SCHOOL BOARDS SAVING LIVES

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12 STRATEGIES FOR SCHOOL BOARDS TO IMPROVE SCHOOL MENTAL HEALTH

By: Jennifer Ulie, Ph.D.

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BY JENNIFER ULIE, PHD

Start With Your Why
As school board members, one of the most critical questions we must ask ourselves is why we run for election. What is our end goal of being on the school board? Is it to make a difference, help students thrive, improve lives within the educational community, do everything you can to look out for the "best" interest of students, staff, and families, or launch your political career?

Identifying the goal is extremely important because it becomes the beacon of everything vital to us. If we are willing to do whatever it takes to make a difference, we sometimes have to agree to do the hardest work and challenge our assumptions of what we think we know.

School board members are positioned to significantly impact the social, emotional, and mental health of students, staff, parents, and the larger community. Yet, they are, often, also the least prepared and educated on the topic.

This article will not solve all your problems and answer every question, but it will be a solid tool to help your school board and educational leadership team head in the right direction.

Insanity
"Insanity is doing the same thing over and over again but expecting different results." -Rita Mae Brown

I work with many organizations and school districts that come to me frustrated that they have put in a lot of time, energy, and resources but are not getting the desired results.

We must take advantage of opportunities when we evolve in an ever-changing society. 92% of business executives believe company productivity would improve if staff had better "soft skills."

We cannot say we want to produce young people who can be happy, healthy, and productive adults, more or less highly competitive and thriving in the workforce, and not teach them critical life skills like self-awareness, social awareness, stress reduction techniques, critical thinking, and emotional regulation. In the work world, these are often referred to as soft skills.

If you are as old as me, you have had several decades doing life how it makes sense to you. Our neural pathways build strength as we establish routines, including our thought patterns. Think of it as building muscle memory with your neurons.

There is tremendous strength in that comfort within our neural networks, so we challenge well-established neural networks when we change something. It is similar to when I go to the gym for the first time and have a hard workout. I can promise you that on my way to the gym and during the workout, my brain and body are screaming at me,

"Why are you doing this? This hurts. This is not fun. Why can't you just sit on the couch, watch TV, and eat chips like normal?"

I could quickly cave and return to what feels easy and comfortable because challenging my brain is overwhelming, but sometimes what is in our best interest is not always easy and comfortable.

At some point, we must disrupt our comfortable patterns and neural "muscle memory" that we have always done in exchange for putting our time, energy, and resources into what we know is effective.

This is why reflecting on our goals for the work we do is so important. If our goal is to make a difference and truly change and save lives, we cannot continue to do what we have always done and think it will give us the results we need. Ultimately, we have a choice to make. Keep doing what we have always done and get the same results, or evolve with what works and drastically improve our outcomes. We cannot have both.

Mental Health Trends

We have a national crisis on our hands. Mental health is one of the biggest challenges facing every school nationwide. Approximately 20% of young people have a mental health condition, with fewer than 20% receiving treatment.

Heartbreakingly, in 2016, the CDC reported that suicide rose from the third to the second leading cause of death for youth people ages 10-24, with a 62% increase from 2000-2021, where it continues to remain steadily rising.

Some of the most alarming statistics lie within underserved and underrepresented populations. An overwhelming number (46.8%) of youth who identify as gay, lesbian, or bisexual reported seriously

considering suicide at a rate three times that of youth identifying as heterosexual (14.5%). In 2019, 25.5% of American Indian or Alaskan Native youth, 11.8% of Black youth, and 8.9% of Hispanic youth attempted suicide compared to only 7.9% of white youth. When we consider that Black and Latinx children are less likely than white youth to receive treatment for their depression, we have an opportunity and obligation to increase access to high-quality mental health treatment to improve outcomes significantly.

The Impact of Covid

The COVID-19 pandemic exacerbated already worsening youth mental health trends. From March to October 2020, children's visits to the emergency room for mental health conditions increased 31% for those 12-17 years old and 24% for children ages 5-11 compared to the same period in 2019. Since the onset of the pandemic, over 40% of students report experiencing persistent sadness or hopelessness, almost 20% seriously considered suicide, and nearly 10% attempted suicide during the 12 months.

What Mental Illness Looks Like in Schools?
We must remember that humans do not wear signs disclosing their internal battles, but we must know that those struggling are sitting in our classrooms today. Mental illness is a biological, medical disorder similar to asthma or diabetes.

There is not a choice to have depression any more than there would be to have heart disease. The difference is that the stigma associated with mental illness can be so strong that young people, parents, and loved ones think that they have somehow failed by getting a child mental health treatment.

As an educator, I never received a class on teaching or supporting students' social, emotional, and mental health needs. There is no consistent national mandate or requirement for educators to access that training before stepping foot in a classroom.

Some states have enacted laws requiring suicide prevention, trauma, or mental health training for educators, but the rigor, frequency, and amount varies by state.

This means that schools are not equipped to support the mental health needs of students. Instead, mental health tends to be misunderstood as challenging behaviors.

What is Comprehensive School Mental Health?
Comprehensive School Mental Health (SMH) is evidence-based and data-driven supports and services that promote a positive school climate, social and emotional learning, and mental health and well-being while reducing the prevalence and severity of mental illness.

School mental health encompasses a broad and multifaceted approach to supporting students' psychological and emotional well-being within the educational environment. Many people often hear "school mental health" and assume it is as simple as putting

a therapist in a school, yet this only scratches the surface of what school mental health indeed involves. The problem is so complex and overwhelming that therapists alone cannot prevent and “fix” any more than we could use a band-aid to repair a 12-inch gaping wound. It is just not enough.

12 STRATEGIES FOR SCHOOL BOARDS TO IMPROVE SCHOOL MENTAL HEALTH

1. It starts with you

As district leaders before we talk about how you can help everyone else, we have to start with talking about you. You cannot take care of anyone else if you are not taking care of yourself.

On a plane, if the cabin loses pressure, they do not say to put on everyone else's oxygen mask, and if you still have air left, put on yours. You would never get yours on in time which is similar to the reality of many leaders. You have given everything to everyone else always leaving yourself last.

One of the most detrimental things leaders do is perpetuate the narrative that prioritizing your mental health is somehow weak or for other people to worry about instead of you. You are in a position of power and authority, which means many eyes are on you. If you are perpetuating the myth that you somehow are superhuman, you are doing a disservice to all of those eyes on you, especially youth.

Whether we know it or not, our youth watch us like hawks. They see how we navigate life and try to emulate the same. They learn from us, good, bad, or ugly, whether we like it or not.

One of the driving forces that prevent people from getting help is the stigma associated with mental illness. At board meetings, remind your superintendent, administrators, educators, and students to engage in high levels of self-care and that their mental health is essential. Talk about mental illness as you would discuss any other medical condition. The more we talk about mental health, the more we normalize it. Encourage your district to make it a priority.

2. Just because you cannot see it does not mean it is not there

Many moons ago, one of my colleagues had a new student in her class, Sam. He was kind, curious, quiet, and a model student, except he would come to school and almost immediately walk right home. He did not live close to the school, so he would walk several miles to the motel where he and his mother stayed, regardless of the weather.

His mom started to follow the bus daily to ensure he walked into the school. After one day of that, he waited until she left and walked home. The next day, the school had a teacher greet him at the door and walk him to class. He asked to go to the bathroom and walked right home.

The school staff was perplexed because we did not usually have such a kind, quiet student, who was so persistent about leaving school. One morning, I was coming late to school from a meeting at the district office and

noticed this boy walking down the sidewalk after school had started.

For many reasons, my next moves were a bad idea. In my head, I assumed that Sam was just ditching school to go home and play video games or who knows what. I only knew this kid, so when I pulled up next to him with my window down, yelling at him to get back to school, he was justified in turning that walk down the sidewalk into a full-blown sprint with tears in his eyes.

Fortunately, our school psychologist was more proactive, and instead of coming up with another plan, she sat down with him and asked the straightforward and obvious question,

"*Why do you keep leaving school?*"

Not only was the school psychologist astute, but she was warm, kind, and very approachable, so he quickly started to explain to her that he was hearing voices that told him that if he stayed at school, teachers were planning to stab him to death. He had been regularly hearing voices for a while, and they had become very persistent. He was scared to tell anyone about the voices but was even more fearful for his life if he stayed at school.

So, while my intention, albeit unhinged, yelling at him to get back to school was to keep him safe, my impact most likely only traumatized and reinforced his feelings of distrust and safety at school. The school psychologist took a different approach that allowed for connection and trust, and she ultimately identified a root cause and connected him to some much-needed help.

Imagine if our response as a school was to suspend or expel him. What if we had had his mom charged for student truancy, or he would have gotten into trouble on the way home and had law enforcement involvement? This student never would have gotten the help he desperately needed, or he would have

had to wait until he was incarcerated to receive treatment. It is why our juvenile detention centers are filled with children who have experienced high levels of childhood trauma and untreated mental illnesses.

As a school board member, you are in a position of power that can change the trajectory of a child's life, so please remember that even though you may not be able to see the mental health struggle, know that it is still there.

3. Replace behavior with symptom

I work with many families, schools, and organizations supporting children, and the number one issue I continue to get is "out-of-control behaviors." Aggressive behavior from a child can indeed feel very overwhelming, especially if it happens regularly. The reality is that the child is not waking up, just trying to be difficult. Often quite the opposite.

We must remember that children are complex beings, and their behaviors are influenced by a complex web of biological, psychological, social, and environmental factors.

The iceberg analogy is my favorite analogy for so much. It is a powerful tool for visualizing the complexity of child behavior. What we see — acting out, defiance, or withdrawal — is the tip of the iceberg. Beneath the surface lies myriad factors contributing to these visible behaviors.

Again, our children and students do not wear signs that tell us what is going on underneath the surface, and even if we ask them, they may not always feel safe from judgment and shame to tell us.

So when we see a behavior, the first question we have to ask is, "WHY are we seeing this behavior?" A study published in The Journal of School Psychology (2015) emphasizes that overt behaviors are visible manifestations of a child's internal state, including unrecognized learning difficulties, sensory processing issues, or unmet emotional needs.

Consider a child who has frequent outbursts in class. On the surface, it may seem like a disciplinary issue. However, diving deeper, we may discover that the child is dealing with anxiety or sensory processing challenges that make the bustling classroom environment overwhelming.

Photo credit: Aurielaki

As an adult with ADHD, I am discouraged when I hear adults say, “He is just choosing to do this. He can control this and is using it as an excuse.” I can do many things but am exhausted after most of them. I have to work twice as hard as most people to do basic things, which rarely feels good enough. A neurotypical developing adolescent brain is like a car without brakes on a good day, only more challenging for those who have experienced traumas or have untreated mental health needs.

4. Understand emotional dysregulation

In my experience, emotional regulation, and skill deficits are at the heart of many challenging behaviors. I work with parents and teachers who often say, “But I know my child can control this.” While a child may be able to have moments of control, I like to think of it as a car with terrible brakes. Yeah, sometimes that car may be able to stop, but that can require much effort, and if the child has never been taught a robust spectrum of emotional regulation skills, it is a tall ask to expect consistency.

Another example is my own ADHD. Imagine the most chaotic intersection you have ever seen, with hundreds of vehicles, bicycles, pedestrians, animals, and carts all trying to cross in different directions simultaneously. There is no rhyme or reason. You just met my brain. So, while I can sometimes get the traffic in a line to make things happen, it is exhausting and much work. My medicine helps tremendously so that I can help direct the traffic much more quickly.

You are not privy to seeing the intersection in a child’s brain, but I promise it is probably more chaotic than you realize. They are doing the best that they can with what they have.

Emotional regulation is a skill that develops over time, and children are at the very start of this journey. Young children, in particular, have not yet developed the neurological pathways that allow for self-soothing and emotional control. When a toddler throws a tantrum because their tower of blocks fell, they are not being intentionally destructive. They are simply reacting to frustration with the limited tools they have. The biggest mistake we make as adults is assuming that children will automatically learn these critical skills as they age.

A young person will not magically regulate emotionally simply because we tell them to “behave.” Suspending an adolescent for substance use does not address any addictions nor teach healthy replacement stress reduction and coping skills. Yet, as adults, we are shocked when we do not see a decrease in undesired behaviors. Until we change our systemic actions, we will continue to see the same results.

Punitive approaches to discipline are missed opportunities. If we say that our goal is to make a difference in the lives of our students, staff, and families, and we seek to see our youth grow up to be happy, healthy, and productive adults, then we must evolve in our understanding of behaviors. Behaviors emerge from unmet needs and skill deficits. We cannot change behaviors with punitive approaches because they do not address the heart of the issue.

5. Build comprehensive school social, emotional mental health systems

A student can only learn if their brain functions well. Maslow's hierarchy of needs acknowledges that a student cannot learn without their basic needs, including food, shelter, safety, and mental health, met. It would be like asking a child to run a mile while carrying a 100-pound boulder. While some could do it, it would not be easy; for others, it would be impossible.

I believe school board members, educators, parents, and administrators want to see children thrive. However, we also see looming data that our children's mental health is not okay. Unfortunately, our natural inclination to "fix" everything can result in trying to find quick fixes and a one-stop shop to make everything better.

It is imperative to remember that this is a complex issue that cannot adequately be resolved with one curriculum, a one-and-done training, a therapist, or by taking away social media. Countless commercial companies are trying to convince you that their program or curriculum will solve all of your problems, but that is simply false.

Instead, what we know works is not glamorous and does not come in a shiny new box but is highly researched with abundant evidence that, when done with integrity, has tremendous results.

Districts committed to building comprehensive school social, emotional, and mental health systems have seen increased academic achievement, higher attendance rates, increased graduation, a significant decrease in disciplinary referrals, and children, staff, and families meeting their needs.

Comprehensive school mental health systems refer to a highly evidence-based field where schools optimize outcomes by building on what is working and intentionally finding the gaps. It includes a multi-disciplinary team, data-driven .

decisions, a highly trained staff, resource mapping, family partnerships, screeners, evidence-based practices, multi-tiered systems of support, and sustainable funding.

There cannot be enough emphasis on creating sustainable school mental health systems versus training only. Training in isolation is not sustainable. Without a sustainable system, inspired educators and administrators return to their duties with ideas but lack a strategic system to implement and maintain.

Many high-quality and free resources are out there to help strengthen your district's work in developing a sustainable school mental health system, including theshapesystem.com from the National Center for School Mental Health and the mhttcnetwork.org Mental Health Technology Transfer Center Network.

6. Recognize how schools impact mental health in underserved and under-resourced populations

We cannot talk about school mental health without discussing how school systems can impact the mental wellness of marginalized populations. LGBT youth who come from highly rejecting families are 8.4 times more likely to attempt suicide. Suicide rates for African-American youth ages 5-12 are double that of the same-aged white children.

An abundance of literature and research discusses the inequities created by school systems. 82% of educators are white, which creates a cultural mismatch for the over 50% of students of color attending American schools. Cultural mismatch refers to the institution's norms not matching the norms of the cultures represented within the school, which results in inequitable disciplinary decision-making toward students of color.

An example includes a student who is told not to use their cultural dialect in class because, to the teacher, it sounds like slang, then forcing students to engage in code-switching, using a home dialect, and having to use a different dialect at school. Students have to face ongoing microaggressions in schools that harm their mental health. They create distrust of schools and educators, resulting in further traumatic responses.

Similarly, when adults tell LGBTQ students that their identity is not legitimate or accepted, this creates trauma for students. Federal law protects LGBTQ clubs, yet many frequently have to jump through additional hoops to be established and recognized. A trans student commonly takes on a new name during the transition process, leaving behind a “dead name.” Adults using a person's dead name can traumatize a student and negatively impact the young person’s mental health.

School mental health cannot improve without devoting time and professional development to implicit bias, critical reflection, and system equity as part of the implementation. System equity work includes evaluating policies, equity audits, disciplinary data, achievement data, and student surveys with a racial, cultural, and gender lens to better understand students' experiences and barriers.

7. Align discipline policies to address the real issues

A child should not have to fail before getting the support they need. As a district, the goal should be to reduce undesired behaviors by any means necessary, not by following antiquated traditions.

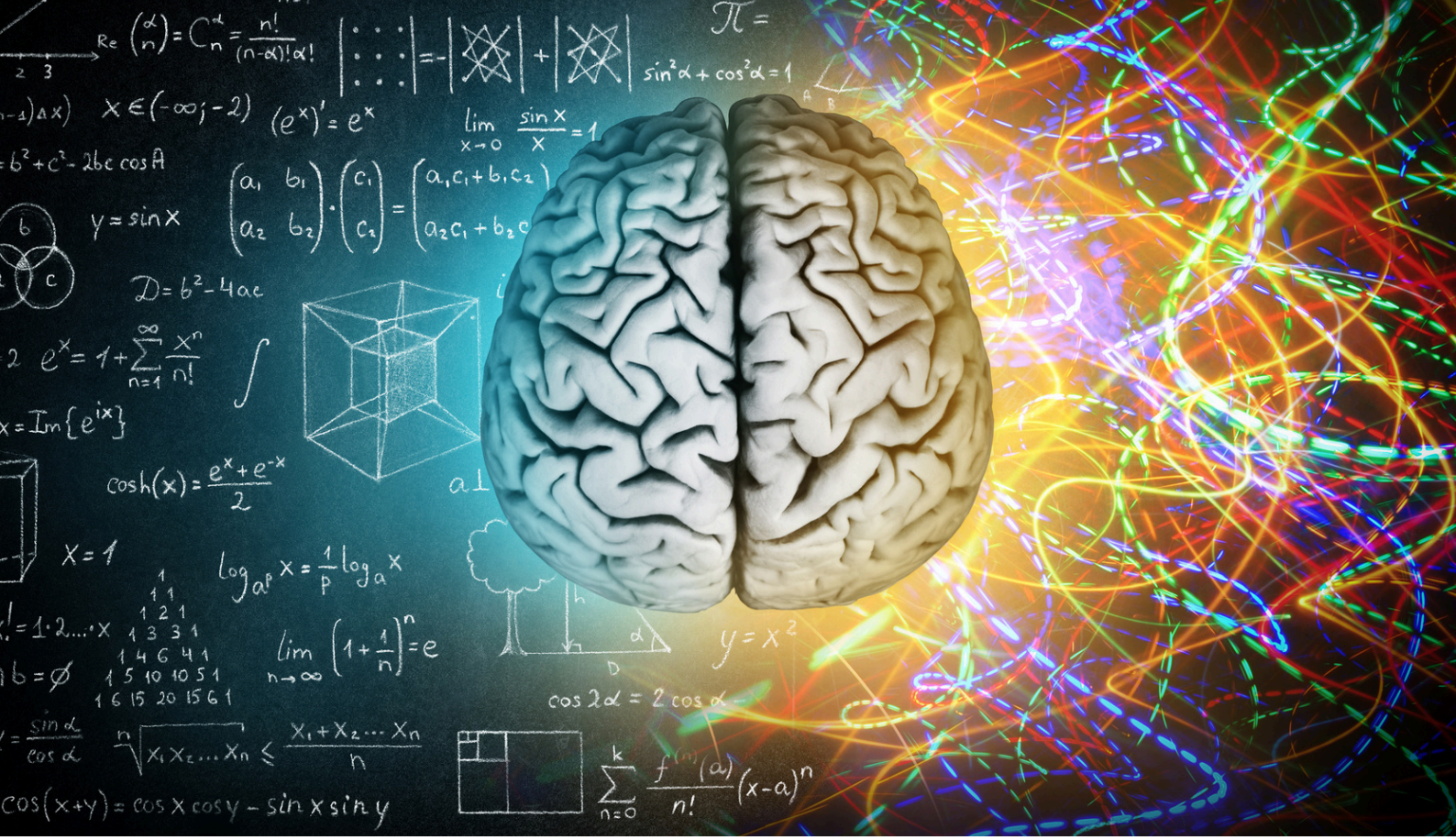
Research is clear that tough and zero-tolerance responses to behavior are not only ineffective, but they also increase negative social and academic impact, especially for male students of color. Abundant research and evidence explicitly identify how to change behavior, yet policies often reflect historical practices rather than research.

Policies need to reflect brain development, neural responses to toxic stress on the brain, mental illness, and behavioral research, with attention to increasing racial/cultural equity and restorative practices. School districts benefit from policies that include high levels of prevention to reduce behaviors and restorative practices that allow students to get the help they need, such as mental health and substance abuse treatment.

In Action...

In 2019, the West Des Moines School Board approved the creation of the Healthy Lifestyles Program to replace traditional long-term exclusionary disciplinary practices. It cut the amount of funding being spent on disciplinary support and reinvested into a comprehensive, therapeutic, skills-based program for the student and family.

Since the program's inception, the school district has seen tremendous outcomes, including a significant decrease in exclusionary discipline referrals, students and families getting access to much-needed therapeutic and substance abuse resources, and students getting skill development and access to treatment they may not otherwise receive.



8. Special Education and Section 504

Individualized Education Program (IEP) and 504 Plans for mental health

Occasionally, I get asked if students should have a 504 Plan if they are not visibly struggling, and my response is, do you wait for a student to have an asthma attack to create a plan?

A child with asthma needs a plan and accommodations prior to a health crisis. Mental health needs the same diligence, urgency, and prevention. IEPs and 504 plans are legal documents in the child's best interest.

Mental illness is an invisible disability, but it is still real. Educators and administrators choosing not to follow a 504 plan or IEP are breaking federal law.

Manifestation Determination meetings and behavioral health

If a child with an IEP is being excluded from school, whether as a suspension or an expulsion, a manifestation determination meeting must be held within ten days to determine if the undesired behaviors were a manifestation of the student's disability.

Given the complexities of behavioral health disabilities, if the IEP team is missing mental health expertise, such as a school psychologist, psychiatrist, clinical social worker, or mental health therapist, that becomes a slippery slope.

Symptoms of trauma and mental illness can feel frustrating and easily misunderstood, leading to false determinations that a student's behaviors are not manifested by their disability.

Also of concern is a school disregarding the feedback of a student's mental health professional. There is increasing attention towards the manifestation determination process given the high levels of subjectivity being used to execute manifestation determination meetings, particularly for students of color with behavioral health disabilities.

9. Prioritize educator mental wellness

After the tragedy in Parkland, Florida, I had educators calling me crying, exhausted from a field they once loved, "What do I tell a student when they ask me if I will take a bullet for them?" Parkland was not the start of an entire field of professionals burning out but rather an additional reminder that education is challenging. The expectations are higher than ever, yet time and resources are limited.

Even the most amazing educators, under challenging conditions, will start to see an erosion of their mental health. Some of the most common indicators of burnout are arriving late to work, increased absences, poor work follow-through, struggle to concentrate, depression, less patience, and low worth. Using a punitive approach may cause a struggling educator to collapse. Educators working with higher need higher support levels, self-care, and access to mental health support.

Peel Community School District in Canada has included the following in its vision, “Create places to learn and work where staff and students are happy, recognized, and fulfilled.” How do you show your educators that they are valued? Hint: It must be far more frequent and explicit than contract negotiation benefits.

School boards need to be a model for prioritizing school mental health. If building morale and increasing mental health of educators is a priority, consider embedding mental health days as sick days for educators, encourage staff social committees to shift into staff wellness committees, provide onsite therapy for educators in the evening, give time at staff meetings for educators to engage in self-care with each other, and most of all provide opportunities for educators to provide feedback and have a voice within the district.

10. Advocate strongly for evidence-based school mental health legislation

Most legislators rely heavily on district school board members' feedback in education decision-making. To assume that legislators have the same dedication to school mental health and even a basic understanding of mental illness and trauma would be ill-informed and dangerous.

Every year in my advocacy, I encounter legislators who say they will not support mental health legislation because “the real problem is just bad parenting.” You are a critical member of this work to change and save lives, so please take the time to encourage your legislators to support well-informed work. Encourage your legislators to make funding school mental health a priority.

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11. Implement screeners

As a parent, I always assumed that my children would come to me with every woe, but it is unrealistic for typical adolescent development. They struggle with feeling alone, shame, guilt, and a fear of sharing something and having an adult look at them differently.

Sadly, I have sat vigil by my own child's bed after a suicide attempt. I am well educated on what to look for and have an extremely close relationship with my children, yet I still did not see it coming. Fortunately, the school saw signs and made a call that saved my child's life.

As a parent, I want to know if my child is hurting, but I also recognize that it is a huge gamble if I think my child will willingly turn to me first if they are struggling. It truly takes a village, and we all have an important role.

The most heartbreaking part of my job over the years has been consoling parents who have lost a child to suicide. Most had no warning and did not know what to look for to identify warning signs. All would say that they would have given anything to have had a warning or sign that their child was hurting.

Screeners in school are nothing new. Every year, my children and I have been in school and screened for hearing and vision. Fortunately, for that screening, I identified some hearing loss and sensory issues for my son. Without the screeners, my son may have gone years without having the support he needed to be successful at school, on the soccer field, and at home.

There are a multitude of screeners available. Some evaluate suicidal thoughts, others measure the risk of suicide, some evaluate social-emotional health, and some assess a variety of other mental health disorders and substance abuse.

A couple of essential thoughts on screeners: 1. A screener alone does not solve a problem. There needs to be a comprehensive system in place, and 2. Whoever is administering the screener must be highly trained because even the best screener can be ineffective if administered by untrained staff.

Screeners can provide critical data and identify a problem before it becomes a crisis. School counselors and administrators have the "duty to warn," an obligation to inform parents of any suicidal ideation.

12. Do not wait for a crisis to take action

One of the most eye-opening insights I have ever heard came from my superintendent, "When it comes to a crisis, it is not a matter of “if” but rather a matter of 'when.'"

Please do not wait until a suicide to make mental health a priority. I get many calls from districts after a student or staff has died by suicide, and the pain, chaos, and confusion can leave them paralyzed and dysfunctional for weeks and months. It is heartbreaking stressful, and makes high-level functioning impossible.

The return on investment for creating comprehensive school mental health systems is endless. It impacts every district goal area, improves academic achievement, decreases discipline referrals, benefits student and staff morale and mental wellness, and so on.

You have the power to change and save lives right now, literally. Is it easy? I will not pretend it is, but it is life-changing knowing that you are a working board member actively seeking to know better and do better for your students, staff, families, and the larger community.

Being an advocate may mean that you are not liked because you are challenging decades and decades of antiquated and harmful systems on top of trying to educate and counter-storyteller stigmatized mental health narratives.

If we wait for someone else to do it, we miss critical opportunities to change and save lives. Every day truly matters, so we cannot wait.

You are not alone in this work. I am cheering you on and always an email away if you have questions or need support. Find other people just like you and work strategically. The time is now.

Discussion Guide

As a school board and administrative team you set the tone and the priorities for your district. This discussion guide is designed to allow you to have some in-depth and important discussions about where your district is currently at and where you would like to go next. As you engage, be as objective as possible seeking actual evidence to drive your conversations and understanding. Your district is better because of your commitment to this work. Remember in these discussions when we refer to school mental health, we are referring to it as the larger field that encompasses brain disorders, trauma-informed care, social emotional health and learning, etc).

Discussion Questions:

1. As you read the article, what are some of the largest connections you are making to your own district?
2. In your own personal or professional capacity, what mental health or trauma training have you received?
3. What school mental health celebrations does your district have that need to be shared with the board, if they have not already? These are critical and worthy of celebration.
4. What is your district already doing that is building strength and capacity for sustainable school mental health systems?
5. What do you see as some of the biggest areas of concern for school mental health in your district?
6. What evidence is your district using to evaluate school mental health needs of students, staff & families? What pieces of data would be helpful?
7. When your district is evaluating data, how are demographic pieces of data (gender, race, SES, etc) being used to drive culturally responsive decision-making (discipline, academic, attendance)?
8. Discipline issues can often times be dismissed as just “bad behavior” when in reality it can be an indicator of other issues based in trauma responses and mental illness. When evaluating your disciplinary protocols are they reflective of the evidence-based best practices such as restorative practices? How often is disciplinary data being evaluated especially using demographic data to be able to identify overrepresentation and address?
9. How can disciplinary practices impact the mental wellness of students?
10. How does your district address adult and student self-care and wellness?
11. What licensed mental health expertise is participating in manifestation determination meetings to help make decisions on if a behavior is a manifestation of a mental illness disability?
12. As board members, how do you advocate priorities with legislators?
13. What is your district’s suicide prevention and postvention plan?
14. What is your district’s school counselor to student ratio and how does it compare with the national recommendation?
15. What are the biggest needs for your district that would help improve and build school mental health capacity? What are the barriers to getting those needs met?

READY TO GO TO THE NEXT LEVEL?

- School Board Training
- School District Assessments
- Keynote Presentations
- Onsite Training
- Comprehensive Consultations

"MyMensana" draws its name from the Latin "mens sana in corpore sano" – a healthy mind in a healthy body.

"I walked away from our first meeting feeling the importance of this work and moved by the work we are doing for our community. I felt it was one of the most impactful events of my entire career and I can not wait to see where we are headed. I love the plan you have laid out."
Dr. Christine T. Superintendent