

School Name: Burnaby North Secondary School 2020-21

Principal: Dave Rawnsley

School Goal/Inquiry: Will a school-wide focus on mental health literacy increase the number of students at Burnaby North with a high level of mental wellness?

<u>SCANNING</u>: What's going on for your learners in relation to your goal? How are you supporting the diverse learning needs of your school population in relation to the goal?

A clear pattern has developed over several years at Burnaby North indicating that many students are struggling with their mental health. Specifically, obtaining and maintaining mental health and increasing help-seeking efficacy have been identified by students and staff as areas requiring support in our school. Many parents are also identifying concerns regarding the anxiety and stress levels of their children and are requesting information and support from the school.

We have implemented many Tier 1 supports for all students including; warm, welcoming classrooms, access to counsellors, mini-lesson samples for teachers, peer-to-peer mentoring, classroom resources and tools, as well as YSW and community supports.

#### CHECKING

Have we made enough of a difference? Feedback, data collection, data sharing, data analysis. How is the data informing / modifying practice? What has changed for your target groups? Data collection presents the greatest challenge with all SEL and mental health initiatives. As a result, we will be using the assessment protocols embedded in UBCs program to track our progress. We are hopeful that this work will lead to an assessment model similar to MDI to provide data and guide our practice.

Despite the limited access to meaningful, valid quantitative data, we have developed several processes to assess student progress, identify and support our students who are struggling with any aspects of school, and inform program development. The Vulnerable Students database provides school-wide data which is used to identify students who may be at risk of struggling academically and socially. Further, we have access to survey data through the Ministry of Education that provides student self-assessment data on a range of mental health related topics. We have processes in place through our RTI model, CSIs and School-based Team to identify at-risk and vulnerable students. These processes have highlighted specific students who required extra supports and interventions. When combined, this data allows us to develop comprehensive and targeted supports for our students. We also track school-based referrals through our Counsellors and School-based team. The feedback from students in our "Mental Wellness" program has been very positive. It is too early to tell what the long-term improvements will be. Individual progress for students is tracked by case-by-case basis.

WHAT DOES OUR FOCUS NEED TO BE? What evidence identifies the focus? What targeted groups are addressed? Where will concentrating your energies yield the greatest effect? School staff have gathered a great deal of qualitative data in this area over the past six years. These observations are supported by several sources of quantitative data such as increased counselling referrals through Student Services and SBT as well as targeted Tier 2 and 3 mental health supports. We also have data from our PAC Parent Survey, Ministry of Education Student Learning Survey, Our community MDI data and health data from Burnaby's Chief Medical Officer indicating that mental health is an area of high concern in our community. From this data, staff have identified three guiding questions in relation to this goal:

- How do we ensure that all students are able to differentiate between mental health and mental illnesses?
- How can we increase the number of teachers delivering a structured mental health curriculum in our school?
- How do we engage the broader school community in support of mental health?

### **NEXT STEPS:**

## What requires further attention? Where to next?

How do we embed this understanding into everyday practice in the context of students' mental wellness?

How can we ensure that all of our students and parents are aware of and able to access supports in this area in a timely fashion?

We need to create school-wide ownership over our mental health curriculum and embed thoughtful lessons into all curricular areas. The redesigned curriculum allows for this to be a stronger part of classrooms practice.

Mentorship: What role can teacher and student mentors play in embedding this into classroom practice?

Can we organize differently to allow time for students to embed these practices into their daily schedule?

<u>SPECIFIC GOAL YOU ARE ADDRESSING:</u> How does your data inform next steps? What is contributing to this area of focus? How will students benefit academically, personally, socially?

Date: June 12<sup>th</sup>, 2020

We know through research that the number of students reporting high levels of stress and anxiety is on the rise. We also know that students do not have a clear understanding of mental health and how it connects to mental illness. Research is clear that students who have strong self-awareness and self-management skills will experience success in a broad range of academic, social and personal domains. In the group of the greatest protective factors for student mental health is being exposed to a robust mental health curriculum (Kutcher). Students have taken an active lead in this area through the formation of a Mental Health Awareness club. The group receives training, provides resources and support for students in our school, networks with similar committees in other schools and plans awareness activities such as Ride-Don't-Hide and Mental Health Awareness week.

## HOW AND WHERE CAN WE LEARN MORE?

What professional learning has taken place and what is needed/ planned? What resources and school/ district supports are you using?

We have a standing SEL learning team which identifies focus areas and explores research in this area. The SEL team facilitates ongoing collaboration and pro-d opportunities for staff at North. Several staff members from the committee have been part of the district SEL/Self-Regulation Learning Team facilitated by Miriam Miller and Leyton Schnellert. Over the past three years, Burnaby North has had school-based collaboration teams who have met for facilitated discussions during collaboration time. This team has worked with Peter Vandenhoogen, Brenda Laface, Sue Dorey, Bev Ogilvie, Steve Cairns, Tanya Hautala and Tracy Arron to explore research, best practice and effective supports for some of our more vulnerable learners. Last year, we began training select staff in Go-To Training. This opportunity has been extended to all of our staff through an invitation to participate in UBC's MOOC and/or pre-service teaching module on mental health. Staff have also received training on Anxiety and Perfectionism by "LEAP", Reach Out Psychosis and "Safe Talk". SEL/Mental Health continues to be a Pro-D fecus at Burnaby North as a standing item on staff meeting and DH agendas.

# TAKING ACTION / WHAT ARE WE DOING DIFFERENTLY?

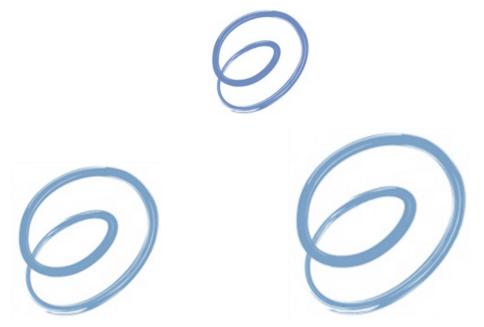
## What is your implementation plan? Roles of key stakeholders? How are all 3 tiers supported? How will you monitor progress?

We have implemented our SEL plan using an RTI framework. At the school-wide level, we have been working with students, parents and staff to provide information, resources and supports for all students. A large part of these Tier 1 supports involve the introduction of proactive strategies, structures and professional development for classroom teachers. These Tier 1 responses have also included several sessions offered at our PAC meetings by student services staff including SafeTeen Training for all Grade 8s, Reach Out Psychosis for Grade 9 students and White Hatter Social Media sessions for students and parents. Our goal is to get as many staff at Burnaby North trained in UBCs mental health curriculum with their classrooms. We will monitor this goal through the certification of our staff, the rate of implementation into classrooms and the outcomes through the embedded assessment tools. We will be able to measure the impact on our students by comparing the data to data gathered from a control group of students who were not exposed to the mental health curriculum.

At the Tier 2 and 3 levels, we have engaged a wide range of supports for specific groups of students. Over the past few years, we have offered sessions facilitated by district and community partners (see Professional development section) focussing on mental health supports for many of our most vulnerable students. Each program/support has its own progress tracking and reporting protocol and timeline. Generally, we try to build in both short term and long term monitoring systems. For example, students receiving Tier 2/3 support at the school level have daily and weekly follow-up protocols but are also tracked through longer term protocols by counsellors, case managers and SBT. Many of our mental health supports require longer-term monitoring and progress tracking.

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	to be completed l		
HOOL:		DATE:	
PROMISING PRACTICES			
<u>RECOMMENDATIONS</u>			
NAMES OF VISITING TEAM M	<u>IEMBERS:</u>		

# A SPIRAL OF INQUIRY APPROACH TO SCHOOL PLANNING



# **SCHOOL PLANS GUIDELINES:**

- 1) School Goal(s) must be clearly stated and include an academic / intellectual focus (such as Reading or Writing).
  - SEL may be an additional goal or incorporated in your academic goal.
- 2) Your goal should focus on student learning based on evidence both qualitative and quantitative.

# Examples below:

- a. Goal To improve student skills in writing
  - Target Group of Level 3 ELL students at Grade 8 not meeting expectations
- b. Goal To strengthen student comprehension skills K 7.
   Target Group of grade 3 students / (male) not meeting expectations in comprehension.
- 3) This target group should be monitored for progress and this data should be included in your plan. If progress is not occuring, what are your next steps?
- 4) How are you involving parents in meaningful conversation around the school plan?
- 5) School Plans template
  - a. RTI
  - b. Inquiry Model