



Limestone District School Board

Mental Health, Substance Use, and Addiction Strategy

2025-2028

Our Intention: To make a positive difference in the lives of every student, in every classroom, in every school.



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Limestone District School Board

Limestone District School Board is situated on traditional territories of the Anishinaabe and Haudenosaunee.

See Yourself in Limestone

1. LDSB's Intention, Mission, Vision, and Values

Our Intention:

To make a positive difference in the lives of every student, in every classroom, in every school.

Our Mission:

To make a positive difference in the lives of the students we serve by empowering every student with the essential skills to shape their future, be lifelong learners, and contribute meaningfully to an interconnected, inclusive, and evolving world.

Our Vision:

For all students, families, and staff to feel they belong within Limestone: a system that understands and supports learners' strengths, needs, and preferences; inspires their hearts and minds; and nurtures hope for the future success of every student, in every classroom, in every school.

Our Values:

Effective school boards have strong shared beliefs and values about what is possible for students and their ability to learn, and of the system and its ability to teach all students at high levels. Our core values are critical to achieving our priorities as outlined in our mission and vision.

Adaptability
Community
Creativity
Empathy
Equity
Integrity
Respect

2. Mental Health, Substance Use, and Addiction Strategy, 2025-2028

The Limestone District School Board (LDSB) recognizes the important role schools play in promoting mental health. Our approach to well-being is student-centered, evidence-based, trauma-informed, and respects students' diverse needs. The three-year Mental Health, Substance Use, and Addiction Strategy has been informed by information gathered from students, caregivers, staff, and community partners. It focuses on five key areas: student mental health; substance use and addiction support; engagement and collaboration; pathways to, through and from mental health care; enhancing staff knowledge; and identity-affirming practices (Figure 1).

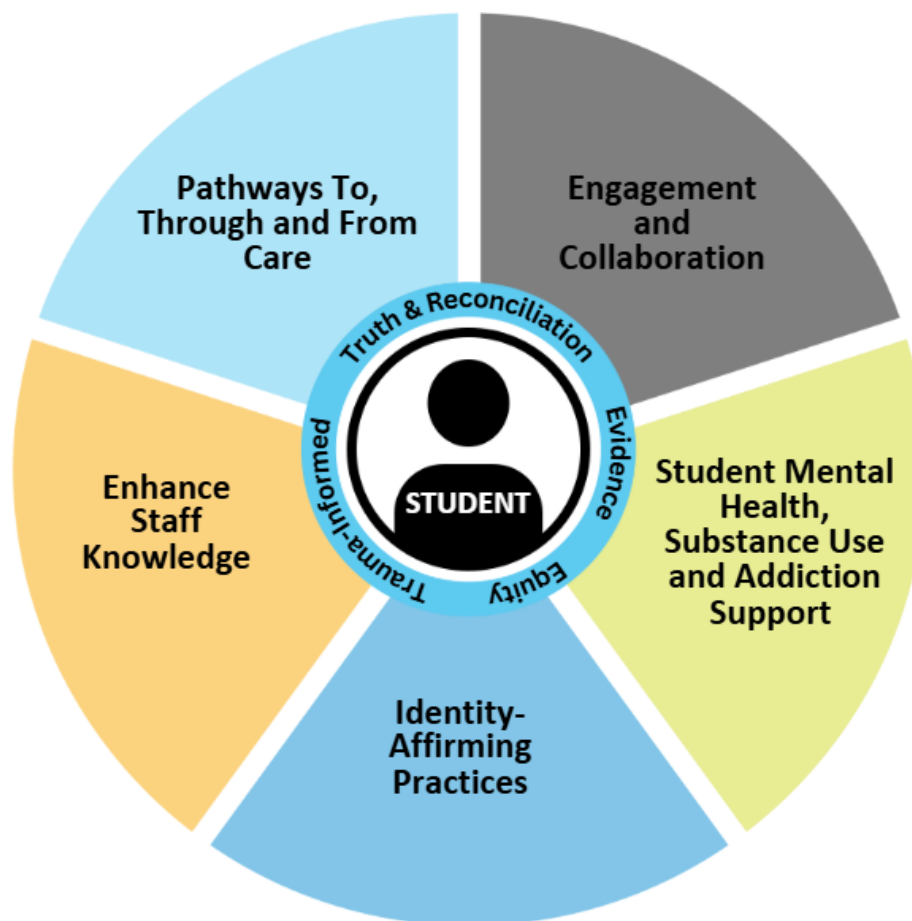


Figure 1. Mental Health, Substance Use, and Addiction Strategy, 2025-2028

[Annual action plans](#) will be created prior to the beginning of each school year, outlining specific goals and activities connected to each key focus area. We will work to implement and monitor these goals throughout the year.

Mental Health, Substance Use, and Addiction Strategy, 2025-2028

See Yourself in Limestone

3. Connections to LDSB Operational Plans

This strategy's focus areas are aligned with the goals and priorities established in a range of important LDSB documents and initiatives.

Connections to [Strategic Plan Goals](#)

- Improve student well-being/sense of belonging, participation/engagement in class time, and time focused on learning
- Improve responsiveness and service to families, staff, and community partners

Connections to [Special Education Review](#)

- Individualized supports and accommodations
- Inclusive and supportive culture
- Staff support

Connections to [Equity Action Plan](#)

- Affirming identities – to create conditions that affirm, amplify, and acknowledge intersectionality
- Families and community partnerships – to build purposeful and collaborative community relationships and partnerships to increase the sense of belonging of LDSB students and families
- Anti-bias, anti-racism, anti-oppression learning
- Identifying and removing systemic barriers

4. Background

School and classroom environments have an important impact on a student's sense of belonging and overall mental health. As part of a broader system of mental health and addiction care for children and youth, schools create welcoming environments and promote wellness in the classroom, both in-person and virtually. Good mental health is essential for student success. Students who feel mentally well are more engaged in learning, experience a stronger sense of belonging, and perform better academically. Additionally, substance use prevention programs and supports contribute to improved student performance, participation, and overall well-being ([PPM 169](#)).

Staff receive mental health literacy and promotion training to recognize when students are struggling and provide appropriate support. School mental health professionals are trained in anti-oppressive, strengths-based, and evidence-informed interventions to support students with mild to moderate mental health concerns ([Right Time, Right Care, 2024](#)).

To inform this strategy, several sources were reviewed. These include:

- [2021-2024 Mental Health and Substance Use Strategy Progress Reports](#)
- [Policy and Program Memorandum \(PPM\) 169: Student Mental Health](#)
- 2023-2024 School Climate Survey data (including the KFL&A Public Health Module)

- 2021-2022 School Climate Survey data
- [Special Education Review 2023](#)
- School Mental Health Ontario (SMHO) Board Mental Health Scans, 2021-2022 and 2022-2023
- Youth Diversion 2021-2022 and 2022-2023 Annual Reports
- [Ontario Student Drug Use and Health Survey](#) (2022)
- [#HearNowON 2021](#)
- [Right Time, Right Care](#)
- [See Yourself in Limestone Student Census 2020 Reports](#)
- Internal service delivery data from, and consultation with, Educational Services
- Consultation with [Mental Health and Substance Use Leadership Committee](#)

Policy/Program Memorandum (PPM) 169

In January 2024, the Ministry of Education introduced [PPM 169: Student Mental Health](#), which outlines 11 requirements for school boards to provide culturally responsive, evidence-informed student mental health promotion, prevention and early intervention supports and services. These services address the diverse needs of students and emphasize the importance of working within a multi-tiered system of support (Figure 2). Schools primarily focus on tier 1 (mental health promotion) and tier 2 (prevention) services, with clear pathways for connecting students to more intensive community and hospital-based services when necessary (tier 3, intervention).

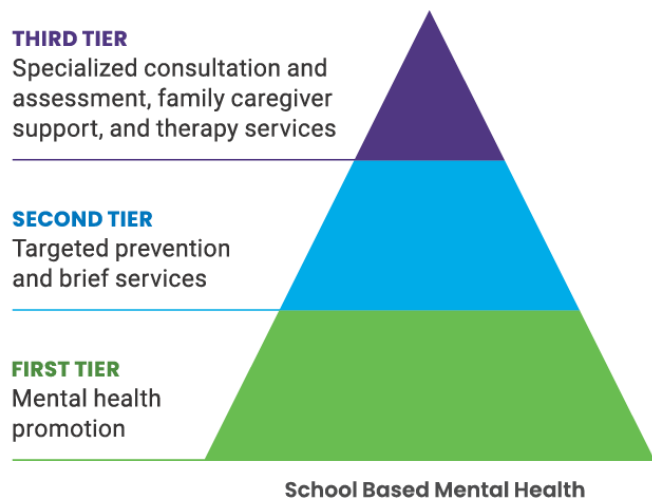


Figure 2. SMHO multi-tiered system of support

Identity-Affirming School Mental Health

Identity-affirming school mental health approaches focus on addressing individual student needs while affirming their intersecting and developing identities. When a student's identity is affirmed, it fosters a sense of hope, belonging, and well-being, leading to positive mental health. When a student's identity is ignored, excluded, or misunderstood, or when they face disparities related to social determinants of health (such as racism, ableism, or anti-2SLGBTQ+ hate), it can negatively impact their emotional well-being. These students often must work harder than others to achieve a sense of well-being (SMHO, 2025).

Identity-affirming, student-centred practices and programming must be chosen and implemented with a commitment to Truth and Reconciliation and equity, involving students, families, and the community to ensure resources meet student needs in affirming ways.

SMHO has developed an [Identity-Affirming School Mental Health Frame](#) with four key domains which LDSB refers to in order to guide our efforts in supporting students’ unique needs across schools. When schools and boards actively work to address and dismantle racism and oppression; engage and partner with students, caregivers, and community; amplify and honour diverse student, caregiver, and community perspectives; and respond with differentiated and identity-affirming supports and practices, they are working toward supporting every student.

5. Areas of Focus

Student Mental Health, Substance Use, and Addiction Support

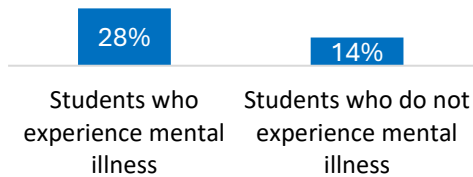


Figure 3. Students who report experiencing mental illness are more likely to report substance use in the last year.

There is a strong relationship between mental health concerns and substance use, with individuals experiencing mental health challenges being at higher risk for substance use problems, and vice versa ([Knowledge Institute, 2023](#)). In LDSB, students who report mental illness are more likely to also report having used substances in the past year (28%) compared to those without mental illness (14%) (LDSB School Climate Survey, KFL&A Public Health Module, 2024) (Figure 3).

Additionally, students who rate their mental health as “poor” are more likely to report substance use (23%) than those who report “good” to “excellent” mental health (13%) (LDSB School Climate Survey, KFL&A Public Health Module, 2024). While the findings are preliminary and not conclusive, they suggest that a supportive school mental health system addressing both mental health and substance use could be beneficial. Harm reduction approaches and culturally responsive, identity-affirming care have been shown to be effective in treating concurrent disorders ([The Knowledge Institute, 2023](#)).

The [Ontario Student Drug Use and Health Survey](#) (OSDUHS) (2022) found that approximately one in six students showed signs of moderate-to-serious problematic technology use. Many young people in Ontario spend significant time on devices, with over half of secondary students using smartphones, tablets, laptops, or computers for at least five hours daily. In LDSB, nearly half (47%) of students in Grades 9 to 12 who completed the School Climate Survey, KFL&A Public Health Module (2024) reported using social media for four

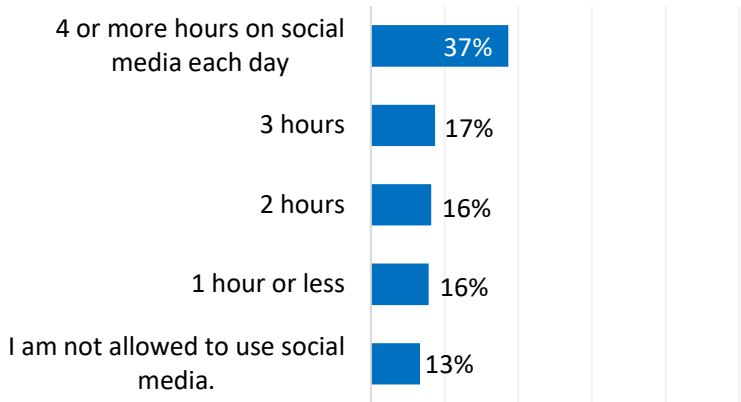


Figure 4. 37% of LDSB students in Grades 4 to 12 report using social media for four or more hours each day.

or more hours per day, while 41% of students in Grades 7 and 8 did the same. Overall, 37% of Limestone students in Grades 4 to 12 reported using social media for four or more hours each day (Figure 4). While digital technology provides many benefits, it has also been associated with outcomes such as feeling anxious and depressed, interfering with sleep, physical activity, relationships and work- or school-related issues ([Canadian Internet Use Survey, 2022](#)). LDSB School Climate survey data (2022) shows that students who use social media for four or more hours each day are more likely to rate their mental health as “poor” (23%), compared to the all-student average (15%).

In addition to social media, a significant portion of students' screen time is spent playing video games. According to the OSDUHS (2024), 28% of students play video games daily or almost daily. Of those who play, 18% show signs of a video gaming problem, rising to 35% among daily players (OSDUHS, 2024). Additionally, 6.5% of students in Grades 7-12 have skipped school or work, or engaged in problematic behavior to play video games, while 32.8% have neglected responsibilities such as homework, or spent less time with social connections (OSDUHS, 2024). This is especially concerning as missing school is linked to increased risks of academic and mental health issues, including school dropout (Cusack, 2025).

Ongoing efforts are needed to make mental health, substance use, and addiction topics that everyone feels comfortable discussing and seeking support for. The 2023-2024 Education Quality and Accountability Office (EQAO) questionnaire revealed that roughly one-third of students in Grades 6, 9, and 10 are unaware or unsure of available mental health resources/supports ([LDSB Regular Board Meeting, 2024](#)). This means that mental health literacy and promotion initiatives targeting students with lower knowledge of mental health and substance use resources can help create an environment where all students are well-informed and confident in addressing their mental health, substance use, and addiction at school.

***Proposed Actions:** Support the delivery of educator-led mental health literacy modules; Provide students with knowledge, resources, and programming that will help prevent, reduce, and address mental health concerns, substance use, and addiction; Provide education and support for students to build healthier digital technology habits; Target mental health promotion and literacy initiatives to increase overall student awareness of resources both at school and in the community; Collect mental health, substance use, and addiction data on the 2025 Student Census; Collect reasons for student absence data on the 2025 Student Census; Review existing practices related to age of consent for mental health and addiction services in schools.*

Engagement and Collaboration

The [#HearNowON 2021](#) report reveals that students want greater access to tools and education to support their mental health, manage stress, and navigate peer support safely. Similar findings were reported in the 2021 Mental Health and Substance Use Strategy survey in Limestone, where students showed a strong interest in learning more about mental health and substance use, with a focus on recognizing symptoms in

themselves or their peers (LDSB, 2021). Students have also reported wanting to be involved with mental health initiatives at their schools, and for their caregivers to learn more about mental health ([#HearNowON 2021](#)).

Caregivers play a critical role in supporting the mental health of students and should be involved in a student's mental health journey when possible ([PPM 169](#)). They have an important voice and many ideas and practices on how to support their child's well-being. Engaging with families, amplifying their voices, and providing educational and engagement opportunities through school community outreach efforts is necessary to support students' overall learning and well-being.

In Limestone, meaningful engagement with both students and caregivers is a priority, ensuring access to high-quality information centered on recognizing and addressing mental health, substance use, and addiction struggles, reducing stigma, and accessing appropriate supports. Engaging youth and caregivers helps improve the care system, guides planning, and has positive effects on psychological well-being and critical thinking ([The Ontario Centre of Excellence for Child and Youth Mental Health, 2021](#)).

***Proposed Actions:** Support opportunities to engage students in meaningful consultation, contribution, partnership, and leadership; Support opportunities to engage caregivers in meaningful consultation, contribution, partnership, and leadership; Build caregiver mental health literacy and awareness through resource sharing, educational, and engagement opportunities.*

Pathways to, through, and from Mental Health, Substance Use, and Addiction Care

Schools are ideal environments for promoting mental health, preventing mental health issues, and identifying early signs of mental health concerns in students with mild to moderate concerns. Schools equip students with the knowledge and skills to care for, advocate for, and manage their own mental health and well-being ([PPM 169](#)). In community settings, service providers offer a continuum of care for children and youth experiencing a range of mental health issues, from mild to severe.

Limestone aims to create clear and effective pathways for students to access mental health services. The focus remains on developing strong, accessible, and equitable support protocols. Through partnerships with children's mental health and addiction agencies in the [Right Time, Right Care](#) initiative, Limestone will ensure smooth connections between schools and community-based services. Transitioning between service providers and tiers of service aims to be seamless, especially for students with complex needs who may require intensive support.

Proposed Actions: School mental health professionals will understand and use brief, culturally-responsive mental health practices and resources; Mental health professionals will support students to access community services if, or when, needed; Continue to engage in joint local planning with community-based child and youth mental health and addiction providers; All school administrators, educators and mental health support staff will have working knowledge of the [Suicide Response Protocol](#); Introduce a new life promotion and suicide prevention workshop for school staff.

Enhance Staff Knowledge

School staff have a significant influence on students' lives, and learning about mental health is essential for supporting overall learning. Mental health education helps students feel prepared, fosters a sense of belonging, and can improve academic performance ([PPM 169](#)). The [#HearNowON 2021](#) report highlights that students want their teachers to have more mental health knowledge to better support their wellness. Student well-being is most effectively supported by integrating mental health into the curriculum, making it a part of everything educators and staff do ([Tranter, March 2025](#)).

All school staff play a role in promoting mental health and supporting various classroom and school-wide strategies to enhance student well-being. The LDSB 2021-2024 Mental Health and Substance Use Strategy consultation revealed that staff want to be better equipped to teach and support mental health education and respond to those in need. As many students turn to trusted staff when facing mental health challenges at school, ongoing role-specific professional development will be provided to staff, helping them feel confident in promoting positive mental health, identifying warning signs, and collaborating with students and caregivers to access the necessary supports and services.

Proposed Actions: Enhance educator and staff mental health literacy with a focus on prevention and early intervention; Embed identity-affirming mental health promotion and substance use prevention into daily practice; Provide access to role-specific professional learning opportunities for school mental health professionals; Collaborate with community partners on joint training initiatives; Support the use of validated screening tools to identify students who may benefit from further assessment and/or intervention.

Identity-Affirming Practices

Limestone's 2020 Student Census provided the first comprehensive demographic dataset for students in the district, revealing diverse, intersecting identities that must be recognized. The Student Census also highlighted the issue of systemic racism and discrimination within the board. The [Student Sense of Belonging Report](#) from April 2023 confirmed that what were once seen as isolated instances of

discrimination were, in fact, systemic issues (LDSB, 2023; see also the [Student Census Achievement Report, 2023](#)).

The Student Census Sense of Belonging Report (2023) found that 23% of students who identified as Black felt unwelcome or uncomfortable at school due to other students' treatment based on their race, cultural background, or skin color (p. 22). Data from the Student Human Rights Reporting Tool shows that anti-Black racism is a widespread issue, comprising 45% of all human rights reports in 2023-2024 ([LDSB Regular Board Meeting Agenda, 2024](#)). Additionally, students who identified as Jewish (18%) and Muslim (13%) experienced the highest rates of being made to feel unwelcome or uncomfortable at school due to their religion or faith (Sense of Belonging Report, 2023). Antisemitism and Islamophobia made up 9% and 4% of all human rights reports, respectively (LDSB Regular Board Meeting Agenda, 2024). In 2023-2024, the number of students referred to LDSB social workers for support related to coping with racism and social injustice increased by 7% (internal service data, 2024).

The 2020 Student Census data revealed that many identity groups experience disparities in both belonging and achievement ([Student Census Achievement Report, 2023](#)). Notably, students who identify outside the gender binary had higher rates of absenteeism. The primary reason for their absences, after illness, was being unhappy or anxious, with 58% of non-binary students reporting this, compared to only 25% of all students (Figure 5). This group also reported feeling that they do not experience a positive school climate, and that staff treat them differently from other students.

Mental health and substance use support services in the education system have a responsibility to address evidence of systemic issues like racism and discrimination and adjust their practices accordingly. Students who reviewed the 2020 Student Census findings emphasized the need for staff who understand diverse identities and how to support students facing racism and discrimination. Racialized students in focus groups expressed that there are few staff members who share their identity. This is supported by the 2024 LDSB Workforce Census and Belonging Survey, which found only 8% of staff identify as racialized, compared to 21% of students in the 2020 Student Census. Students emphasized the importance of having staff who look like them and share similar experiences, noting that their experience of caring adults would be better if there were more adults like them in schools (Student Census Sense of Belonging Report, 2023).

Meaningful collaboration and engagement require humility, partnership, and a focus on centering the voices, perspectives, and expertise of marginalized individuals. LDSB is committed to working with students,

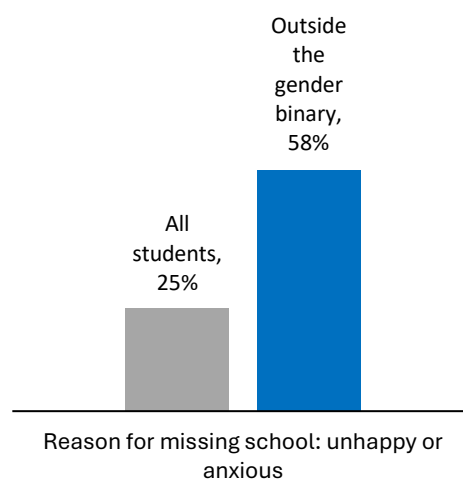


Figure 5. Students who identify outside the gender binary are more likely to say they miss school because they are unhappy or anxious.

caregivers, and community partners to ensure that mental health initiatives are identity-affirming, anti-oppressive, relevant, and culturally responsive.

***Proposed Actions:** Collaborate with the LDSB Equity Team on resource development, implementation, and shared training opportunities; Support the work of the student-led affinity groups in creating welcoming spaces in schools; Target the prevention of violence and mental health concerns through student programming that promotes positive, healthy relationships; Review mental health and substance use related policies and procedures to identify and eliminate discriminatory practices; Work toward a staffing complement that is more reflective of the student population.*

6. Expected Outcomes for the 2025-2028 Strategy

This strategy builds on past successes aiming to ensure that by 2028, **every student has access to evidence-based mental health supports and services across the tiers of intervention.** The LDSB Mental Health and Substance Use Leadership Committee, consisting of a Superintendent, Mental Health Leader, various LDSB staff, and community partners supports the planning and implementation of this strategy. They meet regularly to select initiatives, review data, make decisions, and monitor progress. Continuous monitoring will help identify successes and challenges in the strategy's implementation.