

## Children and Young People's Mental Health Report January - June 2022

(Combining *School Counselling* and *Community Mental Health and Wellbeing Supports and Services Framework*)

Please provide the following information and return to [CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)) by **29<sup>th</sup> July 2022**. If you have any questions, please contact us.

<b>Name of Local Authority</b>	<b>Aberdeen City Council</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	295
Number accessing in-person provision	*
Number accessing provision virtually	*
Number of female pupils accessing provision	191*
Number of male pupils accessing provision	75*
Stage specific data	
Number of children in P6	9
Number of children in P7	13
Number of children in S1	31
Number of children in S2	67
Number of children in S3	62
Number of children in S4	62
Number of children in S5	28
Number of children in S6	23
Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	<i>165 – unknown for remaining pupils at this time due to their stage in the process</i>

Referrals In	
Numbers of form of referral	
Self-referral	23
School Staff	239
Social Services	
GP	16
School Nurse	12
Health Professional	*
Other	*

Onward Referrals	
Number of onward referrals	
CAMHS	11
Child Protection	*
Other Service	9 – AFCCT/MCR Pathways/Youth Worker/Victim Support

Presenting issues** Please use numbers			
Exam Stress	50	Self-Harm	40
Trauma	38	Depression	42
Bereavement	44	Anxiety	142
Gender Identity	15	Emotional/Behavioural Difficulties	85
Substance Use	13	Body Image	40
Low self esteem/confidence	61	Unwanted sexual experiences	8
Bullying	8	Isolation/Loneliness	29
Eating Disorder	*	Suicidal Ideation	17
Anger	16	Welfare Issues	*
Low mood	34	Sexuality	11
Family breakdown/difficult relationships	89	Compulsive Behaviours	*

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	Jan-Mar 12 April-July 1 <sup>st</sup> 17
Number of hours counselling is being provided per week	Jan-Mar in Academy's 127.75  April-May in Academy's 224  June –July 1 <sup>st</sup> in Academy's 254  Jan-July 1 <sup>st</sup> in Primary 102.5

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

### Any Additional Information/Comments/Reflections

Number of Non Binary/Transgender pupils accessing provision is 29, this in addition to the numbers of F/M noted above, they are included in the final count of pupils accessing provision. Only 15 of these pupils regard their gender identity as a difficulty with which they require counselling, the others report other issues as resulting in their need for counselling.

All of the pupils present with a number of issues as reason for referral.

### Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

\*\* This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.

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<b>Name of Local Authority</b>	<b>Aberdeenshire Council</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	195
Number accessing in-person provision	195
Number accessing provision virtually	0
Number of female pupils accessing provision	128
Number of male pupils accessing provision	60
<b>Stage specific data</b>	
Number of children in P6	0
Number of children in P7	0
Number of children in S1	31
Number of children in S2	32
Number of children in S3	63
Number of children in S4	40
Number of children in S5	17
Number of children in S6	12
<b>Number of children who have reported an improved outcome following access to a counsellor</b>	
<i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	83

Referrals In	
Numbers of form of referral	
Self-referral	0
School Staff	195
Social Services	0
GP	0
School Nurse	0
Health Professional	0

Other	
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Onward Referrals	
Number of onward referrals	
CAMHS	8
Child Protection	8
Other Service	<i>Please share details if you are able to</i>

Presenting issues** Please use numbers			
Exam Stress	10	Self-Harm	25
Trauma	#	Depression	17
Bereavement	22	Anxiety	77
Gender Identity	*	Emotional/Behavioural Difficulties	43
Substance Use	*	Body Image	6
Abuse	14	Bullying	*
Family	91	Illness	*
Offending	*	Relationships	71
Self-worth	31	Sexual orientation	*
Stress	10	Suicidal	6
Other	<i>Please add rows if required</i>		

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	3 Qualified Counsellors 9 Trainee Counsellors
Number of hours counselling is being provided per week	60 (approximate)

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections
<i>Reflections on demand/capacity or any additional training requirements, for example</i>

### Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

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seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.

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If you have any questions, please contact us.

<b>Name of Local Authority</b>	<b>Angus Council</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	306
Number accessing in-person provision	<i>Of the 1344 counselling sessions, 1221 were face to face</i>
Number accessing provision virtually	<i>Of the 1344 counselling sessions, 53 were on line and 70 by phone</i>
Number of female pupils accessing provision	216
Number of male pupils accessing provision	89
Stage specific data	
Number of children in P6	18
Number of children in P7	29
Number of children in S1	18
Number of children in S2	64
Number of children in S3	72
Number of children in S4	64
Number of children in S5	31
Number of children in S6	16
Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	
	<i>76 CYP completed counselling. Of the 76, 67 reported improved outcomes</i>

Referrals In	
Numbers of form of referral	
Self-referral	0
School Staff	155

Social Services	0
GP	0
School Nurse	0
Health Professional	0
Other	0

Onward Referrals	
Number of onward referrals	
CAMHS	<5
Child Protection	0
Other Service	School nursing & Social work <5 GP - *

Presenting issues			
Exam Stress	23	Self-Harm	35
Trauma	26	Depression	38
Bereavement	23	Anxiety	127
Gender Identity	10	Emotional/Behavioural Difficulties	62
Substance Use	0	Body Image	18
Other	Anger	40	
	Behaviour	32	
	Bullying	26	
	Eating Disorder	8	
	Family Issues	80	
	Health	<5	
	Interpersonal / Relationship	50	
	Self and Identity	33	
	Self-esteem	45	
	Social Media Bullying	<5	
	Work / Academic	14	

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	12
Number of hours counselling is being provided per week	

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.



## Any Additional Information/Comments/Reflections

8 CYP identified as "other"/rather not say.

### Referral Rates

Primary referrals have increased in the second half of the year. 10% of referrals in the first half were from primary, whereas in 2<sup>nd</sup> half of the year 19% were primary referrals. This coincides with the number of CYP supported in the primary sector – 10% in the first half of the year and 15% in the second.

### Presenting & Predominant issues

There continues to be a strong correlation with presenting and predominant issues. The most prevalent issues were

Anxiety

Self-esteem

Family issues

Emotional/behavioural issues

### Pandemic related issues

Pandemic related issues continue to emerge in counselling. There was a slight drop in the number of CYP reporting pandemic related issues in the second half of the year. However, at the end of March 2022 76 YP reported they were worried about exams, in relation to the pandemic. This dropped in June 2022 when 45 reported this worry. This would fit with the time of year when there was uncertainty for YP around the format of the 2022 examinations.

### Individual Outcomes

57 CYP completed counselling in the second half of the year. The most predominant outcomes being worked towards were:

Be able to cope better

Have more confidence/self-esteem

Be more aware of feelings/behaviour

Be more positive

Of those most predominant outcomes being worked towards, the % of CYP who met those outcomes were:

Be able to cope better – 75%

Be more aware of feelings/behaviour – 84%

Have more confidence/self-esteem – 64%

Be more positive – 80%

### Signposting

As well as recording the number of referral counsellors make to other services, the number of onward signposting for CYP is also collected.

Onward signposting	Angus
	No of CYP
GP	7
CAMHS	6
Educational Psychology	<5
School Nursing service	<5
Social Work	<5

Other data sets collected – referral forms should provide counsellors with this data, however counsellors have reported that referral form is incomplete at times.

### **Educational Status**

Educational status	Angus
	No of CYP
Open Child / Young Person's plan	<5
Young Carer	<5
Child Protection Register	<5
History of low attendance	37

### **Family Status**

Family status	DCC
	No of CYP
Looked after child (accommodated)	<5
Looked after child (at home)	<5
Single parent family	59
Two parent family (including step parenting)	106

### **Other Status**

Other status	PKC
	No of CYP
ASN (any category)	19
Disability (any category)	<5
SIMD1 or 2	0
Eligible for Free School Meals	9

### **Non-attendance at counselling sessions**

After discussion and agreement, only CYP who do not give a reasonable excuse for missing sessions would be recorded as DNA. Counsellors and school staff have agreed that every effort would be made to reschedule missed appointments, if the CYP wished to do so. However, this only resulted in a very slight drop from 14% in the first half of the year to 11% in the second.

### **Waiting Lists**

Providers are reporting creative ways to manage waiting lists, in agreement with CYP; fortnightly meetings, drop ins, groupwork (YP with similar issues). 42 CYP were added to a waiting list with 17 having to wait more than 28 days to begin counselling. At the end of June there were 31 CYP still on a waiting list.

### **Involvement at planning meetings**

27 CYP Planning meetings were attended by a counsellor. Of the 27 meetings, 15 of them used information from the counsellor for planning purposes for the CYP.

### **Evaluations**

Providers continue to report challenges in gathering CYP feedback following counselling and even more so when gathering evaluations from parents/carers.

Following counselling, CYP are asked the following statements, rated from 1-5 (disagree completely – agree completely)

I am able to identify issues concerning or worrying me

I am more able to try and address things that are worrying or concerning me

I feel more confident about being able to manage issues concerning me

I feel that I am in the right place to end my counselling now

I know where to find support when my counselling is finished

Not all statements were completed by every CYP, of the statements that were completed by CYP the majority either agreed or completely agreed with the statements.

Counsellors are asked to provide any written or oral feedback they have received from CYP. The following has been shared by CYP to school counsellors:

- I feel more confident
- I am happier at school and can return to classes
- I feel I can stand up for myself

Of those parents/carers that did submit an evaluation, at the end of counselling, all most all agreed or completely agreed with the following statements:

My child is more able to identify issues that are causing concern

My child is displaying more confidence in being able to manage issues concerning them

My child's wellbeing has improved

Counsellors are asked to provide any written or oral feedback they receive from parents/carers. The following has been shared by parents/carers to school counsellors:

- Really appreciate the quality and availability for this service in school
- Delighted with the progress made since beginning counselling
- A great source of support for my child. Delighted with the information provided by the counsellor

### **School Feedback**

Schools are asked to provide feedback on impact of school counselling each quarter.

From the returns over the second half of the year, less than half of the schools reported that counselling has improved outcomes for CYP. When asked if counselling has reduced the number of referrals to other services such as CAMHS, some schools have reported that school counselling is providing a much-needed service that was missing from the continuum of resilience-based supports that are available in school so has not reduced referrals but has allowed CYP to receive a more appropriate support. Less than half the number of schools who responded agreed or completely agreed that school counselling has reduced referrals to other services. Half of the schools that responded agreed or completely agreed that their school counsellor was involved in child's planning and multi-agency working.

### **Abertay University**

20 members of staff from across Tayside engaged in an 8 week Counselling Skills and Mental Health awareness training run by Abertay University. This was jointly funded by each LA and Abertay University. The topics to be covered included:

- Self-awareness, vulnerability and safety
- Development and attachment
- Case formulation
- Risk and ethical issues
- Signposting, supervision and counselling in schools

Each candidate had to keep a reflective journal, updating weekly, and complete a critical reflective activity where they analysed their skills of their own recorded therapeutic

conversation. All participants agreed that the information shared by Abertay university was helpful in supporting their understanding of counselling and its place within schools.

Abertay University, with the support from the BACP, have approached Tayside to undertake an Effectiveness Study of Counselling in Schools. Data collection templates have now been agreed and shared with providers.

They will begin working with these during the summer holidays. A meeting is planned early August to discuss any teething issues. Training and support will be provided, at all stages by Abertay University, supported fully by BACP. This study will run from August 2022 – June 2023.

### **Togetherall**

Each of the 3 LAs in Tayside have contributed a % of their CiS funding to allow access for 16-24 year olds within their local geographic area access to the online emotional wellbeing resource, Togetherall. The service is anonymised – as a LA we receive details of usage. This online early intervention service for young people aged between 16-24 continues to be promoted in secondary schools across the local authority.

Between January – June 2022, 21 young people (aged between 16-24) registered with Togetherall, seeking support from this online service. Angus young people engaged in self assessments on the Togetherall platform – Obsessive or compulsive tendencies and Anxiety.

The majority of users were aged 16 and 17, 56% were female, 28% reported male, 6% genderfluid, 6% non-binary and 6% did not disclose.

There were a total of 32 logins by Angus users with the most active month being May 2022.

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<b>Name of Local Authority</b>	<b>Argyll &amp; Bute</b>
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### School Counselling

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Access and Outcomes	
Total number of children accessing counsellors	<b>150</b>
Number accessing in-person provision	<b>139</b>
Number accessing provision virtually	<b>11</b>
Number of female pupils accessing provision	<b>93</b>
Number of male pupils accessing provision	<b>43</b>
Stage specific data	
	<b>* CYP missing or not known year group information.</b>
Number of children in P6	<b>13</b>
Number of children in P7	<b>15</b>
Number of children in S1	<b>20</b>
Number of children in S2	<b>27</b>
Number of children in S3	<b>23</b>
Number of children in S4	<b>22</b>
Number of children in S5	<b>22</b>
Number of children in S6	<b>*</b>
Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	<b>81</b>

Referrals In	
Numbers of form of referral	
Self-referral	<b>31</b>
School Staff	<b>105</b>
Social Services	<b>*</b>
GP	<b>0</b>

School Nurse	*
Health Professional	<b>7</b>
Other	*

Onward Referrals	
Number of onward referrals	
CAMHS	*
Child Protection	
Other Service	*
<b>School Nurse, Educational Psychology and Youth Development.</b>	

Presenting issues** Please use numbers			
Exam Stress	<b>16</b>	Self-Harm	<b>28</b>
Trauma	<b>33</b>	Depression	<b>34</b>
Bereavement	<b>19</b>	Anxiety	<b>88</b>
Gender Identity	*	Emotional/Behavioural Difficulties	<b>70</b>
Substance Use	*	Body Image	<b>24</b>
Other	<b>10</b>		

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	8 Counsellors 1 Team Lead
Number of hours counselling is being provided per week	Approximately 20 hours per week per fulltime post with 0.5FTE providing around 8.  This has reduced following the increase in face to face counselling. This is further compounded by the geography of Argyll and Bute and the required use of extended driving, ferries, planes and over nights stays.

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

**Any Additional Information/Comments/Reflections**

*Reflections on demand/capacity or any additional training requirements, for example*  
14 young people did not describe themselves as either male or female.

Notes

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<b>Name of Local Authority</b>	<b>Clackmannanshire</b>
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*Due to our population size, the number of children and young people currently accessing some of our services is small.*

*Therefore, our reporting of these smaller numbers is done in a way that ensures it is not possible to calculate numbers of individuals where this may become identifiable. This tends to be the categories of data with less than 10 individuals represented.*

### School Counselling

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Access and Outcomes	
Total number of children accessing counsellors	142 referrals made since January 2022.
Number accessing in-person provision	100%
Number accessing provision virtually	0
Number of female pupils accessing provision	<b>Total Referrals: 93 (66%)</b>
Number of male pupils accessing provision	<b>Total Referrals: 43 (30%)</b>
Stage specific data	
Number of children in P6	10 (7%)
Number of children in P7	25 (18%)
Number of children in S1	12 (8%)
Number of children in S2	22 (15%)
Number of children in S3	31 (22%)
Number of children in S4	21 (15%)
Number of children in S5	12 (8%)
Number of children in S6	<10
Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and</i>	
	<b>1. Pre and Post YP-CORE data was collected for 95 children and</b>



*Difficulties Questionnaire (SDQ) or another measure*

*young people (CH&YP). Analysis showed a significant improvement in scores (i.e., not by chance) at the level of  $p < .05$ . The mean difference between pre and post scores was 3.08. The numerical change in scores ranges between 0 – 18, including post scores that have increased or decreased from their pre score.*

- 2. Qualitative analysis on a subset of 9 case studies showed that many pupils in counselling had more than one stressor their lives that they wanted to seek counselling for. For these pupils, the therapeutic relationship took longer to build at the beginning of counselling. However, using regulation techniques, such as drawing or playing games, as well as collaborating on safety/self-care plans and talking through confidentiality, helped the therapeutic relationship.*

*The format of*

	<p><i>counselling was similar for all but tailored depending on the individual concerns and needs, e.g. bringing parents into therapy, extending sessions or utilising imaginary safe space work.</i></p> <p><i>These elements of the counselling process created an individualised and collaborative space for pupils and led to improved outcomes such as enhanced self-image, improved confidence, stronger family/friend relationships, reductions in stress and even prompting brighter views of the future.</i></p>
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Referrals In	
Numbers of form of referral	
Self-referral	<10
School Staff	134 (94%)
Social Services	0
GP	0
School Nurse	0
Health Professional	0
Other	0

Onward Referrals	
Number of onward referrals	
CAMHS	13 (9% of total referrals)
Child Protection	<10
Other Service	<10

**Presenting issues\*\***  
Please use numbers

*Please note these statistics are calculated using current active cases (cases where the child or young person is still attending counselling sessions), of which there*

<i>are 107, as opposed to total number of referrals in this time period (reported in Access and Referrals section above) which is 142.</i>			
Exam Stress	26 (24%)	Self-Harm	31 (29%)
Trauma	38 (36%)	Depression	27 (25%)
Bereavement	26 (24%)	Anxiety	77 (72%)
Gender Identity	12 (11%)	Emotional/Behavioural Difficulties	31 (29%)
Substance Use	<10	Body Image	45 (42%)
Other	14 (13%) (e.g. sleep disturbance, confidence, anger management, self-esteem).		

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<b>Number of counsellors and hours being provided</b>	
Number of counsellors in post (please use total number rather than FTE)	9
Number of hours counselling is being provided per week	142

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

<b>Any Additional Information/Comments/Reflections</b>
<p><b>Impact of Deprivation</b> Most children and young people referred to the Counselling in Schools Service came from areas of multiple deprivation with 30% living in SIMD 1 and 2 and 63%, living in SIMD 1-4, which suggests there is an impact of deprivation on mental health and wellbeing.</p> <p><b>Service Capacity</b> There has been high demand on the service, which has meant there are waiting lists for young people to see school counsellors. We are working proactively with our partner organisation to explore how we can best support young people when they have to wait, including offering group work and/or sign-posting access to our digital mental health services.</p>

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<b>Name of Local Authority</b>	<b>Dumfries &amp; Galloway Council</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	<i>Please provide numbers rather than percentages</i>
Number accessing in-person provision	263
Number accessing provision virtually	0
Number of female pupils accessing provision	189
Number of male pupils accessing provision	74
Stage specific data	
Number of children in P6	*
Number of children in P7	*
Number of children in S1	52
Number of children in S2	60
Number of children in S3	63
Number of children in S4	56
Number of children in S5	23
Number of children in S6	8
Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	
	133 (Completed Support Jan-Jun)

Referrals In	
Numbers of form of referral	195 Referrals (Jan-Jul)
Self-referral	
School Staff	179
Social Services	*
GP	
School Nurse	

Health Professional	*
Other	Youth Workers - 11

Onward Referrals	
Number of onward referrals	
CAMHS	*
Child Protection	*
Other Service	Young Carers – * BEAT (eating disorders) - *

Presenting issues** Please use numbers			
Exam Stress	8	Self-Harm	*
Trauma	*	Depression	0
Bereavement	12	Anxiety	47
Gender Identity	*	Emotional/Behavioural Difficulties	29
Substance Use	0	Body Image	0
Other	Anger – 8 Assault – * Low Mood – 29 Peer Relationships – 7 Bullying – 9 School Attendance – * Self Esteem – 21 Confidence - 13		

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	10
Number of hours counselling is being provided per week	218 hrs

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections
<p><i>Reflections on demand/capacity or any additional training requirements, for example</i></p> <p>*257 Young People have attended groups within Primary Schools, with workers delivering a mixture of groups to P6/P7 pupils including: Seasons for Growth, Living Life to the Full, Mindful Warrior and 1-2-1 support.</p> <p>Our full 2020-21 School Report can be found in the link below:</p> <p><a href="https://youthwork.dumgal.gov.uk/media/24954/2020-21-Schools-Report/pdf/FINAL%20Youth%20Information%20In%20Schools%2020-21%20Report.pdf?m=637690342287700000">https://youthwork.dumgal.gov.uk/media/24954/2020-21-Schools-Report/pdf/FINAL Youth Information In Schools 20-21 Report.pdf?m=637690342287700000</a></p>

Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

\*\* This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services

## Children and Young People's Mental Health Report January - June 2022

(Combining *School Counselling* and *Community Mental Health and Wellbeing Supports and Services Framework*)

Please provide the following information and return to [CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)) by **29<sup>th</sup> July 2022**. If you have any questions, please contact us.

<b>Name of Local Authority</b>	<b>Dundee City Council</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	553
Number accessing in-person provision	<i>Of the 2156 counselling sessions, 2000 were face to face</i>
Number accessing provision virtually	<i>Of the 2156 counselling sessions, 69 were on line and 87 by phone</i>
Number of female pupils accessing provision	296
Number of male pupils accessing provision	184
<b>Stage specific data</b>	
Number of children in P6	56
Number of children in P7	63
Number of children in S1	46
Number of children in S2	74
Number of children in S3	92
Number of children in S4	91
Number of children in S5	50
Number of children in S6	20
<b>Outcomes</b>	
Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	<i>145 CYP completed counselling. Of the 145, 109 reported improved outcomes</i>

Referrals In	
Numbers of form of referral	
Self-referral	17
School Staff	275
Social Services	0
GP	0
School Nurse	0
Health Professional	0
Other	<5

Onward Referrals	
Number of onward referrals	
CAMHS	28
Child Protection	0
Other Service	<i>Educational Psychology &lt;5</i>  <i>School Health &amp; Wellbeing Worker - 10</i>

Presenting issues** Please use numbers																									
Exam Stress	108	Self-Harm	59																						
Trauma	44	Depression	98																						
Bereavement	64	Anxiety	143																						
Gender Identity	36	Emotional/Behavioural Difficulties	131																						
Substance Use	10	Body Image	55																						
Other	<table border="1"> <tbody> <tr> <td>Anger</td> <td>143</td> </tr> <tr> <td>Behaviour</td> <td>62</td> </tr> <tr> <td>Bullying</td> <td>60</td> </tr> <tr> <td>Eating Disorder</td> <td>19</td> </tr> <tr> <td>Family Issues</td> <td>152</td> </tr> <tr> <td>Health</td> <td>31</td> </tr> <tr> <td>Interpersonal / Relationship</td> <td>115</td> </tr> <tr> <td>Self and Identity</td> <td>72</td> </tr> <tr> <td>Self-esteem</td> <td>169</td> </tr> <tr> <td>Social Media Bullying</td> <td>22</td> </tr> <tr> <td>Work / Academic</td> <td>91</td> </tr> </tbody> </table>			Anger	143	Behaviour	62	Bullying	60	Eating Disorder	19	Family Issues	152	Health	31	Interpersonal / Relationship	115	Self and Identity	72	Self-esteem	169	Social Media Bullying	22	Work / Academic	91
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Interpersonal / Relationship	115																								
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The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	18
Number of hours counselling is being provided per week	Hours are not calculated on a weekly basis but provided on a cluster basis.

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.



## Any Additional Information/Comments/Reflections

25 CYP identified as "other"/rather not say.

### Referral Rates

Primary referrals have increased in the second half of the year. 18% of referrals in the first half were from primary, whereas in 2<sup>nd</sup> half of the year 25% were primary referrals. This coincides with the number of CYP supported in the primary sector – 19% in the first half of the year and 25% in the second.

### Presenting & Predominant issues

There continues to be a strong correlation with presenting and predominant issues. The most prevalent issues were

Anxiety

Self-esteem

Family issues

Emotional/behavioural issues

### Pandemic related issues

Pandemic related issues continue to emerge in counselling. There was a slight drop in the number of CYP reporting pandemic related issues in the second half of the year. However, at the end of March 2022 112 YP reported they were worried about exams, in relation to the pandemic. This dropped slightly in June 2022 when 78 reported this worry. This would fit with the time of year when there was uncertainty for YP around the format of the 2022 examinations.

### Individual Outcomes

145 CYP completed counselling in the second half of the year. The most predominant outcomes being worked towards were:

Be able to cope better

Be more aware of feelings/behaviour

Be more positive

Have more confidence/self-esteem

Of those most predominant outcomes being worked towards, the % of CYP who met those outcomes were:

Be able to cope better – 71%

Be more aware of feelings/behaviour – 75%

Have more confidence/self-esteem – 64%

Be more positive – 64%

### Signposting

As well as recording the number of referral counsellors make to other services, the number of onward signposting for CYP is also collected.

Onward signposting	DCC
	No of CYP
GP	17
CAMHS	33
Educational Psychology	6
School Health & Wellbeing Worker	9
School Nursing service	<5
Social Work	0

Other data sets collected – referral forms should provide counsellors with this data, however counsellors have reported that referral form is incomplete at times.

### **Educational Status**

Educational status	DCC
	No of CYP
Open Child / Young Person's plan	89
Young Carer	48
Child Protection Register	15
History of low attendance	77

### **Family Status**

Family status	DCC
	No of CYP
Looked after child (accommodated)	12
Looked after child (at home)	23
Single parent family	177
Two parent family (including step parenting)	264

### **Other Status**

Other status	DCC
	No of CYP
ASN (any category)	38
Disability (any category)	22
SIMD1 or 2	28
Eligible for Free School Meals	18

### **Non-attendance at counselling sessions**

After discussion and agreement, only CYP who do not give a reasonable excuse for missing sessions would be recorded as DNA. Counsellors and school staff have agreed that every effort would be made to reschedule missed appointments, if the CYP wished to do so. However, this only resulted in a very slight drop from 19% in the first half of the year to 18% in the second.

### **Waiting Lists**

Providers are reporting creative ways to manage waiting lists, in agreement with CYP; fortnightly meetings, drop ins, groupwork (YP with similar issues). 89 CYP were added to a waiting list with 47 having to wait more than 28 days to begin counselling. At the end of June there were 78 CYP still on a waiting list.

### **Involvement at planning meetings**

39 CYP Planning meetings were attended by a counsellor. Of the 39 meetings, 38 of them used information from the counsellor for planning purposes for the CYP.

## Evaluations

Providers continue to report challenges in gathering CYP feedback following counselling and even more so when gathering evaluations from parents/carers.

Following counselling, CYP are asked the following statements, rated from 1-5 (disagree completely – agree completely)

I am able to identify issues concerning or worrying me

I am more able to try and address things that are worrying or concerning me

I feel more confident about being able to manage issues concerning me

I feel that I am in the right place to end my counselling now

I know where to find support when my counselling is finished

Not all statements were completed by every CYP, of the statements that were completed by CYP the majority either agreed or completely agreed with the statements.

Counsellors are asked to provide any written or oral feedback they have received from CYP. The following has been shared by CYP to school counsellors:

- I feel comfortable talking to you
- I know what do if I need more support
- It helped me to understand what was going on
- It helped me to deal with my thoughts and feelings
- I have learned about unhelpful thinking patterns and identify them. It has also helped me to manage them.
- I was happy with the service, the sessions were comfortable and not forced
- It made me feel more confident and more like myself
- It was good to speak about my issues with someone who doesn't have an opinion or influence over my decisions
- I feel less angry than I did when I started counselling

Of those parents/carers that did submit an evaluation, at the end of counselling, all most all agreed or completely agreed with the following statements:

My child is more able to identify issues that are causing concern

My child is displaying more confidence in being able to manage issues concerning them

My child's wellbeing has improved

Counsellors are asked to provide any written or oral feedback they receive from parents/carers. The following has been shared by parents/carers to school counsellors:

- There has been a significant decrease in my child's anxiety
- A huge positive change in my child's mood following counselling

## School Feedback

Schools are asked to provide feedback on impact of school counselling each quarter. From the returns over the second half of the year, most schools reported that counselling has improved outcomes for CYP. When asked if counselling has reduced the number of referrals to other services such as CAMHS, many schools reported that school counselling is providing a much-needed service that was missing from the continuum of resilience-based supports that are available in school so has not reduced referrals but has allowed CYP to receive a more appropriate support. Less than half the number of schools who responded agreed or completely agreed that school counselling has reduced referrals to other services. The majority of the schools that responded agreed or completely agreed that their school counsellor was involved in child's planning and multi-agency working.

## **Kingspark Special School**

### **Therapets**

Funding has been allocated from the CiS budget to allow a Learning and Care Assistant who is a qualified dog handler to be released from his core duties 2 days per week to provide therapeutic opportunities for the children and young people who attend Kingspark Special School. Since January 2022 the focus for sessions with the handler has been to support the children and young people who have a fear of dogs to overcome this.

A total of 18 CYP were targeted during this period. Their fear of dogs limited their access to outdoor recreational time with their families as they could not visit parks or outdoor spaces where dogs were present. Since having access to the school's therapeut, families have reported that their child can visit parks and open spaces as they are less likely to become distressed when seeing a dog. In school, all the children who were targeted can now approach the dog, interact including feeding and are happy to hold the lead when taking the dog for a walk around the school.

The dog has also supported [redacted].

[redacted]

The school will continue to build on the use of the dog to provide therapeutic opportunities for the CYP who attend Kingspark. To gather greater, robust, impact data the school will issue questionnaires to classroom teachers and parents/carers of the CYP who are targeted for interventions. This data will provide greater insight into the effect on the CYP following sessions with the dog.

The school will continue to work with the wider staff population to increase their understanding of the impact and benefits of using the dog for therapeutic opportunities with the CYP.

### **Rockwell - OES**

CiS funding has allowed a Mental Health Practitioner to work in Rockwell OES one day per week.

By February 2021, Specific Pilot Outcomes were discussed and agreed

- Increase therapeutic support for CYP to enhance engagement
- Improve self-regulation within CYP in response to emotional distress and anxiety
- Improve staff capacity to support emotional wellbeing through opportunities to engage with learners during therapeutic group activities
- Improve staff emotional and mental wellbeing

By early February, it was evident the therapist had become a figure who could be trusted by some young people. They were beginning to drop in for 1:1 time to share their frustrations and feelings in that moment.

The therapist is also supporting staff in a small girls' group. The focus for the therapist is to support staff to develop a space for the girls where it felt safe to talk and share with each other. Feedback from the girls attending this group:

..."we have got to know one another and learn things we have in common",  
..."like coming because it is free to talk".

Data is being collected on the number of young people dropping into sessions and the themes explored, it is too early to note impact beyond the meeting room. It is evident young people are beginning to trust the therapist and are willingly engage with her.

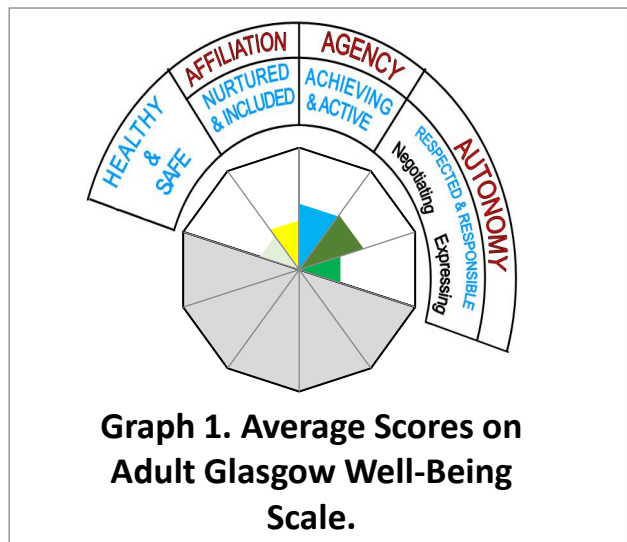
Five members of school staff began working with the therapist at the beginning of December 2021. Each member of staff is allocated a 40 minute, 1:1 weekly session, with a focus on supporting their emotional and mental wellbeing in relation to dealing with challenges faced when working with CYP who present with complex social and emotional needs. Staff have reported that they are incorporating the techniques they engage in with the therapist with the young people they work with.

SLT have observed and noted that the staff who are engaging with the therapist are demonstrating a greater sense of empowerment than they had done previously. They are more likely to engage YP in conversations about wellbeing. They have also observed that the staff who have engaged are more likely to find their own solution to a problem, whereas they would have sought out support from management previously.

Feedback from staff member:

*“Sessions with XXXXX have been invaluable. I realise from the sessions I have not given myself care and attention and this has impacted my own self-worth, and my work. I am now feeling better than ever and my work is going really well. XXXX has helped in every way she listened with compassion.”*

At the end of March 2022, all 5 staff members who had self-referred to work with the therapist in 1:1 sessions completed the Glasgow Motivational Wellbeing Profile (GMWP) for staff. The reason for this was to use the lens of self-determination to explore areas of relative strength and weakness that drive motivation and an ability to cope in the face of adversity within the workplace. The average of these results is shown in graph 1, opposite. It is clear these 5 staff members need support to feel safe, affiliated and autonomous in their workplace. Working in a provision that is targeted to support ‘complex social and emotional needs’ can often be associated with transference and secondary trauma. It was felt that support targeted for ‘all staff’ is a more appropriate way forward as this links to the current focus within the LA to develop a trauma informed workforce. Rockwell have recently completed Level 1 of this training and as part of this are currently developing a plan to support implementation. It was felt that future inputs from counselling could focus on supporting this.



### Next Steps

The areas within the GMWP (and self-determination theory) clearly align with the 5 Trauma Principles and any focus on this using the lens of understanding and supporting YP will inevitably support understanding of adult capacity too. The principles are:

- Safety

- Choice
- Collaboration
- Trust
- Empowerment

It has been agreed that the therapist will discuss each staff members completed GWBP return with them and draw out themes whilst making salient the links between the trauma principles and self-determination. Discussion relating to support and practice at both staff and organisation level can then be linked. This will be further developed through group work with all staff to explore the trauma principles in terms of how the context/approaches within Rockwell support both staff and YP.

It is hoped that by supporting staff with this connection, they will develop a greater awareness of the impact of behaviour and supports required both for staff and YP using a trauma lens and that this will increase feelings of empowerment, safety and affiliation. This can be measured through future GMWB profile scores.

From August 2022 – Nov 2023, the therapist will work in the school 2 days per week to build on the work described above.

### **Togetherall**

Each of the 3 LAs in Tayside have contributed a % of their CiS funding to allow access for 16–24-year-olds within their local geographic area access to the online emotional wellbeing resource, Togetherall. The service is anonymised – as a LA we receive details of usage. This online early intervention service for young people aged between 16-24 continues to be promoted in secondary schools across the local authority.

The Togetherall Account Manager for Tayside has provided an overview of Togetherall to the Dundee School Nursing Team and to Includem, Dundee. The school nurse team are going to collaborate with Togetherall to ensure information is shared in doctor surgeries across Tayside.

Between January – June 2022, 21 young people (aged between 16-24) registered with Togetherall, seeking support from this online service. Six self-assessments were carried out by YP in Dundee – \* x Anxiety about health, \* x Anxiety and \* Concern about eating. The majority of users were aged between 19 – 24, 70% were female and 30% male. There were a total of 60 logins by Dundee users with the most active month being April 2022.

### **Abertay University**

20 members of staff from across Tayside engaged in an 8 week Counselling Skills and Mental Health awareness training run by Abertay University. This was jointly funded by each LA and Abertay University. The topics to be covered included:

- Self-awareness, vulnerability and safety
- Development and attachment
- Case formulation
- Risk and ethical issues
- Signposting, supervision and counselling in schools

Each candidate had to keep a reflective journal, updating weekly, and complete a critical reflective activity where they analysed their skills of their own recorded therapeutic conversation. All participants agreed that the information shared by Abertay university was helpful in supporting their understanding of counselling and its place within schools.

Abertay University, with the support from the BACP, have approached Tayside to undertake an Effectiveness Study of Counselling in Schools. Data collection templates have now been agreed and shared with providers.

They will begin working with these during the summer holidays. A meeting is planned early August to discuss any teething issues. Training and support will be provided, at all stages by Abertay University, supported fully by BACP. This study will run from August 2022 – June 2023.

### Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

\*\* This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.

## Children and Young People's Mental Health Report January - June 2022

(Combining *School Counselling* and *Community Mental Health and Wellbeing Supports and Services Framework*)

Please provide the following information and return to [CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)) by **29<sup>th</sup> July 2022**. If you have any questions, please contact us.

<b>Name of Local Authority</b>	<b>East Ayrshire</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	734
Number accessing in-person provision	725
Number accessing provision virtually	9
Number of female pupils accessing provision	457
Number of male pupils accessing provision	239
Stage specific data	
Number of children in P6	57
Number of children in P7	60
Number of children in S1	134
Number of children in S2	129
Number of children in S3	139
Number of children in S4	112
Number of children in S5	64
Number of children in S6	39
Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	565

Referrals In	
Numbers of form of referral	483
Self-referral	12
School Staff	432
Social Services	
GP	
School Nurse	
Health Professional	



Other	36 - parent
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Onward Referrals	
Number of onward referrals	
CAMHS	30
Child Protection	*
Other Service	10 (Children's 1 <sup>st</sup> , School Nursing Service)

Presenting issues** Please use numbers			
Exam Stress	17	Self-Harm	63
Trauma	24	Depression	65
Bereavement	70	Anxiety	391
Gender Identity	17	Emotional/Behavioural Difficulties	30
Substance Use	*	Body Image	
Family Difficulties	109	Self-Worth	94
		Anger	112
Other	<i>Please add rows if required</i>		

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	12
Number of hours counselling is being provided per week	172

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections
<p><i>Reflections on demand/capacity or any additional training requirements, for example</i></p> <p>18 YP – Prefer not to say            * YP – Trans male            17 YP – Non-Binary</p> <p>School Counselling continues to be provided in East Ayrshire by The-Exchange who provide support to all pupils aged 10 and over in the local authority. The-Exchange accommodated local authority restrictions at the start of the year where they were only able to attend one school per day. They provided online sessions to assure they were still seeing as many children as possible. This allowed for further collaboration with schools and families.</p> <p>In April 2022, in response to a gap identified by a variety of qualitative and quantitative data, the service was extended to include psychological wellbeing supports for children under the age of 10. This is funded until July 2023 by an underspend in the East Ayrshire School Counselling budget which we had due to a delay in getting the service set up. Demand for psychological wellbeing support amongst children under the age of 11 in East</p>

Ayrshire is high so we intend on exploring the options for continuing to deliver this service after 2023.

Following engagement with The-Exchange, 96% of pupils stated that they found counselling helpful. Benefits from attending the service included being more able to deal with their problems and their feelings, improved confidence and a better understanding of self. Pupils commented on how much they valued having someone to talk to and how it was much easier to talk to a counsellor than their parents, as they didn't want to upset their parents. They also talked positively about coping strategies they had learned and utilised since attending counselling sessions.

A key improvement aim this year in East Ayrshire was to begin to build capacity amongst staff so that they are better equipped with the skills needed to support children and young people with psychological wellbeing at an earlier stage. To date, The-Exchange have delivered their resilience framework training to 4 secondary schools, 1 special school and 15 Primary schools in East Ayrshire.

In response to a need identified for wellbeing support for pastoral staff, 2 pilot groups for the Structured Reflective Practice Programme from The-Exchange were carried out. The programmes are due to finish in September 2022 but staff in both schools have commented positively on the impact these groups have had both on their own wellbeing and on their capacity to support pupil wellbeing. This is something we would be keen to extend into more of our secondary schools.

"The Adventure Programme" Training was delivered by The-Exchange to 28 P7 teachers in East Ayrshire prior to the transition period this year. Following this training, these teachers delivered the 6-week programme to their P7 classes. This was in response to an identified need in the number of P7 pupils with increased anxiety around transition to secondary school.

### **Breakdown of Counselling Referrals in East Ayrshire according to SIMD.**

SIMD 2020v2 quintile

1	271
2	191
3	116
4	100
5	56

### Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

\*\* This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.

## Children and Young People's Mental Health Report

(Combining *School Counselling* and *Children and Young Peoples Mental Health and Wellbeing Supports and Services Framework*)

**Please report for the period January-June 2022**

Please provide the following information and return to [CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)). If you have any questions, please contact us.

**Local Authority: East Dunbartonshire**

### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools.

Access and Outcomes	
Total Number of children accessing counsellors	<b>236</b>
Number accessing in person provision only	<b>166</b>
Number accessing provision virtually only	<b>19</b>
Number accessing provision both in person and virtually	<b>51</b>
Number of female pupils accessing provision	<b>150</b>
Number of male pupils accessing provision	<b>78</b>
Additional Information: Regarding Gender we also had following classification: Other – 2, Prefer Not to Say – 6	
Stage specific data	
Number of children in P6	<b>37</b>
Number of children in P7	<b>48</b>
Number of children in S1	<b>20</b>
Number of children in S2	<b>31</b>
Number of children in S3	<b>40</b>
Number of children in S4	<b>28</b>
Number of children in S5	<b>22</b>
Number of children in S6	<b>8</b>
Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	<b>47 (Out of 61 YP who completed therapy with more than 1 session – Based on YP-CORE)</b>

Referrals In	
Numbers of form of Referral	<b>272</b>
Self-referral	<b>25</b>
School Staff	<b>234</b>
Social Services	

CAMHS	*
School Nurse	
Health Professional	
Family/Friend	<b>9</b>
Other	*

Onward Referrals	
Number of Onward Referrals	*
CAMHS	*
Child Protection	
Other Service	

Mental Health and Wellbeing issues reported by children and young people			
Exam/Academic Stress	*	Self-Harm	<b>9</b>
Trauma		Depression	<b>17</b>
Bereavement	<b>12</b>	Anxiety/Stress	<b>93</b>
Gender/Self Identity	*	Emotional/Behavioural Difficulties	
Substance Use	<b>N/A</b>	Body Image	<b>N/A</b>
Anger	<b>13</b>	Bullying	*
Family Issues	<b>14</b>	Relationship	<b>15</b>
Self Esteem	<b>16</b>	Witnessed Violence/Aggression	*
Behaviour	*	Eating Disorder	*
Living/Welfare	*	Other:	<b>* (sleep issues)</b>

Please complete either question a or b below	
a) Number of counsellors in post	<i>8 counsellors</i>
b) Number of hours counselling is being provided	227.5hrs per week

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections
<p>The views of Head Teachers will be gathered in August 2022 and again in June 2023 to capture qualitative data which will enhance overall evaluation of provision in our schools. We will include part of the narrative gathered in our January 2023 framework report.</p>

## Children and Young People's Mental Health Report January - June 2022

(Combining *School Counselling* and *Community Mental Health and Wellbeing Supports and Services Framework*)

Please provide the following information and return to [CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)) by **29<sup>th</sup> July 2022**. If you have any questions, please contact us.

<b>Name of Local Authority</b>	<b>East Lothian</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	<i>160 Referrals</i>
Number accessing in-person provision	85
Number accessing provision virtually	10
Number of female pupils accessing provision	118
Number of male pupils accessing provision	41
Stage specific data	
Number of children in P6	*
Number of children in P7	7
Number of children in S1	42
Number of children in S2	37
Number of children in S3	30
Number of children in S4	28
Number of children in S5	8
Number of children in S6	*
Number of children who have reported an improved outcome following access to a counsellor	
<i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	
	62

Referrals In	
Numbers of form of referral	
Self-referral	7
School Staff	113
Social Services	*
GP	*
School Nurse	0
Health Professional	0

Parents/Other	33
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Onward Referrals	
Number of onward referrals	
CAMHS	*
Child Protection	*
Other Service	/

Presenting issues** Please use numbers			
Exam Stress	*	Self-Harm	21
Trauma	14	Depression	54
Bereavement	11	Anxiety	56
Gender Identity	*	Emotional/Behavioural Difficulties	6
Substance Use	*	Body Image	15
Other	<i>Total 85 (rows added below)</i>		
Peer Relationships	10		
Family Issues	33		
Anger	8		
Sexual Abuse	3		
Neglect	*		
Emotional Regulation	*		
Domestic Abuse	*		
Health Related	*		
Parental Issues	11		
Transition/Loss	11		

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	5 Counsellors
Number of hours counselling is being provided per week	61 Hours

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections
<b>In the presenting issues, the majority of young people present with at least 3 or more issues.</b>

Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

\*\* This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.

## Children and Young People's Mental Health Report January - June 2022

(Combining *School Counselling* and *Community Mental Health and Wellbeing Supports and Services Framework*)

Please provide the following information and return to [CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)) by **29<sup>th</sup> July 2022**.  
If you have any questions, please contact us.

<b>Name of Local Authority</b>	East Renfrewshire
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	<b>178</b> (108 referrals and 70 still accessing service prior to 1 <sup>st</sup> January 2022)
Number accessing in-person provision	<b>178</b>
Number accessing provision virtually	<b>0</b>
Number of female pupils accessing provision	<b>126</b> (70 referrals & 56 still accessing service prior to 1 <sup>st</sup> January 2022)
Number of male pupils accessing provision	<b>49</b> (36 referrals & 13 still accessing prior to 1 <sup>st</sup> January 2022)
Number of pupils identifying as 'other' or non-binary	* (* referrals & * still accessing prior to January 1 <sup>st</sup> 2022)
Stage specific data	
Number of children in P5	*
Number of children in P6	*
Number of children in P7	*
Number of children in S1	<b>17</b>
Number of children in S2	<b>33</b>
Number of children in S3	<b>29</b>
Number of children in S4	<b>39</b>
Number of children in S5	<b>40</b>
Number of children in S6	<b>12</b>
Home schooled	*



Number of children who have reported an improved outcome following access to a counsellor	<b>57</b>
No Change	*
Deterioration	<b>14</b>
Other – e.g. non engagement	<b>13</b>
Waiting on an appointment	<b>28</b>
Still in therapy	<b>64</b>

Referrals In	
Numbers of form of referral	
Self-referral	*
School Staff	<b>91</b>
Social Services	<b>0</b>
GP	<b>10</b>
School Nurse	<b>0</b>
Health Professional	*
Other	*

Onward Referrals	
Number of onward referrals – 12	
<b>All onward referrals are taken back to Healthier Minds Screening Hub</b> (multi-agency screening hub) discussion takes place and further support is allocated if required.	
CAMHS	N/A
Child Protection	N/A
Other Service	<ul style="list-style-type: none"> <li>* - Community Learning &amp; Development</li> <li>* - Healthier Minds Team (* CAMHS support worker, * Children 1<sup>st</sup> HMT, * HM Support Worker)</li> <li>* - No role for HMT</li> <li>* - School Supporting</li> <li>* - Signposting provided</li> <li>* – Remain RAMH Youth Counselling</li> </ul>

Presenting issues** Please use numbers			
Exam Stress	<b>0</b>	Self-Harm	<b>22</b>
Trauma	<b>0</b>	Depression	<b>18</b>
Bereavement	<b>8</b>	Anxiety	<b>53</b>
Gender Identity	<b>0</b>	Emotional/Behavioural Difficulties	*
Substance Use	*	Body Image	<b>0</b>
Other - Abuse	*	Anger	<b>8</b>
Bullying	<b>7</b>	Eating Issues	*
Family Issues	<b>19</b>	Interpersonal/Relationships	<b>17</b>
School issues	<b>26</b>	Suicide	*
Self Esteem	*		

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be

used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	3
Number of hours counselling is being provided per week	57.5

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections
<ul style="list-style-type: none"> <li>• The whole of this period we have been based in schools, still offering appointments in community venues if this is the preference of the YP.</li> <li>• * YP referred identified as transgender and * YP identifying as other.</li> <li>• The number of males referred through the Hub to the counselling service has increased to 35% compared to 21% in the previous 6 months.</li> <li>• Any onwards referrals are taken back to the Hub for allocation.</li> <li>• Referrals for YP from an Ethnic background is still significantly lower than from those identifying as White however the percentage has risen to 14% compared to 3.5 % in the previous 6 months.</li> </ul> <p>Feedback from YP who attended the Youth Counselling Service</p> <p><b>What, if anything, has been the biggest benefit of coming to counselling?</b></p> <ul style="list-style-type: none"> <li>- <i>Being able to talk about mum in my own way.</i></li> <li>- <i>Understanding my thinking processes and challenging myself more</i></li> <li>- <i>I feel that I evaluate the reasoning or the process behind my feelings when I am able to rather than ignoring it until it gets too overwhelming. It felt good to have an outside perspective on my issues.</i></li> <li>- <i>Being able to know how to identify when my anxiety/depression is worse than other times and now knowing how to cope instead of it overwhelming me.</i></li> <li>- <i>For me, counselling has enabled me to push away the bad memories and focus more on the memories that make me smile. It has also enabled me to deal with the bereavement massively better than I did all the way back in November.</i></li> </ul> <p><b>Would you say to a friend about the Youth Counselling Service?</b></p> <ul style="list-style-type: none"> <li>- <i>I would recommend it as it helps you cope with the issues you're dealing and finding ways of reducing them to a manageable amount rather than them being overwhelming.</i></li> <li>- <i>If I had a friend who is struggling with bereavement, I would definitely recommend the YCS. The YCS has helped me enormously in combatting my emotions and thoughts, and has allowed me to look at my bereavement in a completely different way. Because of the YCS, I smile more when I think of my mum, and that is very important to me as I am healing.</i></li> </ul>

Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

\*\* This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.

## Children and Young People's Mental Health Report January - June 2022

(Combining *School Counselling* and *Community Mental Health and Wellbeing Supports and Services Framework*)

Please provide the following information and return to [CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)) by **29<sup>th</sup> July 2022**. If you have any questions, please contact us.

<b>Name of Local Authority</b>	<b>Edinburgh</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	<i>708 full year 354 half year (127 offered but declined counselling in 2021 to 2022)</i>
Number accessing in-person provision	<i>513 full year 257 half year</i>
Number accessing provision virtually	<i>Only virtual – * Mixture – 194 full year 97 half year</i>
Number of female pupils accessing provision	<i>496 full year 248 half year</i>
Number of male pupils accessing provision	<i>236 full year 118 half year</i>
Stage specific data	<i>P5 – * – 6 months - *</i>
Number of children in P6	<i>38 – 6 months - 19</i>
Number of children in P7	<i>108 – 6 months - 54</i>
Number of children in S1	<i>73 – 6 months - 37</i>
Number of children in S2	<i>103 – 6 months - 52</i>
Number of children in S3	<i>135 – 6 months - 68</i>
Number of children in S4	<i>138 – 6 months – 69</i>
Number of children in S5	<i>80- 6 months – 40</i>
Number of children in S6	<i>68 – 6 months - 34</i>
Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	<i>Counsellors report a total of 483 (242 for 6 months) C&amp;YP have improved outcomes. This is based on 318 (159 for 6 months)</i>

	<p><i>pre and post measures using the Stirling Wellbeing Measure and 305 (153 for 6 months) pre and post measures using the YP Core. I would therefore suggest some of the improvements reported in the total of 483 are either subjective self report or observed.</i></p>
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Referrals In	
Numbers of form of referral	
Self-referral	71 – 6 months - 36
School Staff	618 – 6 months - 309
Social Services	6 – 6 months - *
GP	* – 6 months - *
School Nurse	
Health Professional	7 – 6 months - *
Other	Parent – 46 – 6 months - 23

Onward Referrals	
Number of onward referrals	
CAMHS	48 – 6 months - 24
Child Protection	45 – 6 months - 23
Other Service	<p><i>Other health – 13 – 6 months - 7</i>  <i>Social Work 18 – 6 months - 9</i>  <i>Third sector 42 – 6 months - 21</i>  <i>LIAM 1 – 6 months - *</i>  <i>Drug support 3 – 6 months - *</i>  <i>Family Therapy / parent support * – 6 months - *</i></p>

Presenting issues** Please use numbers			
Exam Stress	287 – 6 months - 144	Self-Harm	207 – 6 months - 104 <i>Suicidal thoughts 186 – 6 months - 93</i>
Trauma	254 – 6 months - 127	Depression	210 – 6 months - 105
Bereavement	124 – 6 months - 62	Anxiety	414 – 6 months - 207
Gender Identity	<p><i>Sexuality 98 – 6 months – 49</i>  <i>Gender identity 73 – 6 months - 37</i></p>	Emotional/Behavioural Difficulties	<i>Emotional difficulties impacting behaviour 257 – 6 months - 129</i>

			<i>Other emotional</i> 145 – 6 months - 73
Substance Use	40 – 6 months - 20	Body Image	151 – 6 months - 76
Other	<i>Eating issues / Disorder</i> 96 – 6 months – 48 <i>Relationships</i> – 284 – 6 months – 142 <i>Parental Separation</i> 147 – 6 months – 74 <i>Family life / Wellbeing</i> 379 – 6 months - 190 <i>Self Esteem</i> 366 – 6 months - 183		

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

<b>Number of counsellors and hours being provided</b>	
Number of counsellors in post (please use total number rather than FTE)	<i>Total has varied across the year – <u>current total for this return 24</u></i>  <i>(we also have 3 recent starts with no data as yet and a further 2 to start in August)</i>
Number of hours counselling is being provided per week	Estimated FTE for this return 16.1. This equates to an <b>estimated maximum of 386 hours of counselling per week</b>

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

<b>Any Additional Information/Comments/Reflections</b>
<p><i>We have counted birth gender for all children and young people however we know that 59 (30 over 6 month period) either do not identify as their birth gender or would prefer to be referred to in gender neutral pronouns.</i></p> <p><i>We are collecting a large amount of data across a fairly large group of counsellors. I think some of the differences in totals are most likely related to other support offered from counsellors as noted below. For example some counsellors may have counted P7 transition groups in their number of P7s or sources of referrals.</i></p> <p>We have reported the numbers of children and young people accessing counselling. Many of our counsellors also offer other supports such as drop in's, transition groups, other groups. A further 281 children and young people have benefited from these types of supports offered from our counsellors this year eg. approx. 142 in the past 6 months.</p> <p>We are asking counsellors to report cumulatively every 3 months. This is to avoid double counting and gives us more accurate data for the number of individuals benefiting over the year. As a result I have reported the full totals for the year plus the estimate for the last 6 months (50% of the year total).</p>

Over the year we have also tracked a number of at risk groups. In 2021 to 2022 (full year) the numbers in these groups accessing counselling are detailed below;

EAL – 72

Gypsy / Traveller – \*

Refugee / Asylum seeker – 8

Black / person of colour – 82

Disability – 37

Additional Support need – 195

Care experienced – 59

LGBTQ+ - 128

Non binary / don't identify with birth gender – 59 (as above)

### Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

\*\* This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.

## irkChildren and Young People's Mental Health Report January - June 2022

(Combining *School Counselling* and *Community Mental Health and Wellbeing Supports and Services Framework*)

Please provide the following information and return to  
[CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)) by **29<sup>th</sup> July 2022**.  
If you have any questions, please contact us.

<b>Name of Local Authority</b>	<b>Falkirk Council</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	<b>519</b>
Number accessing in-person provision	<b>506</b>
Number accessing provision virtually	<b>19</b>
Number of female pupils accessing provision	<b>301</b>
Number of male pupils accessing provision	<b>157</b>
Stage specific data	
Number of children in P6	*
Number of children in P7	*
Number of children in S1	99
Number of children in S2	115
Number of children in S3	118
Number of children in S4	93
Number of children in S5	58
Number of children in S6	37
Number of children who have reported an improved outcome following access to a counsellor	
<i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	
	<b>316</b>

Referrals In	
Numbers of form of referral	
Self-referral	36
School Staff	451
Social Services	
GP	*
School Nurse	*
Health Professional	*



Other	23
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Onward Referrals	
Number of onward referrals	
CAMHS	*
Child Protection	*
Other Service	9 (Speech and Language, Family Support, Axis Substance Support)

Presenting issues** Please use numbers			
Exam Stress	99	Self-Harm	73
Trauma	66	Depression	86
Bereavement	86	Anxiety	198
Gender Identity	41	Emotional/Behavioural Difficulties	105
Substance Use	15	Body Image	48
Other	Loss	*	
	Impact of Illness	*	
	Young Carer pressure	*	
	Bullying and harassment	8	
	Family Relationships	23	
	Peer Relationships	66	
	Low Confidence/ Self-esteem	10	
	Eating Disorders	*	
	Suicidal Ideation	*	
	Other	7	

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	18
Number of hours counselling is being provided per week	201

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections
In addition to the above, we also offered some support for school staff and parenting support as required

### Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

\*\* This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.

## Children and Young People's Mental Health Report January - June 2022

(Combining *School Counselling* and *Community Mental Health and Wellbeing Supports and Services Framework*)

Please provide the following information and return to [CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)) by **29<sup>th</sup> July 2022**. If you have any questions, please contact us.

<b>Name of Local Authority</b>	<b>Fife</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	456
Number accessing in-person provision	456
Number accessing provision virtually	0
Number of female pupils accessing provision	304*
Number of male pupils accessing provision	127*
Stage specific data	
Number of children in P6	11
Number of children in P7	25
Number of children in S1	72
Number of children in S2	79
Number of children in S3	107
Number of children in S4	90
Number of children in S5	53
Number of children in S6	19
Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	80% 241 (from 301 closed records during period) – Using YP-Core

Referrals In	
Numbers of form of referral	
Self-referral	106
School Staff	349
Social Services	0
GP	0
School Nurse	0
Health Professional	*

Other	
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Onward Referrals	
Number of onward referrals	
CAMHS	*
Child Protection	0
Other Service	<i>Please share details if you are able to</i>

Presenting issues** Please use numbers			
Exam Stress	354	Self-Harm	88
Recent Trauma	27	Depression	270
Bereavement	46	Anxiety	315
Gender Identity	18	Emotional/Behavioural Difficulties	42
Stress at Home	275	Body Image	52
Covid/Lockdown Stress	55	Low Self Esteem	4848
Eating Disorder	12	Health Condition	17
Sexuality issues	23	Panic Attacks	18
Sexual Trauma	21	Sleep Issues	35
Victim of Bullying	40	Suicidal thoughts	42
Suicidal Acted Upon	8		

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	20
Number of hours counselling is being provided per week	365

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections
* Full gender breakdown: Demi-boy *, Demi-girl *, Female 304, Gender fluid *, Male 127, Non-binary *, Trans-male 7, Not specified 8 [total:456]

### Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

\*\* This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental

health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.

**OFFICIAL**

**Children and Young People's Mental Health Report  
January - June 2022**

*(Combining School Counselling and Community Mental Health and Wellbeing  
Supports and Services Framework)*

Please provide the following information and return to  
[CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)) by **29<sup>th</sup> July 2022**.  
If you have any questions, please contact us.

<b>Name of Local Authority</b>	<b>Glasgow City Council</b>
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**School Counselling**

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

<b>Access and Outcomes</b>	
Total number of children accessing counsellors	<b>1454</b>
Number accessing in-person provision	<b>1436</b>
Number accessing provision virtually	<b>18</b>
Number of female pupils accessing provision	<b>809</b>
Number of male pupils accessing provision	<b>629</b>
Other (regarding gender)	<b>16</b>
<b>Stage specific data</b>	
Number of children in P6	<b>507</b>
Number of children in P7	<b>643</b>
Number of children in S1	<b>58</b>
Number of children in S2	<b>115</b>
Number of children in S3	<b>84</b>
Number of children in S4	<b>80</b>
Number of children in S5	*
Number of children in S6	*
Number of children who have reported an improved outcome following access to a counsellor	Primary Schools One to One Counselling 162 (Out of 203 YP who completed therapy with more than 1 session – Based on YP-CORE)  Secondary Schools One to One Counselling, 382 referrals, YP-CORE:- Pre-Score 20.6 Post Score 10.9, average change

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	<p>Groupwork Blues Programme Counselling= 294 young people in addition to one-to-one Counselling</p> <ul style="list-style-type: none"> <li>• Average of First CES-D Score • 38.4</li> <li>• Average of Last CES-D Score • 29.5</li> </ul> <p>Change of - 8.9 which is significant.</p>
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Referrals In	
Numbers of form of referral	
Self-referral	*
School Staff	1448
Social Services	0
GP	0
School Nurse	0
Health Professional	0
Other	*

*Note: Through our Quality Assurance Group we have recognised that many referrals that come through Pastoral Care are actually initiated by the young person but this is not recorded. We have now amended our referral processes to capture this as well as undertaking further work to support direct self-referral.*

Onward Referrals	
Number of onward referrals- <i>Note: All onward referrals are made through the referring school following agreed processes, Counselling providers cannot refer directly.</i>	
CAMHS	8
Child Protection	0
Notre Dame Centre	*
Richmond's Hope	*
National Autistic Society	*
Barnardos	*
Other Third Sector	*

Presenting issues**			
Note : These figures include multiple reasons for referral.			
Exam Stress	170	Self-Harm	63
Trauma	63	Depression	24
Bereavement	70	Anxiety	436
Gender Identity	0	Emotional/Behavioural Difficulties	62
Substance Use	6	Body Image	234
Anger	168	Behaviour/Self- Regulation	65
Bullying (incl Cyber)	46	Eating Disorder	8
Family	143	Interpersonal Relationships	200
Witnessed Violence	9	Health	9
Cognitive/Learning	64	Physical Issues	11
		Care Experience	20
Other/ General Wellbeing	406		

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The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE) <b>These vary according to the provider used within the contract framework but the overall numbers are:</b>	49
Number of hours counselling is being provided per week <b>(again these vary according to the organisation and type of counselling input).</b>	325

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections
<p>As the contract is now fully embedded, we are seeing an increase numbers and as such an increase in waiting times.</p> <p>Due to the broad offer of counselling support across Primary and Secondary schools in Glasgow we are seeing a variation in numbers across the 5 providers however we are very pleased with the outcomes and ability to respond to the diverse needs of our young people. The contract framework is delivering exactly what we had hoped for.</p> <p>Having a robust Quality Assurance Group, we have identified a number of areas that we need to focus on:-</p> <ul style="list-style-type: none"><li>• The uptake of counselling of males in Secondary Schools.</li><li>• The uptake of counselling among BAME young people and how our counselling providers train their staff in race awareness.</li><li>• Use of Counselling provision over the holiday periods , particularly group counselling for transition from Primary to Secondary School.</li><li>• How we support young people with more complex mental health issues due to trauma.</li><li>• How schools, counselling compliments other mental health supports that are funded through Pupil Equity Funding.</li><li>• Upskilling counsellors in Additional Support Needs.</li><li>• Ensuring that all appropriate referral data is provided to the Counselling organisation and that referral are suitable for this service.</li><li>• Further involvement of young people in the service delivery and outcomes of this service.</li></ul>

### Notes

\* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

\*\* This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.

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## Children and Young People's Mental Health Report January - June 2022

(Combining *School Counselling* and *Community Mental Health and Wellbeing Supports and Services Framework*)

Please provide the following information and return to [CYPCommunityMentalHealth@gov.scot](mailto:CYPCommunityMentalHealth@gov.scot) (cc [Hannah.Axon@cosla.gov.uk](mailto:Hannah.Axon@cosla.gov.uk)) by **29<sup>th</sup> July 2022**.  
If you have any questions, please contact us.

<b>Name of Local Authority</b>	<b>Highland Council</b>
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### School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period January - June 2022.

Access and Outcomes	
Total number of children accessing counsellors	879
Number accessing in-person provision	746
Number accessing provision virtually	494
Number of female pupils accessing provision	583
Number of male pupils accessing provision	264
Stage specific data	
Number of children in P6	74
Number of children in P7	111
Number of children in S1	76
Number of children in S2	138
Number of children in S3	157
Number of children in S4	154
Number of children in S5	90
Number of children in S6	74
Number of children who have reported an improved outcome following access to a counsellor	
<i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	513

Referrals In	
Numbers of form of referral	
Self-referral	25
School Staff	827
Social Services	0
GP	6
School Nurse	0
Health Professional	0

Other	17
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Onward Referrals	
Number of onward referrals	
CAMHS	28
Child Protection	17
Other Service	7

Presenting issues** Please use numbers			
Exam Stress	95	Self-Harm	138
Trauma	146	Depression	299
Bereavement	106	Anxiety	536
Gender Identity	65	Emotional/Behavioural Difficulties	261
Substance Use	16	Body Image	158
Other	<i>Family issues</i>		193
	<i>Bullying</i>		20

The [summary report](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	41
Number of hours counselling is being provided per week	TBC

If there is any additional information that you would wish to report please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections
<p>32 CYP described as non- binary</p> <p>It is reported that there is some increase in CYP around transition which is felt to be related to the pandemic .and this is appears to be reflected in the P7 data.</p> <p>Recording of assessment scores have improved however some service providers feel that the collection of this data may not always be an accurate reflection of the value of counselling.</p> <p>We continue to exam the gender divide by meeting with groups of CYP to discuss this. We are running a pilot project led by CYP in one of our secondary schools to move forward with ways of reducing stigma around MHW.</p>

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### Notes

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