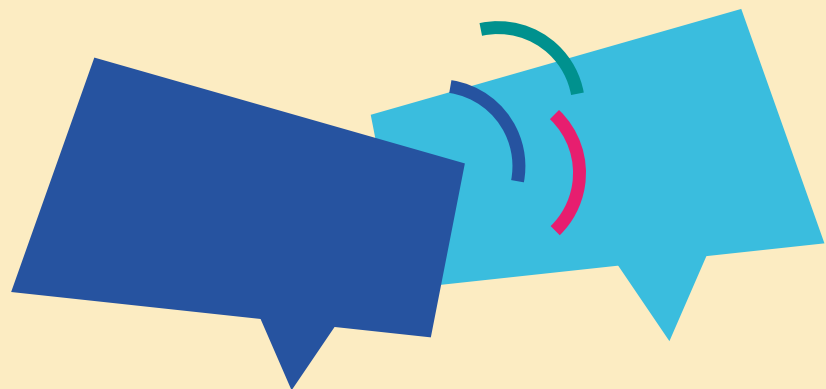




Mental Health: Counselling in Schools



(CCYP/2023/01) Laid before the Scottish Parliament by the Commissioner for Children and Young People Scotland in pursuance of section 11(4) of the Commissioner for Children and Young People (Scotland) Act 2003 on 05/05/2023

Commissioner's Investigation Powers

The office of the Children and Young People's Commissioner is a fierce champion for children's rights, especially those set out in the United Nations Convention on the Rights of the Child (UNCRC). It's our job to make sure that the Scottish Government keeps the promises it makes to children and young people about their human rights. People who have power over children and young people's lives must respect those rights when they are making decisions that affect children.

The Commissioner has investigation powers to help us do this. We can ask questions and look at evidence. We can then say what needs to happen to improve things for children and young people.

"Having the chance to be included in this investigation was a privilege as I know how important mental health support is for children and young people. The Commissioner's legal powers to investigate cases where we think the rights of children and young people are not being upheld was a key part of the process to receive important information from local councils."

Mental Health Investigators

"The process of advising the office in the mental health investigation has been much more than a tokenistic, quick survey of how young people feel. We, as school-aged young people, were involved in every decision made and I feel as though the findings of this investigation represent the broad range of experiences of young people across Scotland - good and bad."

Mental Health Investigators

"I found the whole investigation process really interesting – we got to investigate how each local authority's counselling provisions were doing. We read and discussed a lot of statistics and data, two things which I really enjoy."

Mental Health Investigators

This investigation is the first time the Commissioner's powers have been exercised directly by children and young people, on a subject and in a manner of their choosing.

The Mental Health Investigators

In 2021 a new group of our Young Advisors met to consider how to use the Commissioner's investigation powers to highlight an issue that was important to them. They looked at the Commissioner's strategic priorities: mental health, poverty and climate justice. Mental health was identified as an area of serious concern which affects increasing numbers of children and young people. The decision to focus on mental health was also informed by the impact of increased levels of stress and anxiety experienced by children and young people during and post Covid-19. It enabled us to build on the independent Children's Rights Impact Assessment (CRIA)¹ we published in June 2020, and on the submission made by the office's Young Advisors – some of whom were part of the Mental Health Investigators Group – to the United Nations in March 2022.²

The Mental Health Investigators understood, often from their own experiences, that children and young people need a wide range of mental health support services; in schools, in the community and in clinical settings. The office has previously expressed concerns about the availability of both crisis services and community-based interventions.

The Mental Health Investigators chose to focus their investigation on school counselling as it is an important part of the Scottish

Government's response to Scotland's mental health crisis, and plays a critical role in early intervention. It was also clear that looking at counselling provision in schools across Scotland could provide a useful picture of levels of need and challenges around delivery which might inform work in other areas.

From that point onwards, the Mental Health Investigators were involved in leading every aspect of decision-making throughout this investigation including:

- ▶ the initial planning and scoping of the investigation
- ▶ the tendering and procurement process for carrying out the research and analysis of evidence
- ▶ decisions about the evidence required and the conduct of the investigation
- ▶ analysis of the evidence
- ▶ the content, design and recommendations in this report.

Their clear-sighted views, experiences, understanding and ambition have informed this investigation into the delivery of counselling services in schools across the country, identifying both good practice and areas where improvements need to be made in this fundamental link in the chain of support for young people's mental health and well-being.

1 <https://www.cypcs.org.uk/coronavirus/independent-impact-assessment/>

2 https://www.cypcs.org.uk/wpcypcs/wp-content/uploads/2022/03/Download-Universal-Periodic-Review_Young-Advisers.pdf

The Right to Mental Health

“We chose to investigate the topic of school counsellors as we felt as though there could have been much more support for children and young people’s mental health. Particularly within schools. We are faced with many difficult situations that can affect our day-to-day life however with improved mental health support at school, we feel that it can be a more positive environment.”

Mental Health Investigator

Human rights are universal, interdependent and interconnected. Article 24 of the UNCRC is explicit in setting out the rights of all children and young people to the highest attainable standard of health (which includes mental health) as well as access to services to support this. The UN Committee on the Rights of the Child (CRC) has stated in

General Comment No. 15³ that the realisation of the right to health is indispensable for the enjoyment of all other rights in the UNCRC. In addition, achieving children’s right to health is dependent on the realisation of many other rights outlined in the Convention and in other human rights instruments.

The Committee goes on to say that: “Under Article 24 of the Convention, States parties are urged to provide adequate treatment and rehabilitation for adolescents with mental disorders, to make the community aware of the early signs and symptoms and the seriousness of these conditions, and to protect adolescents from undue pressures, including psychosocial stress”.

³ UN Committee on the Rights of the Child (CRC), *General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)*, 17 April 2013, CRC/C/GC/15, available at: <https://www.refworld.org/docid/51ef9e134.html> [accessed 4 April 2023]

Relevant UNCRC rights

Article 2 The right to not be discriminated against

Article 3 The rights for all decisions to be made with children’s best interests as a primary consideration

Article 4 Rights must be implemented to the maximum extent possible

Article 6 The rights to life, survival and development

Article 12 The right to have children’s views listened to and taken into consideration

Article 16 The right to respect for privacy and family life

Article 20 The right to special protection and assistance for children in care

Article 23 The right to special care, dignity, self-reliance and participation in the community for disabled children

Article 24 The right to the highest attainable standard of health (including mental health)

Article 28 and 29 The right to education directed at the development of the child’s personality, talents, mental and physical abilities to their fullest potential

Article 31 The right to play, leisure and recreation.

In relation to counselling in schools, the connection to education rights is clear. The aims of education set out in Article 29 of the UNCRC include "...The development of the child's personality, talents and mental and physical abilities to their fullest potential..." and preparation of the child for "responsible life in a free society".

To achieve this the CRC, in General Comment No.4⁴ called on States parties:

"(a) To create a safe and supportive environment for adolescents, including within their family, in schools, in all types of institutions in which they may live, within their workplace and/or in the society at large;

"(b) To ensure that adolescents have access to the information that is essential for their health and development and that they have opportunities to participate in decisions affecting their health (notably through informed consent and the right of confidentiality), to acquire life skills, to obtain adequate and age-appropriate information, and to make appropriate health behaviour choices;

4 UN Committee on the Rights of the Child (CRC), *General comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child*, 1 July 2003, CRC/GC/2003/4

"(c) To ensure that health facilities, goods and services, including counselling and health services for mental and sexual and reproductive health, of appropriate quality and sensitive to adolescents' concerns, are available to all adolescents;

"(d) To ensure that adolescent girls and boys have the opportunity to participate actively in planning and programming for their own health and development; ...

and

"(i) To implement measures for the prevention of mental disorders and the promotion of mental health of adolescents."

Mental health also affects the full range of children's human rights under the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the broader international and European human rights frameworks.



A Mental Health Crisis

“While adolescents are in general a healthy population group, adolescence also poses new challenges to health and development owing to their relative vulnerability and pressure from society...”

UNCRC General Comment No. 4⁵

In 2011 the Scottish Government announced a set of national mental health indicators for children and young people, which could be used to monitor “the risk and protective factors for mental health of children and young people (aged from pre-birth to 17 years, at a national and local level) and inequalities in these”.

Data analysed in 2013 showed that “the mental health of children and young people in Scotland over the previous decade or so had improved or remained broadly stable”, although it also identified inequalities in mental health outcomes.⁶

But by 2016 a Scottish Youth Parliament report – ‘Our generation’s epidemic: Young people’s awareness and experience of mental health information, support, and services’⁷ found that out of the 1,453 young people (aged 12-26) who responded to the survey,

“one in five young people do not know where to go for advice and support for a mental health problem” and “27% of young people do not feel supported to talk about mental health in their school, college, university, or workplace”. Concerns identified included “accessibility”, “lack of confidentiality” and “not being taken seriously due to age”.

In August 2017 a BBC Investigation into school counselling support⁸ reported that “more than 250,000 children in Scotland have no access to school-based counselling services, and fourteen local authorities have no on-site counsellors”.

In September 2018, the Scottish Government promised to: “invest over £60 million in additional school counselling services across all of Scotland. This will create around 350 counsellors in school education across Scotland ensuring that every secondary school has counselling services”. Our office advocated for a model which ensured all counsellors had professionally recognised qualifications and highlighted the need for support to be available outwith schools.

The government made a further commitment in May 2020,⁹ to provide access to “high quality and effective counselling support” through schools for children aged 10 and over, in partnership with local government and with “full delivery expected by September 2020”.

5 *General comment No. 4 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)*, 17 April 2013, CRC/C/GC/15, available at: <https://www.refworld.org/docid/51ef9e134.html> [accessed 4 April 2023]

6 <https://www.healthscotland.scot/health-topics/mental-and-wellbeing/children-and-young-peoples-mental-health-indicators>

7 https://www.seemescotland.org/media/8914/syp_mentalhealth-report_final_2_-1.pdf.

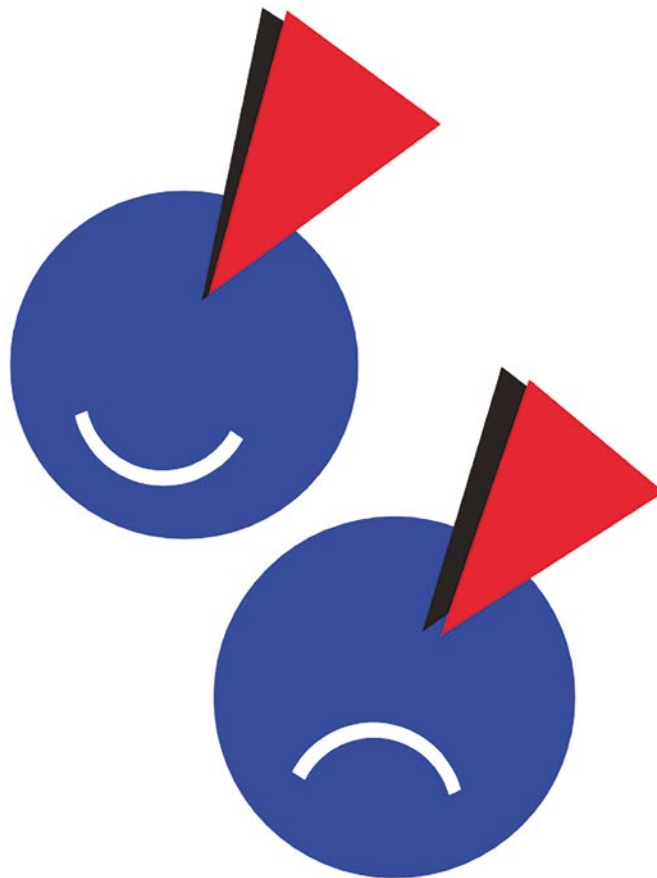
8 <https://www.bbc.co.uk/news/uk-scotland-scotland-politics-40959463>.

9 <https://www.gov.scot/publications/delivery-of-access-to-counsellors-through-schools-aims-and-principles/>

It said that the service should be provided by “qualified counsellors” available throughout the year (including school holidays) and accessible – using a variety of approaches including technology, looking at delivery in non-educational settings, and recognising the challenges faced in rural areas. It also stipulated that local policies and procedures in relation to child protection and information-sharing should be followed, saying that “the requirements of the registering body, for example in terms of professional conduct and supervision, should also be followed”.

When a new set of indicators was launched by Public Health Scotland in March 2022, a report published by the Scottish Parliament in May 2022 showed that children and young people’s mental health had been declining for ten years or more. Local authorities reported that “over 12,000 children and young people sought school counselling between July and December 2021.”¹⁰

¹⁰ <https://digitalpublications.parliament.scot/ResearchBriefings/Report/2022/5/24/aa290f5c-f12a-4077-81ea-4cc5c6151e34#2ab96b0e-8f1e-4288-b06c-65d72fd2ab76.dita>



The Impact of Covid-19

Mental health provision for children and young people was already under significant pressure prior to Covid, but the decline in children and young people's mental health was accelerated by the pandemic. This was identified in an independent child rights impact assessment (CRIA) commissioned by our office and carried out by the Observatory of Children's Human Rights Scotland.¹¹ The assessments were undertaken by experts in their fields, looking at nine specific areas, including mental health. It found that:

- ▶ Even though it was clear from early on that the pandemic would have significant, long-term impacts on children and young people's mental health, little had been put in place to try to mitigate these
- ▶ Fewer children and young people were being seen by medical professionals, so mental health problems may have been underdiagnosed.
- ▶ There had been serious access issues for those with a diagnosis. Face-to-face services outside hospitals closed in late March 2021, and in a UK-wide survey a quarter of children with existing mental health problems reported not being able to access support.
- ▶ Children and young people aren't always confident in finding mental health information, and usually aren't involved in creating it.

¹¹ <https://www.cypcs.org.uk/resources/independent-childrens-rights-impact-assessment-on-the-response-to-covid-19-in-scotland/>

The CRIA noted both the impacts on all children and young people, as well as particular concerns about specific groups including: disabled children and those with other additional support needs, children affected by domestic abuse, children living in poverty or impacted by financial insecurity, young carers, and children making, or due to make, school transitions.

It flagged up the pandemic's "hidden harms", and its effect on "cognitive, emotional and behavioural functioning" in children and young people. The CRIA anticipated both an increase in demand for mental health support as a direct consequence of Covid, and the likelihood that the impacts on children and young people would be long-term.

The Lockdown Lowdown¹² survey of over 6,000 young people, conducted between September to November 2020 by the Scottish Youth Parliament, Young Scot and YouthLink Scotland, found that 38% disagreed that they felt good about their mental health and wellbeing. Furthermore, 44% did not feel confident accessing information about support for mental health and wellbeing.

Work conducted by A Place in Childhood in 2021, with the support of our office, has demonstrated the impact that the pandemic has had on children and young people's mental health.¹³

¹² <https://syp.org.uk/our-work/political-work/covid-19-lockdown-lowdown/>

¹³ <https://www.cypcs.org.uk/coronavirus/scotyouthandcovid2/>

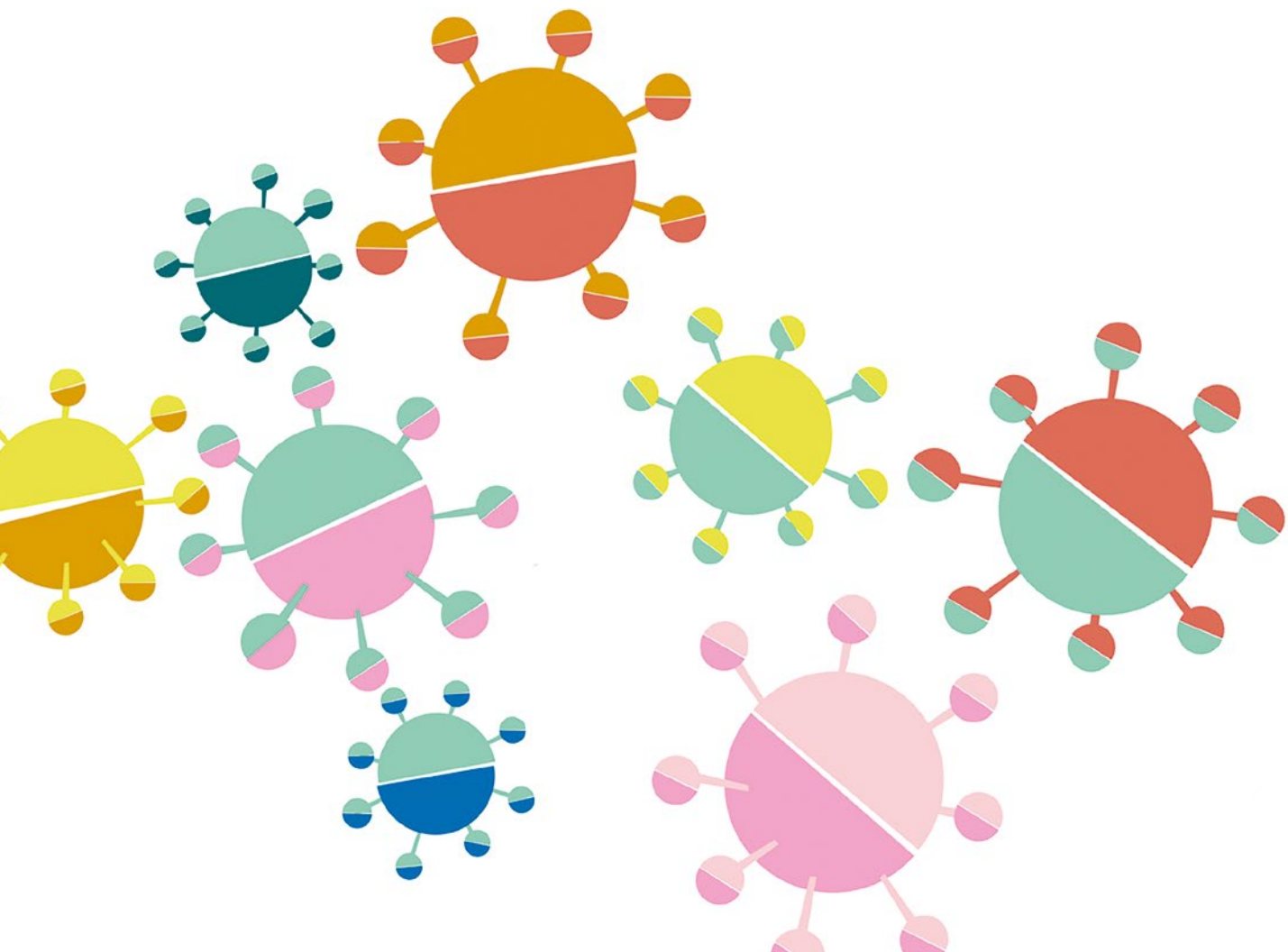
More recent research appears to have borne this out. Public Health Scotland's June 2022 report on the impact of Covid on children's mental health¹⁴ shows that a substantial proportion of young children, parents and carers perceive the pandemic to have had a negative impact on child and family health, wellbeing and development. It also noted that the impacts appear to have been felt to a greater extent in families from low-income households, who may already have been struggling before the pandemic. A recent

14 <https://publichealthscotland.scot/news/2022/june/how-has-the-covid-19-pandemic-affected-children-and-young-people-in-scotland/#:~:text=Around%203%20in%2010%20children,own%20physical%20and%20mental%20health.>

Scottish Government paper¹⁵ noted that 83% of young people with pre-existing mental illness said the pandemic had made their condition worse, often attributed to school closures with loss of routine and access to usual supports.

In almost every interaction our office has had with children and young people over the last two years, mental health has been raised as a matter of serious concern.

15 <https://www.gov.scot/binaries/content/documents/govscot/publications/minutes/2020/09/coronavirus-covid-19-mental-health-research-advisory-group-minutes---july-2020/documents/mhrag-meeting-paper-july-2020--mental-health-effects-of-the-covid-19-pandemic-in-scotland-a-think-piece/mhrag-meeting-paper-july-2020--mental-health-effects-of-the-covid-19-pandemic-in-scotland-a-think-piece/govscot%3Adocument/PAPER%2B1%2B-%2BMental%2BHealth%2BEffects%2Bof%2Bthe%2BCovid%2B19%2BPandemic%2Bin%2BScotland.pdf>



The Investigation

“School counsellors are super important as it allows for young people with mental health issues to get the help they need quickly without having to wait years or not get support until their condition deteriorates to an extremely unsafe level.”

Mental Health Investigators

The Mental Health Investigators wanted to know how the Scottish Government’s commitment to provide counselling was being fully delivered across all local authorities. They wondered whether the counselling model, and the funding provided for it, was still sufficient to meet the escalating mental health crisis post-Covid.

Scottish Government had done some work in this area itself. It undertook two surveys of provision of counselling in local authority schools, the first covering the period January – June 2021, and the second looking at July – December 2021. We are grateful to Ministers and officials for sharing the data and the analysis from both surveys, as well as meeting with the Mental Health Investigators group to answer their questions during the scoping phase of the investigation.

However, in order to determine how well local authorities have been meeting the commitments set out in the Scottish Government’s Delivery Aims and Principles,¹⁶ as well as in the Guidance for Education Authorities,¹⁷ the Commissioner’s Mental Health Investigators wanted more information than that provided by the Scottish Government surveys.

They agreed additional questions on data, and requested documentary evidence in order to provide further detail about delivery across the country’s 32 local authorities. In order to allow for comparison across data sets, the periods chosen were aligned with those covered by the Scottish Government’s surveys.

Given the volume and complexity of the information involved, it was also agreed to outsource the collection and analysis of the data to specialists. The Mental Health Investigators worked with the office to develop a tender specification for the design, administration and analysis of this information. Following scrutiny of the tender applications, scoring, short-listing and interviews, a social research and evaluation consultancy – Iconic – was appointed.

¹⁶ <https://www.gov.scot/publications/delivery-of-access-to-counsellors-through-schools-aims-and-principles/>

¹⁷ <https://www.gov.scot/publications/guidance-education-authorities-establishing-access-counselling-secondary-schools/documents/>

Local Authority Responses

There were significant delays in receiving information from many of the local authorities, with the information provided sometimes incomplete or omitted altogether. This was very disappointing and added significant delays to the process. Some local authorities suggested that the timing of the investigation was an issue. However, we are of the view that both the documentary evidence required and the survey questions asked should have been straightforward to provide and that sufficient time, and flexibility, was made available.

In the end 31 out of the 32 local authority areas in Scotland responded to the investigation. One local authority did not have counsellors in schools until January 2022 so did not provide any evidence. All information provided in this report is therefore based on 31 (rather than 32) local authorities.

When all the information was received, it was divided into the following headings for analysis:

- ▶ Access
- ▶ Delivery and qualifications
- ▶ Supervision
- ▶ Waiting times
- ▶ Evaluation
- ▶ Equalities monitoring
- ▶ Complaints
- ▶ Privacy, confidentiality and data protection

Access

The Mental Health Investigators wanted to know what criteria were applied by local authorities to govern access to counselling. Was it open to all children and young people? Was there any gatekeeping? Where was it delivered and when? How were these things explained to children and young people?

Criteria

Of the 31 local authorities who provided documents for the investigation, two did not provide information about access criteria. There was a wide range of documentation provided by the local authorities that did respond, from tender specifications to documents such as guidelines, handbooks and toolkits. It should be noted that this was information for professionals providing services, not information for children and families seeking to access services.

It was notable that four local authorities present counselling services as universally available (as does the Scottish Government in its 'Guidance For Education Authorities Establishing Access to Counselling in Secondary Schools')¹⁸ – implying that is open to all children and young people requesting it.

¹⁸ <https://www.gov.scot/publications/guidance-education-authorities-establishing-access-counselling-secondary-schools/documents/>

However, most local authorities apply a more selective approach, for instance by requiring input from teachers and other professionals in determining which children and young people would be able to access counselling. This was rarely explained in the information provided to children and young people, leading to young people feeling worried, as our Mental Health Investigators noted, about not being able to “go straight to a counsellor”.

18 local authorities provided documents specifically written for parents and carers, but few of these documents contained detailed information about the criteria for accessing counselling.

Child-friendly information

“I know that all schools in Scotland must have a school counsellor, but many young people don’t know this. I think schools should work on publicising the services more.”

Mental Health Investigators

13 local authorities provided documents specifically designed for children and young people containing information about access to counselling. This was provided in a variety of formats including leaflets and information sheets, as well as online. All used child-friendly language and tended to emphasise the accessibility of the services. Not all were clear about where access criteria applied.

One leaflet noted that “It may be that counselling is not available or not the right support for you. If this is the case, school staff will work with you to figure out how best to help you”. This was one of the few instances

from the information provided where there was a suggestion that counselling might not be universally available. This clarity was welcomed by the Mental Health Investigators.

When and where?

“Essentially, diversifying the counselling service to include support in other places and out of school hours is great but only if that works with the person receiving the counselling. Every person should be able to receive a service that is individual and works for them.”

Mental Health Investigators

The data showed that between January and June 2021, 56% of pupils accessed counselling on the school premises, increasing to 76% between July and December 2021. Online access, on the other hand, fell from 37% during the first half of the year to 18% in the second. These statistics reflect periods of Covid restrictions.

Most counselling (90%) took place during the school day. Counselling was offered during the school holidays in 16 local authorities, in the evenings in four local authorities and at the weekend in just one local authority. As well as having a choice between face-to-face and online counselling, encouragingly children and young people in 28 local authorities had a choice in how and when they accessed counselling, including providing times to suit curriculum timetables.

However, the Mental Health Investigators identified the need to provide more alternative times for counselling, including arrangements for counselling during

school holidays. They also suggested local authorities should undertake surveys of young people to identify the barriers they face when deciding when and how counselling should be available.

All 31 local authority areas confirmed they make special arrangements for disabled children and young people to access counselling. However, this was not always clearly reflected in the information for children or for parents.

Recommendations

- ▶ Local authorities should ensure that they engage with children and young people in order to identify any barriers to accessing counselling services, and how they might be overcome. The outcomes should be reported directly to children and young people.
- ▶ Local authorities should ensure that counselling is available outside school hours, during school holidays and outside school premises, on request.
- ▶ Local authorities should ensure they collect appropriate data on disability and other protected characteristics that might affect how children and young people access counselling support.
- ▶ Specialist counsellors should be made available for disabled children and young people where appropriate. All local authorities should make clear that they will provide reasonable adjustments to suit the needs of disabled young people.

- ▶ Information about criteria and processes for access to counselling should be provided to all children and young people in accessible formats.
- ▶ Local authorities should provide information about the availability and access to counselling services for children and young people educated at home.

Delivery and qualifications

“Formal counselling should be undertaken by a professional counsellor, acting in their specialist role, and in accordance with a strict code of ethics, which requires confidentiality, accountability and clinical supervision.”

Scottish Government Guidance for Education Authorities Establishing Access to Counselling in Secondary Schools¹⁹

The Mental Health Investigators wanted to know who was delivering the counselling services and if they were appropriately qualified in line with the Scottish Government’s expectations. This was an issue our office had raised when the policy was being developed.

Third sector organisations or charities were the main providers of school counselling services in 2021, with the evidence provided showing that over 20 third sector organisations were delivering school counselling services across Scotland.

¹⁹ <https://www.gov.scot/publications/guidance-education-authorities-establishing-access-counselling-secondary-schools/documents/>

Local authorities directly delivered counselling services in only seven local authority areas. In four of these the local authority was the only provider; in two areas third sector organisations also provided a counselling service in some schools; while in one area delivery was a collaboration between the local authority and the NHS.

In all, third sector organisation or charities were involved in providing school counselling services in 26 out of 31 local authorities, with sole responsibility in 19 areas, and working with other organisations in seven.

Scottish Government Guidance says that: "counselling support provided should conform to agreed professional standards, such as those provided by COSCA and BACP, and current best practice for school-based counselling, specifically in respect of counsellors' qualifications, supervision policy, child protection policies and continuous professional development and learning".²⁰

Only 19 of the 31 responding local authorities provided job descriptions, although 28 local authorities provided information on the accreditation level of school counsellors in their area in the online survey.

Of the 19 local authorities providing job descriptions, 17 were for school counsellors, requiring a diploma or degree in counselling, while one local authority (Dumfries & Galloway) provided a job description for a Youth Information Worker and another (Scottish Borders) for a Resilience Practitioner. The job descriptions for these two areas required the lowest levels of

qualification at Counselling Skills Member level, reflecting the different counselling models used in these two areas.

16 job descriptions made reference to requiring accreditation with a professional body such as the British Association for Counselling and Psychotherapy (BACP) or Counselling and Psychotherapy Scotland (COSCA). Two of the local authorities identified accreditation as 'desirable' rather than 'essential'.

All but one local authority job description contained a section on knowledge, experience and skills, while three local authorities had a section in their job descriptions headed "Physical, mental, emotional and environmental demands of the job" which include:

- ▶ Be able to cope with unpleasant behaviour, including physical and verbal aggression, and occasionally to work in conditions sub-optimal for clinical activity.
- ▶ Be able to sit in confined spaces and to concentrate for long periods whilst undertaking clinical sessions with young people. This involves multi-tasking, observational skills and concurrent intellectual analysis under pressure.
- ▶ Required to deal with highly distressing, chronic and/or deteriorating conditions, where progress may be very slow and require long term commitment.
- ▶ Deal with clients and families distressed by the effects of severe physical or mental health problems.
- ▶ Deal with young people exhibiting high levels of distress and describing in detail harrowing and traumatic life events.

²⁰ <https://www.gov.scot/publications/guidance-education-authorities-establishing-access-counselling-secondary-schools/documents/>

- ▶ Deal with psychological problems in young people experiencing adverse life experiences, irresolvable life circumstances and intractable life problems.

These demands reflect very high levels of expectation in regard to experience, professionalism and resilience, particularly if considered in the context of posts requiring the lowest level of qualification and training.

Recommendations

- ▶ Baseline criteria standards should be developed, allowing for some flexibility around requirements in some local authority areas (i.e. rural areas, where travel will be involved, etc).
- ▶ The Scottish Government should set out clear expectations of the minimum level of qualification for school counsellors

Supervision

“As well as counsellors, education authorities should engage supervisors who are members of professional bodies relating to counselling and have specific experience and qualifications relating to supervision. All counsellors are expected to have supervision in line with their professional body’s recommendations”

Scottish Government Guidance for Education Authorities Establishing Access to Counselling in Secondary Schools²¹

The Mental Health Investigators were mindful that counselling is a stressful occupation and were concerned about excessive workloads. They wanted to know how counsellors are supervised and supported to do their job.

Two local authority areas provided no information about supervision; five local authorities stated that ‘satisfactory’ supervision arrangements were part of the tender process with no further details; and six provided limited information with no details.

Only eighteen local authorities provided detailed information indicating that counsellors had regular supervision sessions with qualified staff, complying with the accreditation requirements of their professional bodies.

The lack of information about supervision was concerning. It is a critical part of ensuring an effective service for children and young people.

Recommendations

- ▶ Local authorities should satisfy themselves that appropriate support and supervision is taking place
- ▶ Professionals providing school counselling should be provided regular opportunities for training and career development.

²¹ <https://www.gov.scot/publications/guidance-education-authorities-establishing-access-counselling-secondary-schools/documents/>

Waiting Times

“Mental health problems often develop early and, between the ages of 5-15, one in every nine children has a mental disorder. Half of all mental health problems are established by the age of 14, with three quarters established by 24 years of age. Prompt access to appropriate support enables children and young people experiencing difficulties to maximise their prospects for a healthy and happy life.”

NHS Long Term Plan – children and young people’s mental health services²²

The Mental Health Investigators identified waiting times as one of the biggest barriers to accessing counselling, and it being effective. They wanted to know whether local authorities monitored waiting times, and if they had a target to work to.

Only three local authority areas had an authority-wide standard setting out the maximum length of time children and young people should have to wait between referral and their first appointment. It was set at two weeks. Across these three areas between 10 and 15% of young people waited for longer than two weeks from referral to their first appointment. Lack of availability of this data in other authorities means that it is unclear how the adequacy and sufficiency of the counselling offered, and the Scottish Government funding, is being monitored.

²² <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/a-strong-start-in-life-for-children-and-young-people/children-and-young-peoples-mental-health-services/#ref>

The Mental Health Investigators spoke from their own experiences, and that of their peers, of waiting for as much as three months to see a counsellor in their own areas. They worried that there were not enough counsellors to meet children and young people’s needs. They agreed that waiting times are useful, and that there should be a consistent and monitored national standard across Scotland. This would require action from the Scottish Government if it becomes clear that funding is insufficient to meet demand.

Recommendations

- ▶ All local authorities should have clear waiting time targets, set nationally. Compliance with the target should be part of the evaluation of the service and should be regularly reviewed by the Scottish Government.
- ▶ This data should feed into workforce planning, budgeting and funding decisions at local and national level.

Evaluation

“...we thought [it] would be important for local authorities to... conduct regular surveys with children and young people to highlight areas of improvement, including wait times, transport, and stigma. It is important to us that the information is coming directly from young people, to allow the issues that they are facing to be tackled, rather than the issues that people in power feel we are facing.”

Mental Health Investigators

“23. When establishing the service in a school environment it is essential to check that the counselling provider has established robust pre- and post-counselling evaluation for children and young people. This can assist the school in identifying the improved outcomes for children and young people and also assist the education authority in identifying service level delivery outcomes.

24. Outcome monitoring is the regular measuring and tracking of client progress using standardised outcome measures. BACP encourages the collection of outcome data to monitor services, evaluate the quality of outcomes and benchmark services by comparing outcomes. Education authorities should ensure there are clear procedures in place for monitoring this data.

25. The operation of the counselling service within the school should be reviewed annually and any necessary improvements made. To inform this process a quality improvement process could be established.”

Scottish Government Guidance for Education Authorities Establishing Access to Counselling in Secondary Schools²³

The Mental Health Investigators wanted to find out how local authorities and Scottish Government were determining whether the counselling offer in each authority met the needs of its children, and whether counselling across Scotland was sufficiently well funded.

Between January and June 2021 seven local authorities did not evaluate their counselling

service. In the later period (between July and December 2021), three did not.

Evaluations that did take place were primarily in-house, undertaken by the local authority or the NHS (in 20 areas). In 14 local authority areas the provider undertook self-evaluation, while eight used both methods.

None of the local authorities commissioned an external evaluation of the school counselling service.

It should also be noted that despite Scottish Government guidance saying that “it is essential to check that the counselling provider has established robust pre- and post- counselling evaluation for children and young people”,²⁴ there were no examples provided by any local authority of pre-counselling evaluation.

However, it is to be welcomed that 25 areas involved young people in their evaluations. This involved a number of different methods, including:

- ▶ Completion of evaluation or feedback forms at the end of counselling sessions.
- ▶ Exit meeting/interviews at the end of counselling sessions.
- ▶ Tools such as the Strengths and Difficulties Questionnaire and YP Core (anonymised data from these tools can be used to assess the overall impact of a service on young people).
- ▶ Consultation with children and young people who had used the service – both individual interviews and focus groups.

²³ <https://www.gov.scot/publications/guidance-education-authorities-establishing-access-counselling-secondary-schools/documents/>

²⁴ <https://www.gov.scot/publications/guidance-education-authorities-establishing-access-counselling-secondary-schools/documents/>

East Ayrshire was notable for using school-based pupil focus groups with representatives from each school, involving them in co-production of the service by contributing to the promotion of the service in their school, as well as contributing ideas for questions in the feedback surveys.

While the extent of young people's involvement was welcome, co-design rather than a participative approach was recommended by the Mental Health Investigators, citing the Scottish Government's GIRFEC work with young people as a good example of this approach.

Recommendations

- ▶ All local authorities should regularly evaluate their counselling service and involve young people in the design and delivery of that process.
- ▶ All local authorities should undertake independent external evaluation in addition to internal evaluation of school counselling services.
- ▶ Pre-counselling evaluation should be undertaken as well as post-counselling.
- ▶ There should be a platform in all local authorities for anonymous user-feedback about counselling experiences.
- ▶ A forum should be developed for local authorities to share learning and good practice from evaluations. The Scottish Government should take a leadership role here.

Equalities Monitoring

The Mental Health Investigators wanted to know what data was collected by local authorities on children and young people accessing the service, and what it was used for.

The 31 local authorities that responded to the survey were asked to provide information on collecting equalities information using the nine protected characteristics defined in the Equality Act 2010,²⁵ as well as the additional characteristic of 'care experienced', added by the Mental Health Investigators.

Information gathering was patchy in many areas, with some local authorities only gathering information on a selection of characteristics, while others recorded information in only one of the two periods covered by the survey.

Age – all local authorities gathered age information.

Sex – Falkirk and West Dunbartonshire did not gather this information in either time period. Inverclyde did in Jan-June 2021 but did not in 2021.

Disability – 11 local authorities did not gather information on disability.

Race – 15 areas gathered information on race in the July – December 2021 period, but two of these areas did not gather information in the earlier time period.

²⁵ <https://www.legislation.gov.uk/ukpga/2010/15/contents>

Religion or belief- nine local authorities gathered information in the July – December 2021 period, but two did not do so in the earlier time period.

Sexual orientation – seven areas gathered information in the later period but one did not do so in the earlier period.

Gender reassignment – four local authorities gathered information in both time periods.

Marriage and civil partnership – no areas gathered information on marriage/civil partnership.

Care experienced – 10 local authorities did not gather information in either period; Moray gathered information in only the July – December period.

The Mental Health Investigators were unclear on why some of the protected characteristic data was collected as this was not explained.

Recommendations

- ▶ All local authorities should ensure they are collecting data on protected characteristics in line with the Equality Act 2010
- ▶ Children and young people should receive a clear explanation on why this information is being collected
- ▶ All local authorities should make it clear that providing information about protected characteristics is voluntary and is not a requirement for accessing counselling.

- ▶ Local authorities should undertake child rights and equality impact assessments on policies, procedures, service delivery and information sharing.
- ▶ Local authorities should ensure that data about children whose rights are most at risk (eg young carers, care experienced children and young people, etc) is included in equalities information collected where necessary and proportionate.

Complaints

“We found many local authorities had an extremely hard to understand complaints procedure that wasn’t properly explained to anyone seeing their school counsellor. It would be great to have local authorities make information about complaints much more readily accessible.”

Mental Health Investigators

The Mental Health Investigators wanted to know how easy it was for children and young people to raise concerns and complain about their experience of accessing counselling.

The majority of local authority areas (19 out of 31 who responded) have clear complaints processes set out by either the local authority (11) or their third sector providers (8). However, in six areas the process was unclear, with information provided on both local authority and third sector provider complaints procedures. This creates confusion for both young people and parents.

Examples include:

- ▶ Providing a copy of the third sector provider's information leaflet containing a paragraph about complaints directing young people to the third sector provider's website.
- ▶ Including a complaints Booklet that did not specify which procedure took precedence. Neither the third sector provider's information leaflet nor their complaints leaflet made reference to the Council's complaints procedure.
- ▶ Stating that all complaints are dealt with through the council's complaints procedures. However, this response also contained a Complaints Policy Notice for one of the third sector providers operating in the city.
- ▶ Providing a link to the council's complaints procedure as well as a copy of the third sector provider's complaints leaflet with no explanation of which takes precedence.
- ▶ Providing copies of the local authority Schools, Learning and Education Complaints Procedures, as well as COSCA's complaints process and code of ethics, and an example of a third sector provider's own complaints policy, with no explanation of which took precedence.

The documents provided included:

- ▶ Complaints handling procedures
- ▶ Policy/policy notices
- ▶ Leaflets
- ▶ Booklets
- ▶ Forms
- ▶ Service user agreements
- ▶ Tender documents containing information on complaints

Some complaints handling procedures were between 20 and 60 pages long, although nine local authorities submitted shorter, more user-friendly, documents.

Concerningly, none of the complaints procedures received were written in child-friendly language and none were written specifically for complaints about school counselling, although there were documents other than complaints procedures (such as leaflets and service user agreements), which were written for children and young people, that contained some information about complaints procedures.

Some third sector providers made reference to supporting children and young people to make complaints, although others did not.

Only one local authority provided a complaints procedure in an alternative format – an Easy Read version using text and images as well as a BSL video and transcript, although another council noted that their complaints procedure information can be translated via Contact Scotland (the online BSL interpreting video relay service). The Mental Health Investigators commented that a BSL video was good but the website difficult to navigate, saying: 'accessible information must be easy to access!'

Many local authorities said that if information about complaints was needed in another language or format to contact them. This information was provided in English, in small font.

The Mental Health Investigators concluded that children and young people in most local authority areas would find it difficult to understand how to make a complaint, and who to.

Recommendations

- ▶ Local authorities (rather than counselling providers) should be responsible for providing information about how to complain about counselling services.
- ▶ All local authorities should provide clear, accessible, child-friendly information about how to complain, available in a range of formats, including easy read, BSL video and audio.

Privacy, Confidentiality and Data Protection

“...we thought it would be a good idea for there to be some kind of centralised confidentiality promise that counsellors should explain to young people when seeing them. It’s also important that, when confidentiality needs to be broken, the young person is not just informed that it needs to be broken but also a properly understandable reason as to why.”

Mental Health Investigators

The Mental Health Investigators considered privacy and confidentiality to be critical elements of a rights respecting counselling service. They wanted to know how local authorities would ensure the privacy rights of young people were respected.

Clarity about confidentiality is an important part of the relationship between the counsellor and their ‘client’. Children and

young people participating in a counselling process must be able to share private, personal information with their counsellor without worrying about their confidentiality being breached.

All 31 local authorities provided information on how they preserve the privacy of children and young people during counselling sessions, although three local authorities did not submit any copies of documents for professionals and only 23 areas provided documents for children and young people containing information about confidentiality.

Examples of good practice included:

- ▶ Providing meeting spaces for face-to-face sessions that are safe, confidential, quiet and welcoming.
- ▶ Allowing pupils to miss an entire lesson rather than having to leave/enter during a class which could lead to questions from other pupils.
- ▶ Flexibility in where counselling takes place if an appropriate place cannot be found, including using other venues, such as health centres or community centres.
- ▶ For telephone and online sessions, checking the young person is in a physical place where they can safely and confidentially take part in the session.
- ▶ Adherence to GDPR guidelines as well as counselling guidelines (such as BACP).
- ▶ Locked storage space for client information and safe and secure online IT systems.

All 31 local authorities also informed pupils of their privacy rights with information about data protection provided. Some areas use a form of agreement, such as a consent form or contract. These include information about compliance with privacy/data protection guidelines, including situations where information must be shared on the grounds of safeguarding/child protection concerns.

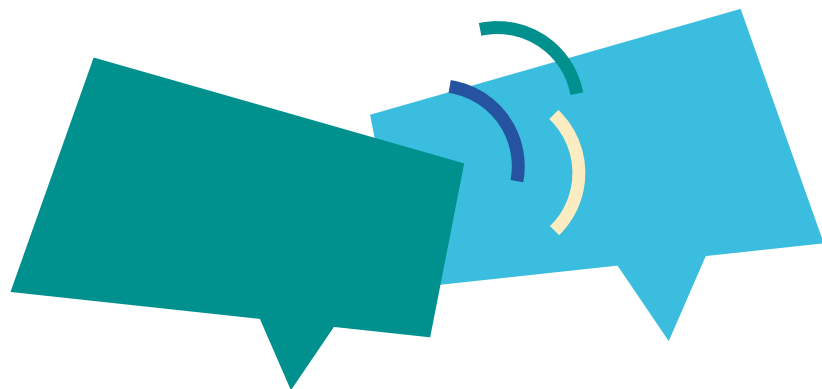
This information may be provided in leaflets, although some local authorities only make this information available online, or via cards with QR codes to scan, which take users to a website where they can find a privacy statement.

Many local authorities stated that if a child is under twelve years of age, counsellors seek parental consent ahead of sharing identifiable information with another professional. This is not compatible with the UNCRC, the Age of Legal Capacity (Scotland) Act 1991 or ICO guidance. Children with capacity have the right to privacy when accessing medical treatment, including counselling, and this must be assessed individually.

Counsellors should explore whether the child would want their parent/carer to know they are accessing counselling. .

Recommendations

- ▶ Information on privacy rights, information-sharing and data protection should be standardised, accessible, available in a range of formats (including easy to read) and provided before counselling begins.
- ▶ When information about a young person receiving counselling needs to be disclosed to another professional due to risk, the young person should be informed (if safe) and the reasons for information-sharing explained. Information should only be shared without consent where there is a significant risk of harm.
- ▶ Local authorities should take an approach to capacity that is compliant with UNCRC Article 12 and General Comment 12 and the Age of Legal Capacity (Scotland) Act 1991.



Looking Ahead

“There’s been a lot of talk about youth mental health crises and how services aren’t good enough to cope with increasing demand, so being able to discuss school counselling and highlight potential strong and weak points meant that we could play a part in helping the government and local authorities try and improve their services. Many of us didn’t even know that all schools have a counsellor before starting the investigation, so it helped to actually learn that those services were available.”

Mental Health Investigators

Despite investment and commitment from the Scottish Government and local authorities, the additional impact of Covid-19 on young people’s mental health has increased the need for Scotland’s already desperately over-stretched mental health services for children and young people.

The continuing six-monthly reports on the provision of counselling in secondary schools, from local authorities to the Scottish Government, will monitor capacity and delivery, but young people have already told us that they face difficulties accessing counselling and long waiting times – problems that our Mental Health Investigators have told us are particularly acute in rural areas.

It is also clear that younger children’s mental health has been worryingly affected as well. While the Scottish Government has committed to improving the ability of local primary and special schools to access counselling, increasing concerns about young

children’s mental health and the benefits of early intervention starkly illustrate the need for the provision of school counselling to be expanded to primary and special schools.

Growing recognition of the connection between well-being and good mental health is reducing the stigma associated with asking for help. This can be supported from an early age by providing education about mental health in primary schools, but also by making counselling universally available across all Scotland’s schools.

“27. In order to measure the impact and effectiveness of the national programme of providing access to counsellors in secondary schools, the Scottish Government has provided templates for local authorities to provide six monthly reports. The commission for reporting will be issued from the Scottish Government directly to Local Authority Heads of Education services.”

“28. The aim of the reporting is to assist education authorities in assessing impact of the service as well as progress towards the policy aim of providing access through every secondary school in the authority.”

“29. The reports will be considered by the Children and Young People’s Mental Health and Wellbeing Programme Board, which is jointly chaired by the Scottish Government and COSLA.”

Scottish Government Guidance for Education Authorities Establishing Access to Counselling in Secondary Schools²⁶

26 <https://www.gov.scot/publications/guidance-education-authorities-establishing-access-counselling-secondary-schools/documents/>

Recommendations

- ▶ All children should have a right of access to counselling at school.
- ▶ Scottish Government should expand school counselling provision to all primary and special schools in Scotland.
- ▶ Education about mental health and wellbeing should be part of the primary school curriculum.
- ▶ School counsellors should be included in school induction, making them a visible part of school life and reducing stigma.

Conclusion

There is good work taking place in local authorities to deliver the counselling offer, but more consistency, better sharing of good practice, and a stronger leadership role from Scottish Government – including careful consideration of the adequacy of funding based on evidence and evaluation – would improve the experience of children and young people.

The Scottish Government is currently reviewing its Mental Health Strategy, and the findings of this report should contribute to that work. This will allow counselling to be considered as part of the broader range of mental health support and interventions, including those based in schools, in the community, and in clinical settings.





Bridgeside House
99 McDonald Road
Edinburgh EH7 4NS

Tel: 0131 346 5350
Young Persons' Freephone: 0800 019 1179
Email: inbox@cypcs.org.uk
cypcs.org.uk

 [@cypcs](https://twitter.com/cypcs)  [@cypcs](https://www.instagram.com/cypcs)  [/cypcs](https://www.facebook.com/cypcs)

If you would like this document in
another format, please let us know.