two students. Counsellors noted during our interviews that they would have discussed goals or tools to use at the counselling sessions.

For the remaining 16 students with mental health concerns (i.e., not at risk for suicide) tested, we found:

- Ten students had documented goals or suggested tools to use. For example, one counsellor used a workbook for depression that helped the student identify signs and symptoms, as well as provided education on depression.
- Six students did not have documented goals or suggested tools to use. The students continued to have regular counselling sessions (e.g., bi-weekly, monthly). Counsellors noted during our interviews that they would have discussed goals or tools to use at the counselling sessions to help these students with their mental health concerns.

Not documenting safety plans can make it difficult to assess progress and ensure proper follow-up is conducted for students at risk of suicide. A safety plan intends to support someone when they experience suicidal thoughts and to help them avoid a state of intense suicidal crisis.

3. We recommend Living Sky School Division No. 202 have counsellors document safety plans for all high school students at risk of suicide.



4.7 Information Sharing Agreements with Outside Agencies Needed

Living Sky School Division No. 202 does not track referrals of students with significant mental health concerns to outside agencies. It also does not have information sharing agreements with key outside agencies that help support high school students with significant mental health concerns.

When counsellors assess students with significant mental health concerns, they may determine the student would benefit by accessing support from an outside service provider (e.g., addictions counsellor). In these cases, the school counsellor would refer the student to an outside agency. The counsellor can recommend the student receive additional support outside of school. However, it is ultimately up to the parent/guardian whether to agree and take the student to an outside agency for additional support.

Various staff (e.g., counsellors, principals, superintendent) indicated several outside agencies work with Living Sky to provide intervention services to students with significant mental health concerns (see **Figure 6**).

Figure 6—Examples of Outside Agencies Used for Intervention Services

Saskatchewan Health Authority—Child and Youth Community Mental Health Services

- Services available to children and youth with serious and persistent mental health disorders, with less severe mental health and behavioural challenges, and those who are at risk of developing mental health and behavioural problems. Services provided through mental health clinics across Saskatchewan include intake/screening/referral, assessment, treatment/intervention, case consultation, and education/training.

Catholic Family Services of the Battlefords Inc.

- Supports individuals, couples, families, and groups with programs such as general counselling, family violence outreach (e.g., counselling to victims of violence and those at risk of violence), children exposed to violence (e.g., counselling related to interpersonal violence such as bullying, dating violence, family violence), school-based services (e.g., counselling and support related to bullying, grief, exposure to domestic violence), and rapid access counselling.^A

Prince Albert Sexual Assault Centre and Battlefords & Area Sexual Assault Centre

- Supports survivors of sexual assault and/or abuse through the provision of accessible counselling and advocacy services.

Battle River Treaty 6 Health Centre

- Located in North Battleford, the Centre provides community-based health services to promote, support, and encourage the physical, mental, social, and spiritual health of the people living on Little Pine, Lucky Man, Sweetgrass, and Poundmaker First Nations reserves.

West Central Crisis Centre

- Located in Kindersley, the Centre provides support services to individuals and families experiencing violence and crisis in their lives, as well as outreach programs to communities such as counselling services to adults, children and youth; crisis intervention services; and rapid access counselling. It provides services to some communities within Living Sky School Division (e.g., Unity, Macklin), but not all (e.g., North Battleford, Spiritwood).

Source: Adapted from website information for each outside agency.

^A Rapid access counselling is quick, free access to brief mental health services (i.e., counselling) for individuals, couples, and families experiencing anxiety, depression, addictions, suicidal ideation, stress, etc. Services are prioritized for individuals who do not have access to workplace benefits, who live on a fixed or low income, and who may experience long wait times for publicly funded services.

Management indicated Living Sky has a representative (school liaison) who attends Community Mobilization Hub meetings.¹⁷ During these meetings, Hub partners (e.g., police officers, teachers, social workers, youth workers) review whether acutely at-risk individuals or families are at risk of harm or victimization and coordinate interventions as necessary. Management indicated Living Sky has not made any referrals to a Hub.

We found Living Sky does not track referrals to outside agencies. Once a counsellor makes an external referral, Living Sky does not receive any information from the outside agency. The counsellor may not know whether the student ever gets timely, additional support.

During our testing of 20 files for students with significant mental health concerns at three high schools, we found counsellors referred three students to outside agencies (e.g., Catholic Family Services, emergency room). We also found two other students involved with individuals at outside agencies (i.e., psychologist, addictions counsellor), but this involvement was not initiated through the school referral process. None of these files included any information from the outside agencies about timeliness of services provided.

Not tracking external referrals limits Living Sky's ability to sufficiently analyze trends and assess the level of mental health supports (e.g., intensity and nature of supports needed, frequency of referrals, number of referrals rejected) provided to students with significant mental health concerns. It also limits the counsellors' ability to know whether students who require mental health supports get the needed services outside of school hours.

4. We recommend Living Sky School Division No. 202 track referrals of high school students with significant mental health concerns to outside agencies.

Living Sky also does not receive any information from the Saskatchewan Health Authority if a student is admitted to the emergency room for mental health emergencies (e.g., attempted suicide). Staff indicated the Division is only made aware if the student or parent/guardian informs the school. This limits Living Sky's ability to assess whether students with significant mental health concerns receive the required supports. For example, if Living Sky knew this information, then counsellors would be able to add the student to their caseload and assess the supports needed to keep the student safe. However, it is ultimately up to the parent/guardian to decide whether to share the information with Living Sky.

During our testing of one file for a student assessed as high risk of suicide, we found the counsellor did recommend the parent take the student to the emergency department. However, the parent chose to take the student to another counsellor. The school counsellor subsequently found out from the student that they did visit the emergency department.

We found other jurisdictions are working toward developing information sharing agreements between school boards and outside agencies. For example, Ontario's Ministry of Education has a student mental-health policy stating the commitment of the Ministries of Education and Health to working together to build a continuum of mental health and addictions care across schools, community-based child and youth mental health providers,

¹⁷ Community Mobilization Hubs are a component of The Community Safety and Well-Being Initiative. Numerous Hubs serve communities across the province.



and hospitals that is coordinated, comprehensive, and responsive to the needs of each and every student.¹⁸

Ontario school boards are required to develop and implement a three-year mental health and addictions strategy and one-year action plan. We found an Ontario school board had the following action plans related to outside agencies:

- Regular communication and meetings with community-based children’s mental health agencies to solidify partnerships and maintain clear service pathways
- Data sharing with other children’s mental health service providers to inform service planning
- Share trends, data, successes and needs with community partners to keep up to date on effective interventions
- Develop clear processes around privacy and information sharing externally for school mental health services

Having information sharing agreements with key outside agencies that provide intervention services to high school students with significant mental health concerns would help Living Sky’s high school students to receive appropriate and coordinated support. Formulating these agreements may require collaboration from the Ministries of Education and Health.

Key information sharing also reduces the risk students will be missed and/or forgotten and not receive intervention services needed to address their significant mental health concerns.

5. We recommend Living Sky School Division No. 202, with leadership support from the Ministry of Education, develop and implement information sharing agreements with key outside agencies to share relevant information relating to high school students’ mental health concerns.

4.8 Critical Incident Reports Needed

Living Sky School Division No. 202 does not formally track mental health emergencies (e.g., suicides, student deaths) or write critical incident reports.

Living Sky sets out requirements for handling critical incidents (e.g., traumatic events including suicides or student deaths) in its Safe Schools Handbook. It requires crisis teams (Superintendent of Learning, student services’ teacher, counsellor, principal, vice principal, community school liaison) to respond to critical incidents. For example, the Handbook outlines steps to take (e.g., notifying parents/guardians, notifying superintendent, determining supports needed) when a student completes suicide or attempts suicide.

¹⁸ www.ontario.ca/document/education-ontario-policy-and-program-direction/policyprogram-memorandum-169 (15 April 2024).

The Handbook also requires the crisis team to prepare critical incident reports immediately following an incident documenting a description of the crisis, action taken, and current status/follow-up.

Since January 2018, Living Sky has had eight student suicides (three in 2023) and six other student deaths (e.g., accidents, complications due to influenza).

We found Living Sky does not track critical incidents. It also does not prepare critical incident reports for student suicides or deaths as required in its Safe Schools Handbook. Doing so may help Living Sky determine whether process improvements could prevent future incidents from occurring.

In December 2023, we found the crisis team documented a retrospective report on two incidents (one suicide, one death) that occurred in November 2023. The report discussed the incidents from an administrative point of view—what went well, what went poorly, ideas for improvement, and next steps. However, the report did not contain sufficient detail describing each incident, current state of incident (e.g., investigating, investigation concluded), impact on other students and staff, what could be done to reduce impact, or action items/plans to address root causes.

Without tracking and reporting on critical incidents, Living Sky is unable to adequately assess whether it sufficiently identifies trends, addresses root causes, and determines corrective actions. This increases the risk that similar events may reoccur.

6. We recommend Living Sky School Division No. 202 formally track and prepare mental health critical incident reports for its high schools.

4.9 Limited Analysis and Reporting of Key Information

Living Sky School Division No. 202 does not analyze or report key information related to intervention services provided to high school students with significant mental health concerns. Living Sky's current IT system does not track key information to support effective analysis (e.g., student counselling caseloads, referrals to outside agencies).

Each year, Living Sky administers the OurSCHOOL survey designed to collect information such as students' sense of belonging, wellbeing, and safety. As illustrated in **Figure 7**, Living Sky's Grades 7–12 survey results showed students' levels of anxiety and depression worsened since 2015–16, with 32% of students experiencing moderate or high levels of depression or anxiety. There was no accompanying analysis to indicate what Living Sky plans to do to address worsening mental health concerns of its students.

Figure 7—Comparison of Living Sky's OurSCHOOL Survey Results Between 2015–16 and 2022–23

Indicator	Description	2015–16	2022–23
Students with moderate or high levels of anxiety	Students experiencing intense feelings of fear, intense anxiety, or worry about particular events or social situations	21%	32%
Students with moderate or high levels of depression	Students experiencing prolonged periods when they feel sad, discouraged, and inadequate	20%	32%

Source: Adapted from Living Sky School Division No. 202's OurSCHOOL survey results.



We found Living Sky does not track, analyze, or report key information such as:

- The number of students with significant mental health concerns (including disaggregated data such as ethnicity, age, gender)
- Schools with high numbers of students with mental health concerns
- Counsellor caseloads (see **Recommendation 1**)
- The number of students referred to outside agencies (see **Recommendation 4**)
- Critical incidents (see **Recommendation 6**)

As shown in **Figure 8**, for two of the three schools we tested, the number of students with mental health concerns increased ranging from 33%–37% from 2022–23 to 2023–24. However, Living Sky has not analyzed possible causes for this increase or determined proper allocation of counsellors at its schools.

Figure 8—Number of Students with Mental Health Concerns Seeing Counsellors

High School	2022–23	2023–24 (up to November)	Percentage Increase
North Battleford Comprehensive	73	97	33%
Unity Comprehensive	30	41	37%
Spiritwood	27	27	0%

Source: Adapted from information provided by Living Sky School Division No. 202.

Due to IT system limitations, Living Sky could not easily provide a complete list of students who see its school counsellors. For the three high schools tested, Living Sky compiled the list of students with significant mental health concerns seeing counsellors, which showed the grade each student was in, but did not provide further information such as ethnicity, age, or gender.

Management indicated Living Sky will be implementing a new IT system in 2024–25.

For the 20 files of students with significant mental health concerns tested, we found:

- Over 40% of students seeing school counsellors were in Grades 7 and 8. This may indicate students transitioning into high school experience more mental health issues. Living Sky may need to offer more support to those students upon transition. For example, Living Sky may want to consider a class (e.g., coping skills for stress, bullying) to help students transition to Grade 7 from elementary school.
- 55% of students self-identified as Indigenous as compared to 30% of the total kindergarten to Grade 12 student population of Living Sky. This may indicate Living Sky needs to assess whether it needs more culturally appropriate interventions like providing more access to Elders.

Without tracking and analyzing key information, Living Sky is unable to sufficiently analyze trends and better assess the level of mental health support (e.g., counsellor allocations, intensity and nature of supports) needed for its high school students.

In addition, without reporting key information annually to senior management and the Board, each will be unaware of trends in the main issues/themes affecting mental health of students within Living Sky. Understanding trends can provide support to senior management and its Board in making relevant decisions (e.g., resource allocation, facilitating community partnerships) to provide timely intervention services to high school students with significant mental health concerns.

- 7. We recommend Living Sky School Division No. 202 analyze and report key information to senior management and the Board related to timely intervention services provided to high school students with significant mental health concerns.**

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