

School District 42 Secondary Counsellors Presentation

Rationale

1. The role of the School Counsellor and where we are today
2. Areas of Concerns
3. Proposed Plan of Action for Budget Consideration
 - FTE or Better Ratios
 - District Committee to Define Roles and Responsibilities



Why Secondary Counsellors are Here

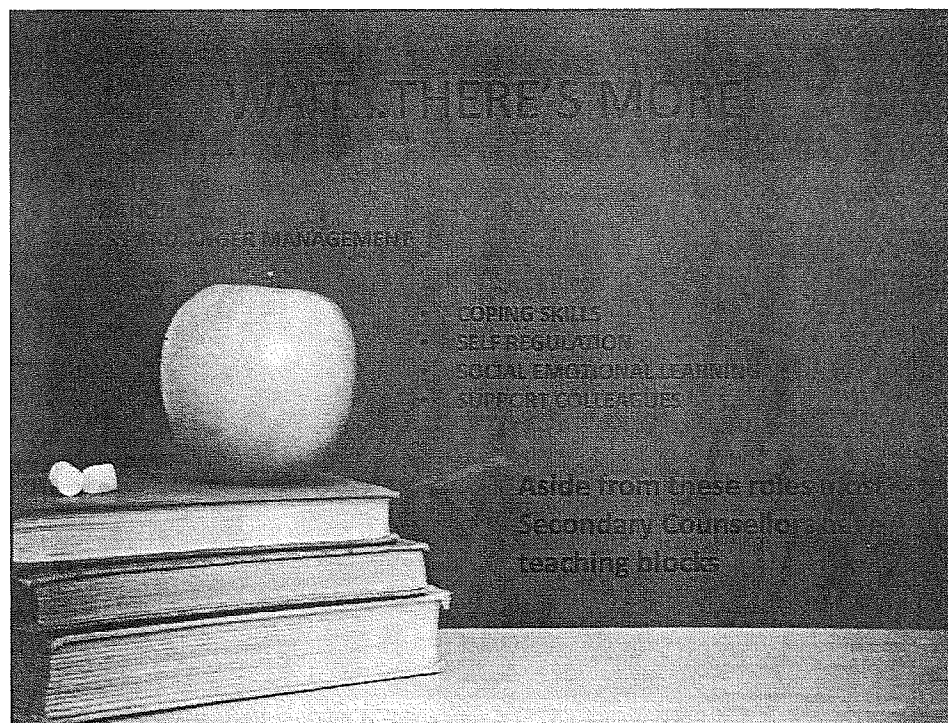
- Our roles and responsibilities have increased and yet our ratio has not decreased
- Complexities of role are increasing with decreased services in the community, the internet and cuts in all areas of our schools: Admin, Clerical, Work Experience, Libraries
- Long Waitlists for Outside Agencies
- Increase in Mental Health Concerns
- Unique needs of our “isolated” community
 - Trauma, Loss, Limited Services, Location,

Roles And Responsibilities



WHAT DO WE DO?

- SUPPORT STUDENTS
- CONSULT AND COUNSEL PARENTS
- REFER AND COMMUNICATE TO OUTSIDE AGENCIES
- EDUCATE AND TEACH
- PROMOTE POSITIVE AND NURTURING SCHOOL CLIMATE
- TRANSITIONS
- MEDIATION AND CONFLICT RESOLUTION
- PLAN FOR POST-SECONDARY AND CAREERS
- MYED AND SCHEDULING
- SUPPORT AT RISK STUDENTS
- CRITICAL INCIDENT TEAMS
- SUICIDE RISK ASSESSMENTS
- THREAT ASSESSMENT
- MENTAL HEALTH ASSESSMENTS
- SCHOOL BASED TEAM
- IEPs AND ADAPTATIONS
- LISTEN



POSTIVE AREAS OF GROWTH

- **Healthy and Open Dialogue with Community Members**
 - CYMH ~ Psychiatrist ~ Family Doctors ~ Community Agencies
 - RCMP ~ Probation ~ MCFD ~ Alouette Addictions
- **ASIST ~ Applied Suicide Intervention Skills Training**
- **Critical Incident Training**
- **Threat Assessment Training**
- **Local Action Team Members**
- **Local Specialist Association – chance for team to collaborate**

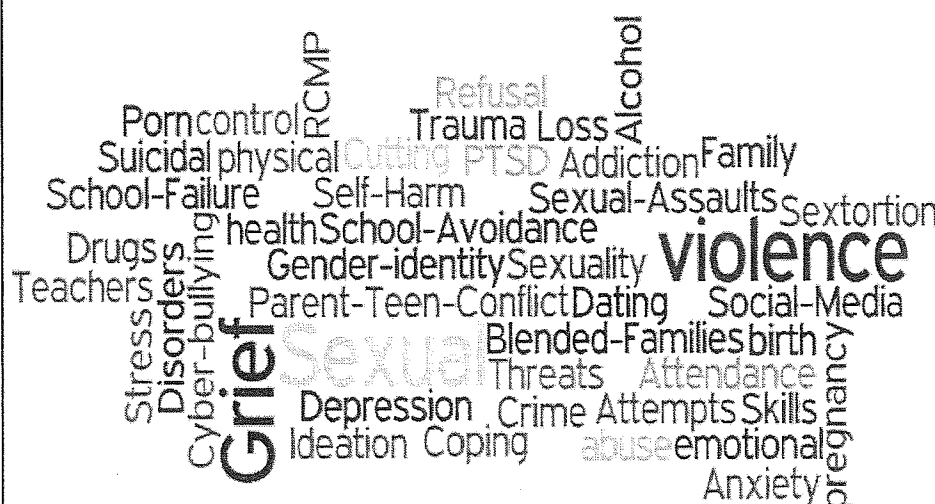
Common Presenting Issues Of SD#42 Secondary Students



What Walks Through Our Doors

- Sexual, physical, emotional abuse
- Self Harm - Cutting
- Suicidal Ideation/Attempts
- Anxiety Disorders
- Depression
- Addiction – Drugs, Alcohol, Porn
- Dating violence
- Cyber bullying
- Sexual Assaults
- Grief and Loss
- Coping Skills
- Threats to self and others
- RCMP involvement
- Crime
- Gender identity issues
- Sexuality
- Sexual health- birth control, pregnancy
- School Failure
- Attendance
- Blended Families
- Parents Teen Conflict
- Family violence
- Trauma – PTSD
- Stress Management
- School Avoidance/Refusal
- Sextortion
- Social Media Issues

It is better to build a child than to fix an adult



CONCERNING TRENDS

• SELF HARM

- Cutting, Burning, Hair Pulling etc.
- 8% of males and 22% of females reported self harm in the past year.
- Youth that do not receive support are 10 times more likely to Attempt Suicide

• SUICIDAL IDEATION & ATTEMPTS *THIS IS THE GREATEST INCREASE*

- 8% of male students and 17% of female students in BC had thoughts of suicide

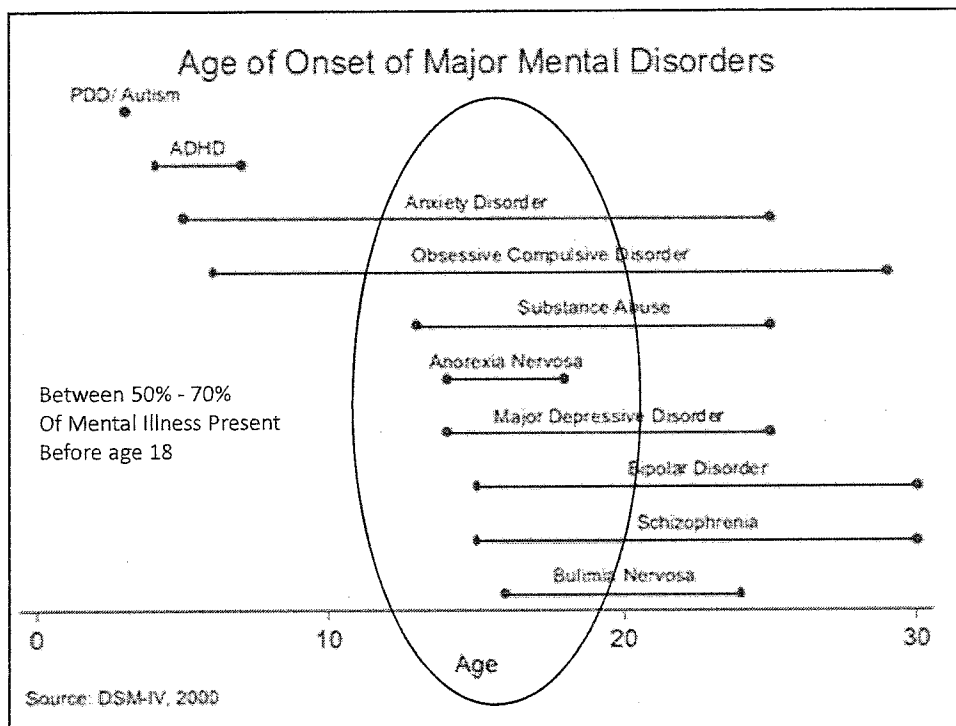
• ANXIETY DISORDERS

- Panic Attacks, PTSD, Social Anxiety, Obsessive Compulsive Disorder, Phobias
- 13% of Females and 4% of Males

• DEPRESSION

- Major Depressive Disorder, Dysthymia (recurrent, mild depression), Bi- Polar
- 22% of Females and 15% of Males

2014 McCreary Centre Society Report on BC Adolescent Health Survey



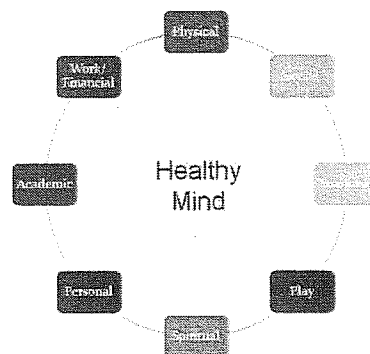
HEALTHY MINDS, HEALTHY YOUTH

- An estimated 58,000 children and youth in BC are not receiving the level of specialized service required
- Mental health problems frequently begin early in life with approximately 50% starting by age 15 and climbing to 75% by age 24

-Safer Schools BC

HEALTHY MINDS, HEALTHY YOUTH

- Mental illness affects people of all ages, educational and income levels, and cultures
- Research shows that the average overall community prevalence rate for mental health disorders in children and youth is 20% (BC CYMH) This is equivalent to 1 in 5 – THAT IS 6 CHILDREN IN A TYPICAL CLASSROOM.
- Only 31% of youth with Mental Health Disorders are estimated to be receiving Services
- 20% of Canadians will experience a mental illness in their lifetime



How Does This Translate for School District #42

Students with Prevalent Mental Health Concerns:

	Population	Potential Concerns
• Pitt Meadows Secondary:	909	182
• Westview Secondary:	829	166
• Maple Ridge Secondary:	1425	285
• Thomas Haney Secondary:	1143	229
• Samuel Robertson Secondary:	788	158
• Garibaldi Secondary:	763	153

Example: Each THSS Counsellor would need to see
115 students a week or 23 per day just to deal with
Mental Health Concerns

Mental Health-Mental Illness Continuum

Mental Health - Mental Illness Continuum

Mental Health	Mental Health with Emerging Concerns		Mental Illness
	Emotional problems or concerns	Mental illness	
Occasional stress to mild distress	Mild to moderate distress	Marked distress	
No impairment	Mild or temporary impairment	Moderate to disabling or chronic impairment	

Prepare Students for Life Beyond high School

Building Capacity for Mental Health, like Physical Health, is determined by a variety of biological, social, psychological, economic, and other environmental factors. Efforts to improve mental health and treat mental illness must also pay attention to these determinants of health. **It is especially important to support and strengthen the positive influence of families and communities.** Similarly, it is important to mitigate the potential effects of harmful factors that can occur in a child's environment.

Adapted from MHealthy - University of Michigan Health & Well-Being Services, "Understanding U: Managing the Ups and Downs of Life - What Is Mental Health?", 2012.
http://fr.umich.edu/mhealthy/programs/mental_emotional/understandingu/learn/mental_health.html and Leading Mentally Healthy Schools: A Vision for Student Mental Health and Well-Being in Ontario Schools. A resource for School Administrators, by SMH-ASSIST, 2013.

Mental Health and Academic Achievement



Attendance

High school students who screen positive for psychosocial dysfunction have three times the absentee and tardy rates of students not identified with psychosocial dysfunction

Perceived Competence

Students reporting high levels of psychosocial stress are more likely to perceive themselves as less academically competent

Concentration

Students with greater depression symptoms are more likely to report difficulty concentrating in class and completing homework.

Academic Achievement and Grade Completion

In a 2004 study, approximately 83 percent of students with emotional and behavioural disorders scored below the mean of the control group in reading, writing, and math

The Cornerstone to Learning: Mental Health MUST be taken care of prior to Learning

Mental health problems may lead to:

- Withdrawal from Peers, Staff, School
- Difficulty Concentrating
- Lack of Focus
- Decrease in Academic Achievement
- Behavioural Difficulties
- Difficulties in Academic Performance
- Frequently Late for Class
- Increase Truancy
- School Avoidance or Dropping Out
- Increased Substance Use
- Apathy

All students should have equitable access to learning, opportunities for achievement, and the pursuit of excellence in all aspects of their educational programs.

Changes in The Counsellor Role Over the Past Ten Years

Overall the time designated to dealing with administrative duties has stayed relatively the same yet the workload has increased

There has been a significant increase in Presenting Mental Health concerns and a decline in Outside Resources and Counselling Time

The presenting issues are more complex and time sensitive – the stakes are higher and the frequency intensified

If we miss an opportunity to assist a child with career/Post Secondary they may lose potential opportunities for the future

If we miss an opportunity to assist a child with Mental health concerns

WE MAY LOSE A CHILD

BC CORONER'S REPORT 2008-2012

- 91 CHILD/YOUTH SUICIDES
- 65% (59) DEATHS WERE MALE
- 35% (32) WERE FEMALE
- 18 IDENTIFIED AS ABORIGINAL

LAST YEAR... (OF THOSE WHO REPORTED)

- 12% OF HIGH SCHOOL STUDENTS CONSIDERED KILLING THEMSELVES
- 5% REPORTED MAKING A SERIOUS ATTEMPT THAT REQUIRED INTERVENTION
- SUICIDE IS THE 2ND LEADING CAUSE OF DEATH AMONG 15-24 YEAR OLDS

Safer Schools Together
VTRA Level 3 Training - 2016

Schools Have a Unique Opportunity

Schools are an optimal setting to:

- ✓ Reduce stigma
- ✓ Promote positive mental health
- ✓ Early Intervention/Identification/Treatment for Students
- ✓ Build student social-emotional learning skills
- ✓ Prevent mental health problems in high risk groups
- ✓ Build pathways to care

Unfortunately, we do not have time for these opportunities as we are often only able to deal with crisis instead of prevention

SD 42 District Review Committee

SD 42 Secondary Counsellors would like to have a District Committee to review the roles and responsibilities in our job descriptions.

With increased demands we believe that it would help to prioritize our time.

1:550

Other Districts have lower ratios SD42 is currently at the very top end of the Ministry recommended ratio of students to counsellors of 1:550.

- Teaching blocks often take Counsellors away from working one on one with students
- There are safety concerns for all at risk students with this ratio
- It is unethical to have only one trained counsellor at Garibaldi
- Often outside services are not readily available for our students and so we are often asked to provide long term mental health support for these students
- Many students are reluctant to engage in outside services because connections already exist within the school. However, we are not able to connect with these students as often as they need due to such high ratios.
- We are getting further away from proactive attempts to engage with our students. It is difficult to do any prevention/education

Student Forum

Students want more genuine and meaningful connections with adults

- Counsellors can and want to do that but need more time

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MEMO TO: Dr. R. Erickson,
Deputy Superintendent

FROM: J. W. Thomas,
Principal

DATE: 25 March, 2001

Counselling Concerns

Attached you will find a letter from my counsellors, delivered to me before the Spring Break. I was not surprised to receive it. In fact, I had requested that they put their thoughts on paper after we had discussed this matter previously at some length.

It is not my intention to re-state what my teachers have expressed, but rather to endorse their recommendations. Let me however, underscore their major assertion.

There is insufficient time made available to them to address those issues for which they are primarily trained. To handle *all* of the tasks that are thrust upon them is a total impossibility. The fact that enrolling teachers' "case-loads" are protected contractually - is well made. To equate their increased workload to that of teachers is an *unsound* comparison. I believe a more appropriate parallel would be the dilemma in which administrators find themselves to be. Our plights are similar: there is far more work to be done than has previously been expected; we have many more "clients"; and we have less time than has previously been the case. The details of the counsellors' predicament are well-described in the section, "How the problem developed."

The last line of the enclosed letter reads, "What is needed is administrative support, both at the school and district level ..." I have advised my counsellors that within the available resources they will have 100% of my support. Specifically:

1. We have made the necessary plans for a change-over in September 2001 to the TRAX program of electronic transference of electronic data to the Ministry of Education. This will reduce the amount of paperwork that our senior counsellor currently undertakes.
2. Further, we have explored the possibility of purchasing a call-out machine that will reduce the amount of work that our attendance secretary has to do. This will be at a cost of some \$2,000.00 to the school. Hopefully, with the assistance of this technology, we will be able to re-assign our attendance secretary to some of the tasks currently handled by counsellors.
3. We will re-visit the staff decision that counselling staff have a CaPP class. Removing that responsibility from the counsellors would take some pressure from their already over-burdened shoulders.


cont....

Seriously, as difficult, indeed impossible, as I find it to satisfy all the needs at the school level within my resource allocation, I recognize that you experience the similar frustration at the district level. If all then are worthy causes, which should receive the attention? It is a matter of priorities. By their letter, I believe my counsellors have made a very strong case for their needs to be regarded as an extremely high priority.

I concur with them, and would request your consideration of this untenable situation.

Thank you, sir.

Yours truly,



J. W. Thomas,
Principal
enclosure

cc Mr. M. Suddaby, Superintendent of Schools
 Mr. A. Pasqualotto, Assistant Superintendent
 Ms. S. Russell, Director of Personnel
 Mrs. Karen Grist, counsellor
 Mr. P. Malakoff, counsellor
 Mr. G. Whittington, counsellor
 Mme. L. Tretiak, Vice-Principal
 Mr. R. Leadbetter, Vice-Principal

Counselling Issues at Pitt Meadows Secondary

The Concern

That the counselling workload, both in terms of student numbers and the number of duties and responsibilities placed on each counsellor has become so large that it is now at the point of being more than what can be reasonably expected of a teacher to do. We realize that all areas of teaching have had increased demands placed on them in recent years but we feel that the demand placed on counsellors far exceeds those that have been placed on other teaching areas.

School counselling should have as its focus the development, adjustment and future well-being of the school population. Prevention, intervention and consultation are the main strands that hold together an excellent programme. Unfortunately, there is not enough time to do the job we wish to do, and provide the most important service: personal counselling of our students.

How the problem developed

1. There has been a significant increase in school population size in recent years with no corresponding increase in the number of counsellors. Teachers have a fixed class size limit in contract so their caseload has stayed relatively stable but there is no such figure for counsellors so caseloads have increased from around 300 students a few years ago to approaching 500 students per counsellor today.

2. The mushrooming demands of bureaucracy; so much paperwork and so many more forms.

In School District 42, counsellors have been given the responsibility of doing paperwork that in other districts would be done by a secretary or records clerk. This includes ministry forms, transcripts (by the hundreds), registration (demographics) of new students, processing of interim reports, homework requests by parents, sorting mail, etc.

There have been significant demands on paperwork by counsellors in areas that are their domain. These include:

- a) more elective options-hence more course changes and timetable adjustments .
- b) over fifty pages of external courses eligible for graduation credit, so counsellors now have to review student work in areas like cadets, 4-H, lifesaving, athletics, etc. (Work done outside of the school system).

- b) being trained for and being responsible for the CIRP process during critical incidents
- c) suicide protocol and training
- d) increased integration and working with the Ministry of Children and Families
- e) weekly School Based Team meetings

The Result

The increased workload on counsellors at PMSS has resulted in many (and frequent) extraordinary long days at school followed by several hours of paperwork at home in the evening. Hundreds of hours are spent on forms, usually outside of school time. These forms are mandatory, and there are set deadlines that must be met.

The most significant result though is a lack of time for counsellors to spend doing what we have been trained to do - counsel students. Due to the rigid demands, time lines and volume of paperwork (ie; ministry forms, timetable changes, course selection), our time at school is used up so that we do not have time to deal with student concerns. As a result we have very little time for intervention counselling to:

1. assist a student who is having academic difficulty
2. sort out teasing, bullying, harassment issues
3. do anger management counselling
4. deal with student/parent/teacher concerns
5. do suicide counselling
6. assist with relationship/lifestyle/health issues
7. assist with gender/sexual orientation issues
8. do grief counselling after a death in the family
9. do abortion counselling/planned parenthood referrals
10. assist with family concerns (ie; divorce, cancer in a family member, etc.)
11. better train and prepare peer counsellors

We do not have the opportunity (time) to do pro-active preventative counselling/workshops on many of the above issues. Ideally, we need the time to do/teach group guidance activities.

Students with these very serious personal issues often do not want to run the gauntlet of all of the students looking for forms, transcript, course changes, etc., and so often do not seek a counsellor for assistance. Many times, counsellors are just not available when a student needs them.

- d) doing telephone homework requests for absent/sick students
- e) handling miscellaneous requests from the public (ie; tutor requests, babysitting, lawn cutting, etc.)
- f) start and maintain a counselling resource file
- g) helping to coordinate the assistance of Peer Counsellors
- h) helping to organize the "call downs" (ie; students who have been referred to counsellors by staff members)

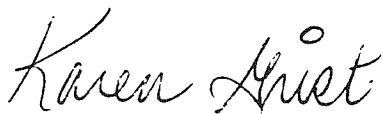
This assistance would greatly reduce the 'administrivia' workload of counsellors thus giving us more time to actually work with students. Perhaps the monies saved by the district in not providing TOCs when counsellors are absent could partially offset some of the costs of this person.

Closing Comments

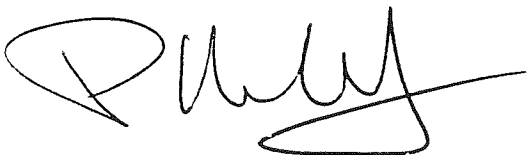
The counselling situation in SD #42 is something that has been allowed to develop without staff realizing the extent and seriousness of its effect. Perhaps some of the concerns expressed are contract issues but if that is the route to solution than a solution may well be many years away.

What is needed is administrative support, both at the school and district level, to help address our concerns.

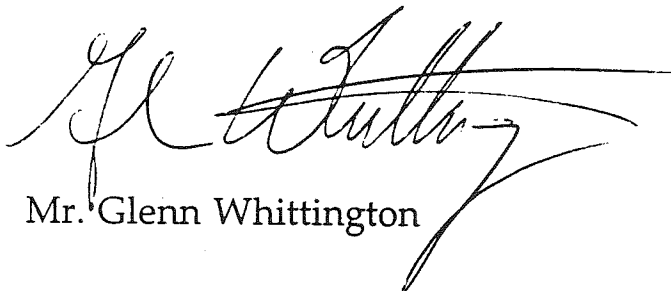
Respectfully submitted on March 14, 2001,



Mrs Karen Grist



Mr. Peter Malakoff



Mr. Glenn Whittington