

Chapter 17

Living Sky School Division—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 including substance abuse, violence, self-harm, and suicide.

Research indicates that mental health supports in schools can effectively reduce symptoms of mental health disorders with especially positive results when schools integrate support into students' academic settings.¹ Living Sky School Division No. 202 has more than 2,100 students in Grades 7 to 12 at its 13 high schools.

By October 2025, Living Sky fully implemented four recommendations and made progress on three of the seven recommendations we first made in 2024 related to providing timely intervention services to high school students with significant mental health concerns.

Living Sky formally analyzed caseloads to support its decisions on caseload distribution to counsellors, consistently completed risk assessments and safety plans for high school students at risk of suicide, and formally prepared and tracked mental health critical incident reports for its high schools.

Living Sky still needs to:

- 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 support get the needed services outside of school hours.
- Analyze and report key information (e.g., number of outside agency referrals, number of students with significant mental health concerns) to senior management to help in assessing the adequacy of intervention services provided to high school students with significant mental health concerns.

Effective processes to provide timely intervention services to students with significant mental health concerns help to ensure schools support students when they are feeling their worst. Timely intervention in schools can aid in reducing lifelong mental health challenges and potentially save lives.

¹ www.who.int/news-room/fact-sheets/detail/adolescent-mental-health (13 February 2026).



2.0 INTRODUCTION

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.²

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 supports and services.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 of Education's key priorities, including supporting positive student mental health.

Living Sky School Division is responsible for educating approximately 5,300 students in northwest central Saskatchewan, which includes the area surrounding North Battleford, Unity, and Spiritwood.⁴ Almost half (about 2,150) of Living Sky's total students were in Grades 7 to 12 at its 13 high schools.⁵

2.2 Focus of Follow-Up Audit

This chapter describes our first follow-up audit of the Living Sky School Division's actions on the recommendations we made in 2024.

We concluded Living Sky School Division No. 202 had, for the period ended December 31, 2023, effective processes to provide timely intervention services to high school students with significant mental health concerns, except for the areas reflected in our seven recommendations.⁶

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Division's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Living Sky School Division management agreed with the criteria in the original audit.

To carry out our follow-up audit, we met with key Living Sky staff responsible for providing timely intervention to students with significant mental health concerns to discuss actions taken. We examined key documentation (e.g., Safe Schools Handbook, counsellor caseload analysis, risk assessments) and tested files of high school students with significant mental health concerns.

² www.who.int/news-room/fact-sheets/detail/adolescent-mental-health (13 February 2026).

³ Ibid.

⁴ Living Sky School Division No. 202, *2024–2025 Annual Report*, p. 8.

⁵ Adapted from information provided by Living Sky School Division.

⁶ *2024 Report – Volume 1, Chapter 4*, pp. 67–83.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at October 31, 2025, and Living Sky School Division's actions up to that date.

3.1 Counsellor Caseloads Analyzed

We recommended 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. (2024 Report – Volume 1, p. 75, Recommendation 1; Public Accounts Committee agreement October 17, 2025)

Status—Implemented

Living Sky School Division formally analyzed caseloads to support its decisions on allocations to counsellors, which can help to determine whether it has appropriate resources to support high school students with mental health concerns.

At October 2025, Living Sky employed 12 counsellors (part-time and full-time) who provided support to Grades 7–12 students at its 13 high schools. This was the same number of counsellors at the time of our original audit (2023).

In fall 2024, Living Sky improved its distribution of counsellors' caseloads by formalizing a method that considers students' enrolment and socioeconomic factors (e.g., poverty, single-parent families), as well as counsellor travel times to determine caseload distribution. Based on its analysis, we found Living Sky adjusted its counsellor assignments more equitably.

For example, during our original audit, one counsellor was responsible for over 820 students at three schools who could potentially have significant mental health issues. After Living Sky's analysis, it reduced that counsellor's responsibility to two schools with just over 500 students. This is now comparable to other counsellors (e.g., two counsellors at one school responsible for 1,100 students).⁷

Living Sky management indicated it plans to continue applying this methodology annually to monitor the equitable distribution of counsellor caseloads. Further tracking and analysis of the number of students with mental health concerns (**Section 3.6**) will help Living Sky determine whether it has appropriate resources to support these high school students.

Formally analyzing counsellor workloads assists Living Sky in planning for appropriate resources to support students with mental health concerns.

⁷ 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.



3.2 Risk Assessments and Safety Plans Completed

We recommended 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. (2024 Report – Volume 1, p. 76, Recommendation 2; Public Accounts Committee agreement October 17, 2025)

Status—Implemented

We recommended Living Sky School Division No. 202 have counsellors document safety plans for all high school students at risk of suicide. (2024 Report – Volume 1, p. 77, Recommendation 3; Public Accounts Committee agreement October 17, 2025)

Status—Implemented

Counsellors at Living Sky School Division consistently completed risk assessments and safety plans for high school students at risk of suicide.

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

When a student is at risk of suicide, Living Sky expects counsellors to work with students to document a safety plan, which includes information to help the student know what to do if they start feeling like they could harm themselves. For example, a safety plan would document information such as:

- Things to do or tell themselves to feel better (e.g., talk to someone they trust, journal, listen to music, go for a walk)
- Supports available (e.g., listed names of trusted individuals, contact information, how those individuals 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)

During our testing of files for eight students with mental health concerns at three high schools who saw a counsellor in the 2024–25 school year and up to October 2025 of the 2025–26 school year, we found counsellors documented suicide risk assessments using the Division-recommended tool (i.e., Columbia-Suicide Severity Risk Assessment Rating Scale) in all cases. We also found counsellors consistently documented safety plans for those students.

Using standard assessment tools for students at risk of suicide can help ensure consistency in evaluations and appropriate interventions (e.g., frequency of counselling, referral to external resources based on intensity of risk). Documenting safety plans can help assess student progress and ensure proper follow-up is conducted for students at risk of suicide.

3.3 Tracking Referrals to Outside Agencies Required

We recommended Living Sky School Division No. 202 track referrals of high school students with significant mental health concerns to outside agencies. (2024 Report – Volume 1, p. 79, Recommendation 4; Public Accounts Committee agreement October 17, 2025)

Status—Partially Implemented

Living Sky School Division does not sufficiently track referrals of high school students with significant mental health concerns to outside agencies.

When counsellors assess students with significant mental health concerns, they may determine the student would benefit from support provided by 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 service provider for additional support.

In September 2024, Living Sky implemented a new IT system to track and document information related to students with mental health concerns, including tracking counsellors' referrals of students to outside agencies. The IT system provides a checkbox that counsellors are expected to mark when they have referred a student to an outside agency for additional intervention services.

During our testing of eight files for students with significant mental health concerns at three high schools, we found counsellors referred five students to outside agencies (e.g., Saskatchewan Health Authority's Child and Youth Services). However, we found counsellors were not consistently using the referral checkbox to clearly indicate and track referrals made to outside agencies.

For example, we found students were either noted to have been referred to outside agencies (i.e., marked box for external referral) but no details of the referral existed in counselling notes, or the checkbox for an external referral was not marked but, upon reviewing the counsellor's notes, we found the student was referred to outside support.

Once counsellors begin tracking referrals consistently, it will allow Living Sky to analyze trends in the number of referrals. However, it remains limited in other analysis. We found Living Sky does not track information related to the referral (e.g., name of agency), which limits its ability to assess the level of mental health support it provides to students with significant mental health concerns. For example, Living Sky does not analyze or assess:

- Intensity and nature of support needed



- Frequency of referrals to specific outside agencies

Not sufficiently tracking external referrals limits Living Sky's ability to analyze trends and assess the level of mental health support provided to students with significant mental health concerns. It also limits counsellors' ability to know whether students who require mental health supports get the needed services outside of school hours.

3.4 Information Sharing Agreements with Outside Agencies In Progress

We recommended 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.

(2024 Report – Volume 1, p. 80, Recommendation 5; Public Accounts Committee agreement October 17, 2025)

Status—Partially Implemented

Living Sky School Division drafted a memorandum of understanding (MOU) aimed at establishing formal information sharing with key outside agencies relating to high school students' mental health concerns.

Living Sky does not receive any information from outside agencies about referrals made to them (e.g., number of rejected and/or accepted referrals). As a result, once a counsellor makes a referral, the counsellor may not know whether the student ever gets timely, additional support.

In 2024–25, Living Sky drafted a MOU aimed at formalizing information-sharing agreements with key outside agencies (e.g., Saskatchewan Health Authority, West Central Crisis and Family Support Centre, Light of Christ School Division, Battle River Treaty Six Health Centre, Catholic Family Services) for students with mental health concerns. The draft MOU considers the confidentiality of information and agreement needed from the student and/or parent/guardian.

Management indicated it plans to engage with various outside agencies and the Ministry of Education about the MOU. Living Sky also plans to establish biannual meetings with all parties to share data, trends, successes, and service needs, ensuring clear and coordinated service pathways to support students with significant mental health concerns. It expects to complete this process with support from outside agencies and the Ministry in the 2026–27 school year.

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.

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

3.5 Critical Incidents Tracked and Reports Prepared

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

(2024 Report – Volume 1, p. 81, Recommendation 6; Public Accounts Committee agreement October 17, 2025)

Status—Implemented

Living Sky School Division formally tracked mental health critical incidents and prepared reports for its high schools. It also began reporting these critical incidents to its Board in January 2024.

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, 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 or attempts suicide.

The Handbook also requires the crisis team to prepare critical incident reports immediately following an incident that documents a description of the crisis, action taken, and the current status/follow-up of the incident. The crisis team is also expected to evaluate the crisis and/or traumatic event response by preparing a retrospective report of the incident documenting what went well in their response, improvements or changes needed, role clarifications, and follow-up.

We found Living Sky tracks critical incidents and related reports. Between January 2024 and October 2025, Living Sky had 10 critical incidents (three related to student deaths).

We reviewed the critical incident report for one incident related to a student death. We found the crisis team set out timelines of key events including a crisis description, actions taken, and current status or follow-up as required by the Handbook.

We also reviewed the December 2024 retrospective report the crisis team prepared on three student deaths that occurred between October and December 2024. We found that, compared to our initial audit, Living Sky enhanced its reporting of what needed improvement, clarified roles, and documented follow-up and changes needed. We found the reports sufficient for Living Sky to assess the impact of the crises on other students and staff, and what could be done to reduce impact, or action items and plans to address root causes. For example, the report noted the importance of informing substitute staff of the incident as they may not know what has occurred.

Tracking and reporting on critical incidents can help Living Sky adequately assess whether it sufficiently identifies trends, addresses root causes, and determines corrective actions that may reduce the risk of similar incidents reoccurring.



3.6 Limited Analysis and Reporting of Key Information

We recommended 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. (2024 Report – Volume 1, p. 83, Recommendation 7; Public Accounts Committee agreement October 17, 2025)

Status—Partially Implemented

Living Sky School Division sufficiently reported critical incidents to its Board. It also formally analyzed counsellor caseloads. However, it does not sufficiently analyze and report other key information (e.g., intensity and nature of supports) to senior management related to timely intervention services provided to high school students with significant mental health concerns.

We found Living Sky does not track, analyze, or report certain 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
- Common mental health issues or themes
- Referrals to outside agencies (see **Section 3.3**)

In September 2024, Living Sky implemented a new IT system to document key information about students with mental health concerns, although it has not yet determined how to track, analyze, and report on this key information. Management indicated it is working with the new vendor to resolve this issue.

Without tracking and analyzing key information, Living Sky is unable to sufficiently analyze trends and better assess the level of mental health support needed for its high school students.

Also, without reporting key information annually to senior management, they 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 in making relevant decisions (e.g., facilitating community partnerships) to provide timely intervention services to high school students with significant mental health concerns.