

School counselling for all

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British Association for
Counselling & Psychotherapy

“Britain is falling behind in promoting wellbeing in children”

The Children’s Society, UNICEF (2010)

School counselling for all

Nearly 80,000 children and young people in Great Britain are seriously depressed and around three children in every class in the UK have a diagnosable mental health condition.

Experiencing a mental health problem in childhood is one of the biggest barriers to achieving well-being and yet only one quarter of children affected are getting specialist help (Green et al, 2005).

Counselling in schools has been shown to be a highly effective support for tens of thousands of troubled children and young people who are experiencing emotional health difficulties. The Welsh Government’s national school-based counselling strategy has been shown to be an overwhelming success, so much so that counselling in Welsh secondary schools is now a statutory service. Despite this, access to school-based counselling services in England for many is problematic.

While children in Wales and Northern Ireland are supported by national school-based counselling programmes, funded by their governments, England lags behind. This leaves many distressed young people without any access to much needed therapeutic support in their schools.

BACP wants to see parity across the UK, with all children and young people having access to counselling services within their schools.

What is school-based counselling?

School-based counselling is a professional activity, delivered by qualified practitioners in schools. Counsellors offer troubled and/or distressed children and young people an opportunity to explore and understand their difficulties within a relationship of agreed confidentiality.

School-based counselling is one of the most prevalent forms of psychological therapy for children and young people in the UK with between 70,000–90,000 cases seen in UK secondary schools each year. However, provision is inconsistent and many children in England do not have access to a counsellor in their school.

The facts: children’s mental health in the UK

- 20% of children have a mental health problem in any given year, and about 10% at any one time (Mental Health Foundation, 2005). That is around three children in an average class.
- Between one in 12 and one in 15 children and young people deliberately self-harm (Mental Health Foundation, 2006).
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time (Kim-Cohen, Caspi and Moffitt, 2003).
- Around three-quarters of children who develop a mental illness are unknown to any services (CMO, 2013).

“We want schools to provide more support to young people who are suffering stress, anxiety and depression, including access to counselling.”

Young Minds (2014)

Current provision of school-based counselling

Across the United Kingdom provision of school-based counselling is inconsistent; Wales has legislated to ensure statutory provision of school-based counselling to all Y6 pupils and all 11–18 years olds; whilst the Government of Northern Ireland provides ring-fenced funding to ensure all post primary school children, and those in special schools, are able to access counselling services.

The Department for Education’s (2015) report, *Counselling in Schools: a blueprint for the future*, sets out an expectation from government that all schools in the future should provide access to counselling services. It outlines how “counselling within secondary schools has been shown to bring about significant reductions in psychological distress in the short-term, and helps young people move closer towards their personal goals.”

In addition, the Department of Health’s (2015) report *Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing* highlighted counselling services as “a valuable complement to CAMHS.” The Health Select Committee also stated that “schools have enormous potential to help address emerging mental health issues in children and young people” (2014).

Despite the recent acknowledgments from the Department of Health and Department for Education about its importance, there has been little movement towards a policy of universal provision for school counselling, and coverage in England remains patchy.

The Taskforce on Mental Health in Society (2015) *The Mentally Healthy Society: The report of the Taskforce on Mental Health in Society*

- “All children should be able to access professional, qualified counselling and therapy services in their school or college in age-appropriate form”
- “School-based provision tends to be well-suited to offering the type of lower-level intervention that can be hard to access through formal CAMHS, but which can prevent problems subsequently becoming more serious”
- “School-based provision is highly accessible, avoiding lengthy or complex referral processes, and waits tend to be relatively short. School is also where young people already are during the day, and – crucially – is where they say they want to access services: over two-thirds say they would rather see a counsellor at their school as opposed to outside”
- “Because schools are a universal service, accessing provision in schools can help to overcome any perceived stigma or reluctance to attend mental health services. For these reasons, school-based services such as counselling tend to have high take-up, and there is evidence that young people are more likely to access school-based mental health services when compared with non-school-based ones.”

Case study: Jenny's story

Jenny had been a happy, intelligent, high achieving 14 year old. However, when she returned to school after the Christmas break her Form Tutor noticed she had become quiet and withdrawn – not her usual self.

The tutor monitored this for the first week of term and then asked Jenny if everything was OK. Jenny refused to engage with the tutor, which was unlike her, and dismissed the issue saying nothing was the matter. Not knowing if this was a phase of adolescence, the tutor decided to keep a watching brief over the following week. In the third week of term, the tutor was approached by Jenny's PE teacher who said that Jenny had refused to do PE since the start of term, and had come up with a myriad of reasons why she shouldn't. Jenny had also not returned to lunchtime netball club.



Again the tutor tried to address the situation with Jenny, but she refused to talk or explain her actions. At the end of this somewhat one-sided conversation, the tutor reminded Jenny that the school was fortunate to have a school counsellor with a private room in the Pastoral Block, and that Jenny could easily get an appointment if she thought that it might help to talk to someone independent. Jenny asked if the meeting would be confidential, and the tutor assured Jenny that whatever was discussed would be private between her and the counsellor, unless the counsellor felt that someone was at risk of significant harm.

Jenny agreed that she'd like an appointment, and one was made for her the following week.

During counselling Jenny talked about the breakdown of her parents' marriage over Christmas and the new living arrangements that she and her brother were subjected to. She felt better having someone she could trust to talk to, and her mood around school began to lift a little. In the third week of counselling however, Jenny told the counsellor that since Christmas, she had been controlling her eating very carefully. She was skipping lunch at school and making excuses not to eat at home. She described how this helped her cope with her current situation, and also she was worried she was still "too fat". She didn't want her teachers or friends to know about this but began to realise in

talking with the counsellor that the lack of eating wasn't going to help her really.

The school counsellor had a very good working relationship with the local specialist CAMHS team and suggested to Jenny that they may be able to help. With Jenny's permission, the counsellor rang her specialist CAMHS contact, and through this communication Jenny agreed that she would like some expert support for her eating issues. She also thought that having the counsellor talk to her Mum about the possible referral would be easier than raising it herself.

Four months later...

Jenny is now "back on track" in school, and home life is settling down.

She is having appointments at CAMHS with her Mum, and her eating habits are under control. The specialist help that CAMHS offered was effective and timely. It is likely that she will soon be discharged. She still sees the school counsellor weekly, between her monthly CAMHS appointments, and in these sessions she talks through practical things she does to help her manage school, home life, and eating; and also her feelings about her parents' forthcoming divorce. CAMHS and the school counsellor have an arrangement, agreed with Jenny and the family, that all parties can liaise and communicate with each other, as and when necessary, for the benefit of Jenny's care and recovery.

School-based counselling: the evidence base

- There is evidence to suggest that targeted school-based interventions have led to **improvements in wellbeing and mental health, yielding reduced levels of school exclusion by 31% and improved pupil attainment** (Banerjee et al., 2014)
- Research indicates that school-based counselling is perceived by children and pastoral care staff as a **highly accessible, non-stigmatising and effective** form of early-intervention for reducing psychological distress (Cooper, 2009)
- Secondary school students have reported that attending school-based counselling services had **positively impacted on their studying and learning** (Rupani et al., 2013)
- School management have reported perceived improvements in **attainment, attendance and behaviour** of young people who have accessed school-based counselling services (Pybis et al., 2012). Emotional, behavioural, social and school wellbeing also predict **higher levels of academic achievement and engagement in school** (Gutman & Vorhaus, 2012)
- School-based counselling interventions in Northern Ireland were **effective for pupils who have been bullied** (McElearny et al., 2013).

“Young people felt very free and able to see the counsellor”

Sam Gyimah, Childcare and Education Minister (2015)

“Counselling within secondary schools has been shown to bring about significant reductions in psychological distress in the short-term, and help young people move closer towards their personal goals.”

Department for Education (2015)

School-based counselling is cost-effective

“Expanding and improving access to services such as [...] school-based counselling, talking therapies and early intervention services is a financial no-brainer”

Sir Stephen O'Brien, Taskforce on Mental Health in Society (2015)

The economics of school-based counselling, as outlined in Richard Layard's report (2008) *Child Mental Health; Key to a Healthier Society*, highlights the massive costs to the economy associated with mental health problems which begin in childhood and continue into adulthood.

Professor Layard notes that the cost of treating a conduct disorder in childhood is £6,000 compared to a cost of £150,000 per child if left untreated, due to costs of dealing with crime, alcohol and drug dependence, suicide and lost value of quality adjusted life years (QALY). This means that treatment for conduct disorder would be cost-effective, even with a success rate of one in 25, says the report.

A report from Barclays Wealth (2011), *Early Interventions: An Economic Approach to Charitable Giving* states that: 'Specialist counselling in schools can help to tackle child behavioural problems. One approach shows that 71% of children improve their behaviour in a year, and the long-term savings are likely to be in the region of £3 for every £1 invested'.

Data from Wales indicate each young client has on average five sessions of school counselling at a total cost of £170–£235. This compares to an average cost of £240 per contact in Tier 1–3 CAMHS according to a report by the NHS Benchmarking Network (December 2013).

Professor Mick Cooper (2009)
Counselling in UK secondary schools: A comprehensive review of audit and evaluation studies

Assessed the experiences and outcomes of more than 10,000 children from across the UK and found that:

- School-based counselling is associated with significant clinical improvement from pre to post counselling
- More than 90% of children and young people report that they experienced an improvement which they attributed to counselling
- More than 82% of children and young people reported that counselling was helpful
- More than 92% of children and young people were satisfied with their counselling intervention
- Up to 90% of teachers reported that counselling had a positive impact upon concentration, willingness to participate in class and increased motivation for young people to attend school and study
- Teachers and head teachers found counselling an invaluable resource in schools, due to the professional training of counsellors, the time that they could give to young people, their expertise, their ability to provide a confidential service and their independence from the core business of the school.

Delivering school-based counselling

There are a number of ways in which counselling may be used in schools, including to complement and support other services. The key areas are:

- **Counselling as a preventative measure:** School staff, parents/carers and/or other adults close to the child or young person identify that there are signs of behavioural change (e.g. children and young people engaging in risk-taking behaviour like drug and alcohol misuse) and refer them, with the children and young people's consent, to counselling in order to help them explore and make more positive, goal-orientated choices.
- **Counselling as an early intervention measure:** Children and young people themselves, or the adults around them identify a problem and refer the children and young people to counselling. Within school counselling young people are seen usually in two to three weeks, it would be unusual to wait longer than four weeks to be assessed by a school counsellor.
- **Counselling as a parallel support alongside specialist CAMHS:** Many children and young people attend counselling when they are also being treated within a specialist CAMHS team. Often, owing to lack of resources, specialist CAMHS appointments are not as frequent as CAMHS and the family would like, and the counsellor can support the children and young people between CAMHS appointments. Both services know each other are involved and can communicate any significant developments between them (with the children and young people having given permission for this). When this is working well, it reduces CAMHS workload and discharge can be quicker.
- **Counselling as a tapering intervention when case is closed by CAMHS:** Sometimes when a specialist CAMHS intervention is completed, children and young people attend counselling as a further support which consolidates the work of CAMHS. Counselling is also tapered to an end but should problems escalate, for whatever reason, then a fast track communication and referral can operate between counselling and CAMHS.

School-based counselling: standards and workforce

The Department for Education's report *Counselling in schools: a blueprint for the future*, recommends schools employ an "appropriately qualified and experienced external provider" in order to give "assurance to schools that the counsellor is properly trained, supported, professionally supervised, insured and working within agreed policy frameworks and standards, and is accountable to a professional body with a clearly articulated complaints procedure."

Furthermore, the Department for Education strongly advises schools employ counsellors with a "minimum of a diploma in counselling [...], on an Accredited Voluntary Register, ideally holding accreditation with a professional body, and ideally with relevant experience and demonstrable competence in working with children and young people."

BACP has developed an evidence-based competence framework for humanistic counselling for young people aged 11–18, and is also developing an evidence-based curriculum for counsellors who work with this age group. This will provide the foundation for developing training standards for children and young people's counsellors.

"What you need is the right professionals—pastoral support and certainly counselling services—in schools, so that teachers can help to refer children to those services, rather than the physics or maths teacher having to double up as a counsellor."

Sam Gyimah, Childcare and Education Minister (2015)

"There is a wide range of delivery options for schools to consider, from contracting individual counsellors directly, engaging with a Local Authority team of counsellors, contracting with a third party, for example within the voluntary sector, or paying for time of specialist children's mental health services (CAMHS) counsellors"

(DoE, 2015).

BACP believes that there shouldn't be a one-size fits all approach to school counselling commissioning and delivery; local needs may require different local solutions.

Welsh Government (2011) *Evaluation of School-based Counselling*

- Counselling was associated with significant reductions in psychological distress
- Approximately 85% of respondents felt more positive about going to school after experiencing counselling
- Similarly 85% of respondents said that they felt more able to cope since going to counselling
- Senior teachers reported counselling services had made a positive impact on the attainment, attendance and behaviour of young people
- Counselling was seen as highly accessible, allowing children to easily attend counselling sessions and leaving teachers to concentrate on teaching.

Counselling in primary schools

While the focus in recent years for school-based counselling has mostly been on secondary schools, primary school children also suffer from psychological distress but only a minority benefit from therapeutic services in their schools.

There is a large body of evidence showing the effectiveness of counselling in primary schools; following school-based therapeutic interventions “children’s social and emotional behaviour, as perceived by their teachers and parents, was improved” (Lee, Tiley & White, 2009). Furthermore, Daniunaite, Cooper and Forster (2015) have shown there to be robust evidence associating play-based counselling being associated with significant reductions in psychological distress in primary school children.

School-based counselling: what should be done?

1. All children and young people of school age across the UK should have access to professional, qualified counselling services in their schools.
2. Children and young people who prefer not to access services in school, and those who are not in school, should have a choice of alternative provision within community or other settings.
3. The UK Government should commit to developing a national school-based counselling strategy, demonstrating a commitment to children’s mental wellbeing, on a par with Wales and Northern Ireland.
4. Further research should be done into the effectiveness of counselling for primary school aged children.
5. As a NICE recommended intervention for children and young people, counselling should be included as part of the Children and Young People’s Improving Access to Psychological Therapies programme which aims to transform CAMHS.

“The Government should consider making the provision of counselling services in schools a statutory provision.”

The Children’s Society,
The Good Childhood Report 2015

The British Association for Counselling & Psychotherapy

The British Association for Counselling & Psychotherapy (BACP) is the leading body for counselling and psychotherapy in the UK with over 44,000 members. Almost half of our members say that they have an interest in working with children and young people.

BACP also has a specialist Counselling Children and Young People Division. It is the biggest BACP Division, with over 4,000 members across the UK.

All BACP members are bound by the *Ethical Framework for Good Practice in Counselling & Psychotherapy* and within this, the Professional Conduct Procedure. BACP accredited therapists have demonstrated a core practitioner training in counselling/psychotherapy and have been in practice for at least three years and have completed 450 hours of supervised practice.

BACP also holds accreditation status of its voluntary register from the Professional Standards Authority for Health and Social Care (the Authority). Being on the BACP Register demonstrates that a counsellor exceeds the minimum level of competence that a client has the right to expect from a practitioner.

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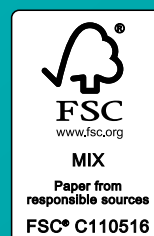
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