



# NLCPA Presentation

Government All-Party  
Committee on Mental  
Health & Addictions

*June 23, 2015*

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# Who are we?

- The Newfoundland and Labrador Counsellors' and Psychologists' Association (NLCPA) is a Special Interest Council of the Newfoundland and Labrador Teachers' Association (NLTA).
- NLCPA was established to represent counsellors and psychologists working within the K-12 education system across our province.
- NLCPA focus – advocacy & professional development

# Who are we?

- The primary purpose of all professionals within the field of education is to guide our youth in reaching their potential: to graduate from the K-12 system as independent and healthy young adults with clear direction, skills and motivation to engage in fulfilling careers and positively contribute to their communities.
- *In loco Parentis* – “in the place of a parent”  
the legal responsibility of a person or organization to take on some of the functions and responsibilities of a parent.

# What do we do?

- Counsellors and psychologists comprise a specialized group with unique skill sets for the purpose of addressing the continuum of needs presented by the K-12 population.
- Training that combines primary mental health care/wellness, child & adolescent development, psychology, counselling, assessment and education.

# Unique access

- Counsellors and psychologists within the school system also boast a unique access to the K-12 population which enables a consistent continuum of service (from prevention to intervention) for 13+ years of student development and learning.

# Early Intervention

- Research clearly indicates that prevention and early intervention are key when dealing with issues of learning, behaviour, and emotional/mental health. Without support, individuals who are struggling will often develop dysfunctional coping skills which further complicate and extend the scope of necessary treatment.
- \$1 spent in prevention saves \$4 in intervention costs

## **Dr. Gabor Mate** – Renown Addictions Expert

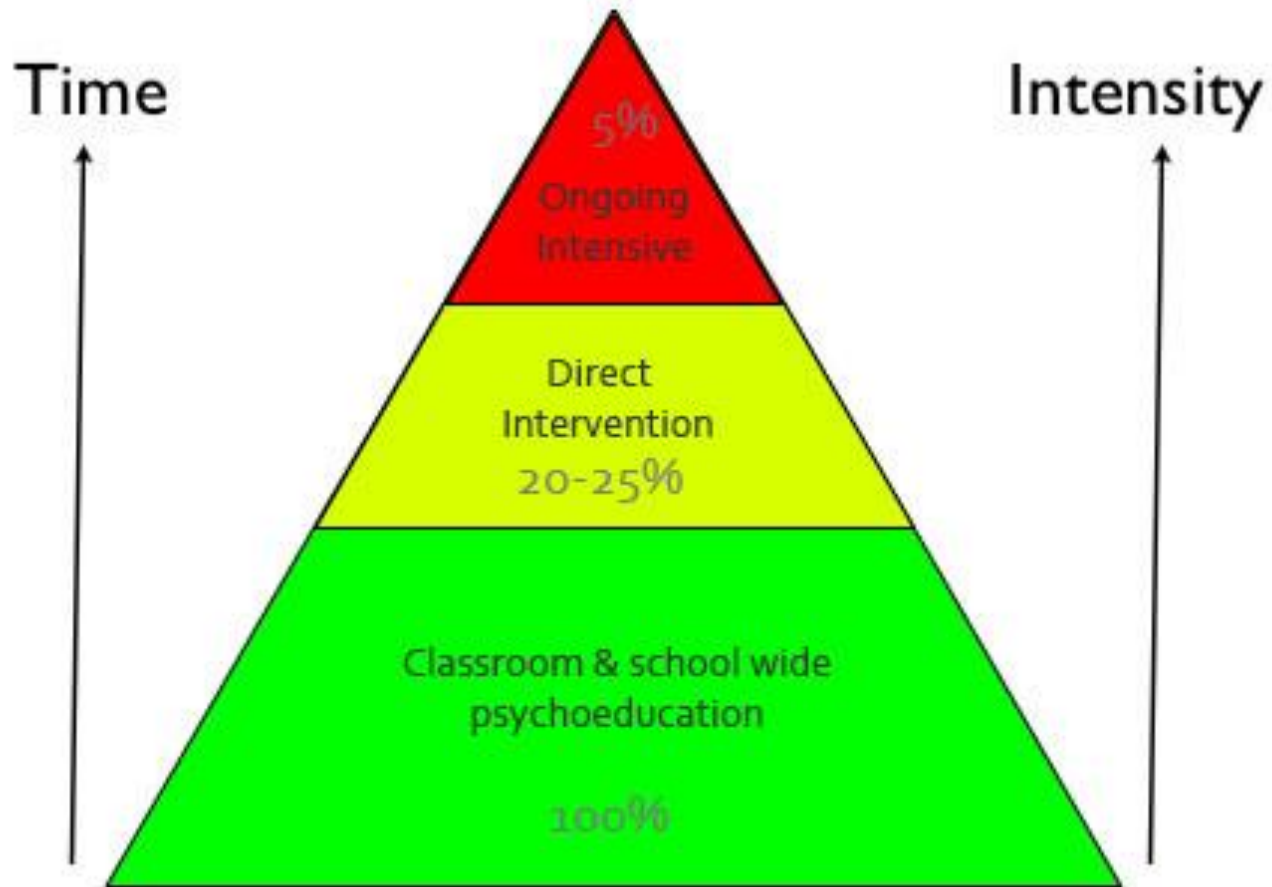
- “The source of addictions is not to be found in genes, but in the early childhood environment”.
- Early adversity (i.e. stress, mistreatment and particularly childhood abuse) increases susceptibility to addiction through the impairment of neurobiological development which impairs the brain circuitry involved in addiction, motivation and incentive.

# A few Stats:

- 15-20% LD\* (25-30% SLD DSM-V)
- 5% ADHD\*
- 10% LGBTQ (high risk population)
- 70% of mental health issues become evident in childhood or adolescence
- Approximately 15% with mental illness
  - 1% Schizophrenia
  - 1% Bipolar Disorder
  - 2% OCD
  - 5% Anxiety Disorders
  - 12% Depression ♀ (5% ♂)
  - 0.3-1% Eating Disorders



## School Counsellor Service Delivery Model



# School Counsellor

## Classroom Psycho-education / prevention/ strengthening (school-wide)

- Programming for personal identity awareness, social skills building, healthy relationships, wellness, assertiveness, understanding anxiety, healthy coping skills, emotional intelligence, resiliency, sexuality sexual identity, study skills, career development, goal setting, social justice, enriching opportunities, post-secondary exploration, scholarships, . . .
- Implementation of programs /groups such as Roots of Empathy, Friends for Life, Safe & Caring Schools, GSA's, Career, etc.

## Intervention (25-30%)

- Group Counselling (i.e., communication/social skills, behavior, career / post-secondary, etc.)
- Individual Counselling
- Emotional intelligence / Resiliency Skill teaching
- Investigation of emotional / behavioural disorders
- Assessment /diagnosis of intellectual disabilities, learning disorders, etc.
- Program planning
- Referrals to appropriate outside agencies (e.g., optometrist, family doctor, pediatrician, psychiatrist, mental health/addictions counsellor, occupational therapist, audiologist, CYFS, etc.)

## **5% Require Intensive/Ongoing Intervention**

- Higher need
- Complex cases
- Co-morbid diagnoses / issues
- Requires on-going support/programming for functioning
- Multiple agencies involved

## Delivery of Service -Recommended Ratios

- Ratio of 1:300 was recommended in 1999 (Warren Report – Education review)
- Currently professional governing bodies (CCPA, ASCA, NLCPA) recommend 1:250 ratio to address continuum of service.
- NASP recommends a ratio of 1:700 for school psychologists. NLCPA urges improvement of 1:1000.

# Rationale

- Enables school counsellor to address full continuum of need from prevention to intervention for entire student body
- Manageable 'caseload' (i.e., 30% of 250 = 75 requiring intervention & 12 requiring intensive ongoing intervention)
- Effective encouragement of individuals throughout K-12 due to strong knowledge of each student
- Effective prevention/intervention due to regularity of contact
- Early intervention possible due to established relationship between student & counsellor
  - Rapport / trust established (no magic wands)
  - Quickly identify 'changes' in behavior
  - Family/youth commitment to process involving agencies due to established relationship
- Schools with 1:250 / 1:300 ratios report stronger guidance programs
- Enables School Psychologist to complete assessments in a timely manner
- Timely referrals for necessary 'outside' services
- Regular consultation

# Challenges

## Current school counsellor ratio 1:500

- School counsellors with 500+ students report spending the majority of their time with only 30% of the population (30% of 500 = 150 requiring intervention and 25 requiring intensive ongoing intervention. )
- Little to no time for prevention work or early intervention
- 91% of school counsellors want to spend time on prevention & mental health programming but are unable due to time restraints

# Challenges

- Inadequate allocation of School Psychologists

One result - greater assessment requirement for school counsellors

- 77% of school counsellors surveyed report spending most of their time completing comprehensive assessments
- We are the only province requiring school counsellors to assess and diagnose



# Challenges

## Significant increase in specific disorders/conditions

- Autism Spectrum Disorder -600% in last 20 years.  
Current prevalence 1:68
- Significant increase in Self-Harm (hospitalizations for self harm increased 110% in 2014 & accounts for 49% of all youth hospitalizations)
- Learning Disabilities (15-20%) – SLD DSM V criteria (30%)
- Increase in Behavioural Disorders

# Challenges

## The new normal: 'Stress- Prone' Lifestyle

Parents: Poor work-life balance

Children youth:

- Unhealthy routines
- Poor diet
- Little exercise
- Excessive technology use\*
  - Gaming
  - Social media (facetiming, snapchat, twitter, texting, ask.fm, etc.)
  - Netflix
- Minimal sleep / interrupted sleep
- \* New & promising initiative - Digital Citizenship

## Results of 'stress -prone' lifestyle

- Aggravation of all present /underlying conditions (for parents and children / youth)
- Increased risk for high risk youth
- General population: heightened anxiety/ agitation, weakened mental/ physical health, poor concentration, poor motivation, ...
- Leading to greater dysfunction – poor school attendance, increased anxiety, growing fear of anxiety, increased(mis)diagnosis of anxiety disorders.
- Blurring the lines of 'organic' mental illness and the natural result of ongoing unhealthy lifestyle.



## Dr. Stan Kutcher - Mental Health Expert

On 'stress /anxiety'

- It's sort of analogous to when you eat dirt your immune system gets stronger and if you're really living in a sanitized bubble then when a germ hits your body, uh oh now what do I do?
- The same thing also applies to the brain. If we try to shield our children from all sorts of stresses, we try to shield them from disappointments, and we constantly try to make their lives "happy" I think we're doing them a disservice.

## Dr. Donald Meichenbaum –Trauma & Resiliency Expert

- 75% of those experiencing trauma bounce back & demonstrate resilience
  - Resilience & post-trauma stress can co-exist
  - Due to social support, sense of humor, sense of purpose/goals/future plan
- 25% do not demonstrate resilience:
  - Focus on their negative story
  - Magnify nature of fear
  - Rumination
  - Thinking traps – self-fulfilling prophesy
- Resiliency can be taught

# Challenges

## **Mental Illness Stigma**

- This restricts many from seeking help for self &/or children.
- The stigma also prevents people from providing basic support to each other in the face of normal mental health issues that are not mental illnesses. – “leave it to the professionals” causing increased isolation.

# Challenges

## **LGBTQ stigma**

- Discrimination still clear within communities & families
- Significantly high proportion face mental health & addictions issues due to discrimination
- 14 times more likely to attempt suicide



# Challenges

## Lack of Coordination of Services /Effective intake

- It is extremely difficult for many members of our communities (especially those with cognitive deficits, mental health issues, poverty, working poor, etc.) to figure out what services are available and where/how to access said services.
- System depends upon individuals to determine the services they need and how to get them.
- As a result, many struggling families do not get access (or regular access) to necessary services for the parents and/or the children. Early intervention is very important in addressing dysfunction.

- Many families perceive a greater ease of access to support at the school level, from the perspectives of familiarity, location, and label (i.e., 'Guidance Counsellor' versus 'Psychiatrist').

# Recommendations

- Improve allocation of school counsellors & school psychologists
- Increase preventative services – within communities (i.e., prenatal /pre-school mental health/addictions education )
- Increase public access to psychotherapy (works as well or better than medical intervention for depression & anxiety)
- Improve awareness of available services

# Recommendations

- Improve legislation to protect 16-18 year olds
- Increase access to affordable housing
- Improve community-based work for eliminating stigma of mental illness and discrimination of LGBTQ

# Recommendations

- Establish coordination / integration of services (don't forget school counsellors & psychologists!)
- Develop strong system of collaboration between all government agencies – take down the silos.
- Establish an effective Intake system. First point of contact should provide framework for 'full package'
- Re-evaluate the \$1000 baby bonus
  - Very tempting to youth fighting poverty & addictions
  - Statistics for CYFS?