

Written evidence submitted by Peter Kinsler, Dr James Hynes, Dr Helen Kennerley and Dr John Richer (CYP0118)

Abstract

The Green Paper of 2017 produced proposals to establish a Lead Mental Health (LMH) teacher in all schools, to create an external Mental Health Support Team (MHST) and refer young people more quickly to specialist NHS facilities for serious MH issues.. These proposals will be rolled out up to 2025 in a variety of trailblazer areas. However, successive lockdowns due to the pandemic have created a marked increase in the number of children and young people having MH issues* so how should schools respond while waiting for these new initiatives to be implemented?

A **National Counselling Service (NCS)** to provide counselling in all state schools in England and Wales and separately in Scotland and NI schools is proposed. There are many ways that such a service could be created : one way forward would be to create a Counselling Team (CT) in each school composed of teachers selected, trained and supervised by external Psychologists.

A retrospective analysis of Counselling work done in two European Schools, one in Brussels, the other in Culham, Oxon in the period 1982-2002 is presented. The CT model used then is as valid today as it was then as the issues are precisely the same: how best to help with the MH of our students and young people?

This model or key components of it would complement the various proposals in the Green Paper of 2017, provide additional support for our young people in schools and colleges post pandemic and permanently raise awareness of MH issues in schools and colleges. The NCS would outlive the pandemic and be a lasting legacy to assist the mental health of the nation's children.

** See for example the evidence of Prof Russell Viner to the Education Committee on the 19th Jan 2021 in Annexe.*

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The Counselling work referred to in the paper was supervised by the Consultant Psychologists:

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Introduction

Successive lockdowns due to the Coronavirus pandemic have catapulted the issue of the mental health of the nation's children into the headlines. The provision of mental health services in the country is at best patchy and it is well known that the waiting time for an appointment for such services in the NHS is measured in months. In the best of times it is clear that there are insufficient Psychologists or Counsellors to provide an effective national service for young people in schools and colleges and now the need is even greater.

Some of the issues that our children and young people are presently facing will resolve on returning to school and others will be handled by interactions with form teachers and teachers who have a particular relationship with individual pupils. However, it is likely that there will be a significant number of pupils who will have been left with serious mental health problems as a consequence of the lockdown and the issue schools now face is how best to help them.

Teachers are often the first to learn of problems which young people are experiencing and it is from the teaching force that a school based system of counselling could be developed. Volunteer teachers could be trained to take on the role of School Counsellor in addition to their teaching role; this, of course, would require an equivalent reduction in the volunteer teachers' timetable. A Counselling Team (CT) of trained, and supervised teacher Counsellors where the team members make an offer of assistance to pupils experiencing a mental health issue introduces a new possibility to young people in schools, in that they could **choose** to see a particular teacher Counsellor at school in a completely confidential manner. One such school-based model is outlined below.

The fundamentals of such a service would include:

- A training and supervisory group of Psychologists / other appropriately qualified personnel who would select volunteer teachers for training;
- teachers who successfully complete the training would form the school's Counselling Team (CT);
- regular on-going supervision by the training psychologists of the teacher counsellors as they assist pupils who seek help;
- a code of ethics for the CT and individual teacher counsellors, which would be freely available to pupils and parents and would explain among other things about confidentiality and how pupils in need might approach a member of the CT;
- a Counselling Centre (CC) in which to work in a confidential way within the school;
- the confidence of the senior school staff in the project;
- the support of the other staff, parents and most importantly the pupils.

The practicalities involved in setting up a CT of teachers is described at part A below; some data on the operation of the CT in the ES Brussels 1 and the ES Culham, Oxon. is provided at part B; the typical problems presented by students are indicated at part C; the location of a Counselling Centre (CC) is discussed at part D; and conclusions are drawn at part E.

A) Practicalities involved in setting up a Counselling Team

Essential Needs in the first year:

- 1 Support of the Head and senior staff

- 2 Establishing the CT within the framework of a whole school approach to handling the MH of students as specified in the Green Paper. The aim of the CT would be to assist individual pupils with any personal mental health issues that they might have.
- 3 A Lead Mental Health teacher or delegated Coordinator for the CT
- 4 Appointment of external Educational Psychologist(s) or other appropriately qualified professional(s) as trainers and supervisors of the CT. Ideally, there would be two members of the supervising team- one female and one male.
- 5 Volunteers to join the CT would be sought from the staff in numbers appropriate to the school roll and would be selected for training by the external Educational Psychologist(s) or other appropriately qualified professional(s) after interview.
- 6 Establishing a dedicated Counselling Centre (CC)
- 7 Informing the pupils, staff and Parents about the Constitution and Code of Ethics of the CT with emphasis on the confidential nature of the service offered.
- 8 Creation of a timetable of CT members' availability in the CC which would be posted on all notice boards in the school.
- 9 Evaluation of the year in an AGM of the CT at the end of the school year or beginning of the following year.
- 10 It is highly desirable that the Head and senior staff take part in the training programme for the teachers joining the CT.

B) Review of the evidence from the European Schools, in Brussels and Culham, Oxon

B I) Evidence from The Counselling Team in the European School Brussels 1

Secondary pupils only: Roll approx. 2000

i) 1987/88 Statistics ES Brussels 1

Members of the CT: 20

Number of students helped: 92* (approx. 5% of Secondary population)

Average no of 45 minute counselling sessions/pupil: 5

Total no of sessions: 450

Average time** spent on Counselling /teacher /year: 78 hours

* The 92 students who took part in Counselling in this year broke down into two distinct groups- those who went into long term counselling (12%) and those who received short term help lasting for 1-5 sessions (88%)

** made up from counselling sessions, presence in Counselling Centre as per advertised timetable, supervisions, other meetings. In a 40 week year this is approximately 2 hours per week.

ii) 1982/1993 Statistics ES Brussels 1

10 year average of number of cases per year: 90
Long term counselling average: 15%
Short term counselling average: 85%
Number of teachers trained: 70*
Supervision sessions/year: 18

*Several training courses took place over the 10-year period.

iii) Evaluation of the work of the CT in ES Brussels:

Around 700-800 students from all secondary years benefitted from the work of the CT in ES Brussels 1 across this 10 year period with a certain number of students being seen in successive years. The CT represented stability in the eyes of the students. Team members were always there, listening, supporting, helping them to analyse their situation and sometimes taking the role of substitute mothers and fathers. On occasions the students rejected what we had to offer and didn't come back but sometimes students were taken from year 10, through year 11 and on into years 12 and 13. Indeed some counsellors took students through the final exams on a daily basis.

From its inception the CC at Brussels was designed with a twin purpose: Counselling and Careers guidance. This was done so that a student with a mental health issue could enter the CC without concerns that by so doing it would be obvious to others that she/he had a problem.

iv) Spin-offs from CT:

The wider benefits of teacher involvement in a CT include

- An increased awareness of MH issues of students by all staff;
- Within the limits of confidentiality set by the student counsellee, other members of the team can become aware that an individual student is suffering from some issue and so the network of support for that individual within the school increases;
- Improvement in relationships between pupils and teachers, and parents and teachers;
- Reception for new pupils at start of each year in the CC;
- Drugs programme;
- Aids programme.

B 2) Evidence from The Counselling Team in the European School Culham, Oxon

Secondary pupils only – roll approx. 400-500

Year	1997-1998	1998-1999	1999-2000	2000-2001*
CT Members	15	12	8	7
Pupils seen	15	16	Data unavailable	7
Sessions (45 minutes)	46	124	Data unavailable	80
Sessions/per pupil	3	7.75	Data unavailable	11

Comments	Successful first year-2 long term cases	Increasing number of long term cases	a number of difficult cases were handled	Very serious cases were handled
Supervisions	9	9	9	9

* New training took place this year with 7 new members of the team joining the CT the following year.

i) Evaluation of the work of the CT in ES Culham:

The Counselling Team in Culham started off with a brand new purpose designed Counselling Centre in an old part of the school and provided by DfE.

Main points:

- 1 The uptake of counselling was approximately 3% of the school roll over the years where there is data available.
- 2 Of the cases presented a high proportion were serious and long term.
- 3 The number of sessions/student increased year by year reflecting i) that Counsellors were becoming more experienced, partly from their handling of cases but especially from the on-going supervision of our supervising Psychologists, and ii) that the number of serious cases presented was increasing.
- 4 The number of CT members halved in 3 years due to staff turnover so that a new course was needed in year 3 bringing the team up to 14 the following year.

The CC in Culham was accessed from a rather unattractive stairwell which was in open view. This probably had an effect on reducing the total number of students who came looking for assistance. However, this unattractive entrance was not too off-putting for those with serious issues, judging from the number of such students who arrived in the CC in successive years.

The CC did not have a dual purpose at Culham initially but in 2001-2002 the Careers group moved into the CC on the basis of the experience in Brussels. Interestingly, this decision might actually have been counter-productive as the numbers of students turning up for Counselling fell in this year. Perhaps this reflected changes in the style of provision of Careers guidance over time; by 2002 Careers guidance was being facilitated by computers (UCAS forms etc) and so an increasing number of senior students were using the facilities. Some of these students had a tendency, which was not encouraged, to use the CC simply as a place to study. This was different from the Brussels experience in the 80s and 90s where the Careers material:

- i. was largely of a book/leaflet nature which were used in the centre or could be taken away;
- ii. was available to most Secondary years; and
- iii. there was a permanent staff member present.

The evidence assembled here in these two European Schools adds to the body of successful experience cited at Annexe A of the Green Paper Para 5, Bullet point 4 and Para 6

C) Problems presented by pupils in both schools:

These were many and varied ranging from the minor to very serious and included:

Various aspects of family relationships, social relationships at school, coping with disabilities, issues surrounding adoption, grieving for a parent, self harming, sexual abuse, anxiety, depression, anorexia, suicidal thoughts.

D) Where should counselling take place?

The availability of space for a CC within any one school is a major consideration. Ideally, it should not be in an office associated with the main administrative area of the school, as that is known to be seriously off-putting to children; neither should it be in a classroom. What is clear is ***“...the importance of creating a welcoming environment for all children and young people to discuss their mental health”*** as highlighted on PAGE 25 of the Government’s response to the Consultation on the Green Paper.

The ES Culham experience of a Centre dedicated only to Counselling worked well particularly for those with serious issues but less well for other students.

The ES Brussels experience of having a permanent member of staff present along with the double function of Careers Guidance and Counselling worked very well.

E) Conclusions:

i) The CT model of volunteer teacher counsellors, trained and supervised by external Psychologists described in this paper would complement the structure envisaged in the Green Paper, would add considerably to the provision of mental health support **within** any school and could form the basis of a National Counselling Service

ii) To avoid teacher overload a timetable reduction of up to 2h /week is recommended for each member of the CT from the start of training (see information from ES Brussels1) .

iii) Essentially, the Lead Mental Health teacher in addition to his/her broader role in the school, would coordinate the work of the Counselling Team and be a part of the team; alternatively, in large schools, the Lead MH teacher could delegate the coordination of the team to one of the team members.

iv) Teacher volunteers to join the CT would be selected for training after interview by external Psychologists or other appropriately qualified professionals, who would also train and supervise the CT. The number of teacher counsellors required would be a function of the school roll and would need to be refreshed every 2-3 years to allow for staff leaving the CT for whatever reason.

v) Parents, staff and students would receive regular updates on the operation of the CT while total confidentiality of the students being seen would be maintained.

vi) Ideally, the centre where counselling would take place needs to be such that a student with a mental health issue can enter it without concerns that by so doing it will be obvious to others that she/he has a problem. In order to protect the anonymity of the student the centre where counselling would take place should have a twin or multi-purpose eg Counselling/ Careers / Library.

vii) The Lead MH teacher would be based in the Counselling Centre.

Acknowledgement: Well over 100 ES teachers contributed to the development of the Counselling Teams in Brussels and Culham, Oxon.

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Annexe

“Probably the best study is the national children’s mental health study that was done by NHS Digital and NHS England where in July they resurveyed a number of thousands of children and young people who had been surveyed in 2017. They found that the rate of serious mental health problems or very likely mental health problems had increased from one in nine in 2017 to one in six in July. Remember July was when we were opening up and things were looking better again. We can’t specifically say that change was due to the pandemic because it could have been anything from 2017 to 2020. However, it is very suggestive. They are collecting new data from the same group. There is a range of other studies showing considerable mental health harms. Not every study has shown that. A couple of studies have shown a reduction in anxiety in some children out of school and we have to recognise that for some children, hopefully a small group, schools can be a place of stress. But overall and I think some of the reports we are seeing from the UK and elsewhere are suggesting up to 30% to 40% of children having really significant problems when, of course, at a background level it is much lower than that at the 5% to 10% level”.

Prof Russell Viner

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