

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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**. If you have any questions, please contact us.

| | |
|--------------------------------|-------------------|
| Name of Local Authority | Inverclyde |
|--------------------------------|-------------------|

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 | 95 |
| Number accessing in-person provision | 95 |
| Number accessing provision virtually | 0 |
| Number of female pupils accessing provision | 53 |
| Number of male pupils accessing provision | 40 * |
| Stage specific data | |
| Number of children in P6 | 12 |
| Number of children in P7 | 14 |
| Number of children in S1 | 13 |
| Number of children in S2 | 8 |
| Number of children in S3 | 20 |
| Number of children in S4 | 18 |
| Number of children in S5 | * |
| 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> | |
| | 37 (41 who have completed the counselling sessions - 4 CYP did not complete the outcome measure) |

| Referrals In | |
|-----------------------------|----|
| Numbers of form of referral | |
| Self-referral | * |
| School Staff | 59 |
| Social Services | * |
| GP | * |
| School Nurse | 0 |

| | |
|---------------------|---|
| Health Professional | 10 |
| Other | 11 Parents 15 CAMHS * Carers Centre * Inverclyde Emotional Wellbeing Triage Team |

| Onward Referrals | |
|----------------------------|---------------|
| Number of onward referrals | |
| CAMHS | |
| Child Protection | |
| Other Service | * Mind Mosaic |

| Presenting issues** Please use numbers | | | |
|---|------------|------------------------------------|----|
| Exam Stress | 0 | Self-Harm | * |
| Trauma | * | Depression | 0 |
| Bereavement | * | Anxiety | 45 |
| Gender Identity | * | Emotional/Behavioural Difficulties | 35 |
| Substance Use | 0 | Body Image | 0 |
| Other | Low Mood 9 | | |

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 (5 @ 0.6 FTE) |
| Number of hours counselling is being provided per week | Circa 111 hours inclusive of counsellor administration, supervision and ongoing CPD and training. |

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>* Gender: * CYP identify as non-binary</p> <p>Referrals From referrals assessed within the reporting period (total 95)</p> <ul style="list-style-type: none"> • 37 reported and improved outcome • * (score the same or deteriorated) • 90.2% of CYP showed improvement • 13 CYP disengaged at assessment or during counselling • * CYP received input from another other services and declined counselling. School staff are informed and updated of any CYP who declines access to support, and encouraged to support the CYP to consider re-referring if they do not feel ready to |

engage when presented with the opportunity. Counselling staff will also discuss with CYP any reasons they may have for not wishing to engage, to support the CYP to make an informed choice, and be aware of the opportunity remaining open to them, should they change their mind at a later date.

- 39 YP currently engaging/accessing counselling.
- * CYP referred to other service
- * CYP self-referred through engaging with Action for Children Wellbeing staff in school drop in sessions and/or participating in The Blues Programme.

Re: **Onward Referrals** While few direct onward referrals have been made, the service has liaised with schools and other agencies, to ensure that access to the appropriate services is available and coordinated for CYP, where referrals to other services have been ongoing through school or other agencies and/or parents/carers.

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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**. If you have any questions, please contact us.

| | |
|--------------------------------|-------------------|
| Name of Local Authority | Midlothian |
|--------------------------------|-------------------|

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 | 179 |
| Number accessing in-person provision | * |
| Number accessing provision virtually | * - <i>Phone</i> |
| Number of female pupils accessing provision <i>See note 2 below</i> | 113 |
| Number of male pupils accessing provision <i>See note 2 below</i> | 59 |
| Stage specific data | |
| Number of children in P6 | 9 |
| Number of children in P7 | 34 |
| Number of children in S1 | 12 |
| Number of children in S2 | 26 |
| Number of children in S3 | 39 |
| Number of children in S4 | 23 |
| Number of children in S5 | 19 |
| Number of children in S6 | 10 |
| Left School/attending alternative provision & under 18 yo | 7 |
| Outcomes | |
| 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>70/76 completed in timeframe</i> |

| Referrals In | |
|---|-----|
| Numbers of form of referral - <i>See note in comments</i> | |
| Self-referral | 7 |
| School Staff | 162 |
| Social Services | * |
| GP | 0 |
| School Nurse | 0 |

| | |
|-------------------------------------|---|
| Health Professional | 0 |
| By parent on behalf of young person | 7 |
| Alternative Education Provider | * |

| Onward Referrals | |
|--|--------------------------------|
| Number of onward referrals | |
| CAMHS | 6 |
| Child Protection <i>See note 1 in comments</i> | 0 |
| Other Service | * – local LGBTQ+ support group |

| Presenting issues** Please use numbers | | | |
|---|------------------------------------|------------------------------------|----|
| Exam Stress | 13 | Self-Harm | 35 |
| Trauma | 32 | Depression | 50 |
| Bereavement | 8 | Anxiety | 79 |
| Gender Identity | 8 | Emotional/Behavioural Difficulties | 19 |
| Substance Use | 0 | Body Image | 8 |
| Other | <i>Please add rows if required</i> | | |
| Peer Relationships | 49 | Family Relationships | 52 |
| Health Conditions | 7 | Self-Esteem | 42 |

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) | 9 |
| Number of hours counselling is being provided per week | 86 - 1:1 sessions 10 - drop-in/open access/self-referral |

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>Service is running at full capacity and is in high demand. Thus far sessions over the summer period are being well utilised by young people who indicated they wanted sessions to continue through the break.</p> <p>Due to the service set-up most referrals come to the counselling service via school guidance staff. They receive requests from pupils themselves, parents & carers on the young person's behalf, CAMHS, GP's, Social Work, and other support services for young people, however the original source is often not reported on referral paperwork, which makes tracking the source challenging.</p> <p>There is a very high correlation between what referrers perceive young people's difficulties to be and what the young people themselves report, which is a strong indication that the adults supporting young people have a very good understanding of individual young people's difficulties and challenges.</p> |

Feedback from young people, school staff and other professionals is very positive, with comments such as,

- “My anxiety is much better. Before I could barely speak to anyone and was really anxious all the time. I was worried when I first came here that I would get my mum in trouble, but it has really helped me being able to talk.” – school pupil
- “I've never been listened to by anyone like you listen to me. I don't know how you do it. It's amazing.” – school pupil
- "Through his sessions with you, our son has managed to talk about things that he's never talked about before. More than with any other professional he has worked with. We're so glad you are able to offer him this support." – Parent
- “We've noticed <the pupil> seems to be much more comfortable talking about his feelings” – school staff member

Staff engage in a wide range of CPD activities. These are individually identified and agreed within line management and clinical supervision. Training undertaken in the period has included working with refugees from areas of conflict, attendance at BACP research conference on Inclusion, Equality & Diversity, and attendance at Childhood Adversity: Recovery, Resilience and Prevention Seminars amongst others

Note 1

Where there are concerns about a young person's safety (or the safety of others) as a result of what is said in counselling, this is shared with the child protection officer in school, who holds the responsibility for progressing any concerns.

Note 2

7 pupils identified as transgender.

23 young people self-identified as LGBTQIA, however only * of these described this as being one of the reasons that they were looking for therapeutic support.

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

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| | |
|--------------------------------|----------------------|
| Name of Local Authority | Moray Council |
|--------------------------------|----------------------|

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 | 458 |
| Number accessing in-person provision | 455 |
| Number accessing provision virtually | 0-primary, 3 secondary |
| Number of female pupils accessing provision | 268 |
| Number of male pupils accessing provision | 169 |
| Stage specific data | |
| Number of children in P6 | 54 |
| Number of children in P7 | 107 |
| Number of children in S1 | 40 |
| Number of children in S2 | 73 |
| Number of children in S3 | 81 |
| Number of children in S4 | 56 |
| Number of children in S5 | 30 |
| Number of children in S6 | 17 |
| 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> | |
| | 127 – primary 185 – secondary 312 Total |

| Referrals In | |
|-----------------------------|------------------------------|
| Numbers of form of referral | 145 primary 203 secondary |
| Self-referral | 17- secondary |
| School Staff | 308 |
| Social Services | |
| GP | |
| School Nurse | * |

| | |
|---------------------|---------------|
| Health Professional | |
| Other | 18 (parents) |

| Onward Referrals | |
|----------------------------|---------------|
| Number of onward referrals | |
| CAMHS | 22 (primary) |
| Child Protection | * |
| Other Service | * |

| Presenting issues** Please use numbers | | | |
|---|----|------------------------------------|-----|
| Exam Stress | * | Self-Harm | 15 |
| Trauma | * | Depression | 9 |
| Bereavement | * | Anxiety | 176 |
| Gender Identity | 7 | Emotional/Behavioural Difficulties | 18 |
| Substance Use | * | Body Image | |
| Anger | 31 | Bullying | 18 |
| Self worth | 34 | Relationships | 32 |
| Family Difficulties | 58 | | |

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 | Primary- 45 Secondary- 67.5 |

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 |
|---|
| <p>In primary we have a lot of requests to work with children under 10. 9 of which are included in referrals to our service. 9 prefer not to say 12 non binary</p> <p>During this reporting period our school counselling service, provided by Therapeutic Counselling Services – branded as 'The Exchange' in our schools, have delivered transition groups to 7 primary schools over a 5 week period. A total of 42 pupils participated in these sessions, 6 pupils per group in each school. A friendships group was also delivered at the requested of one specific school. One secondary school also received workshops with a focus on anxiety, following a proportionally high referral rate from this school to the counselling service, with anxiety as the presenting issue. Workshops to support Emotionally Based School Non-Attendance has also been planned within this reporting period but have not yet been delivered.</p> |

Notes

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| | |
|--------------------------------|-------------------------------|
| Name of Local Authority | North Ayrshire Council |
|--------------------------------|-------------------------------|

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 | 364 |
| Number accessing in-person provision | 364 |
| Number accessing provision virtually | <i>6 (accessed during holidays, in addition to in-person)</i> |
| Number of female pupils accessing provision | 239 |
| Number of male pupils accessing provision | 115 |
| Number of pupils identifying gender as other | 10 |
| Stage specific data | |
| Number of children in P6 | 11 |
| Number of children in P7 | 41 |
| Number of children in S1 | 56 |
| Number of children in S2 | 58 |
| Number of children in S3 | 69 |
| Number of children in S4 | 71 |
| Number of children in S5 | 41 |
| Number of children in S6 | 17 |
| Outcomes | |
| 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>100% - improvement on YP-CORE</i> |

| Referrals In | |
|-----------------------------|-----|
| Numbers of form of referral | |
| Self-referral | 132 |
| School Staff | 197 |
| Social Services | |
| GP | |

| | |
|---------------------|----|
| School Nurse | |
| Health Professional | |
| Other | 35 |

| Onward Referrals | |
|----------------------------|--|
| Number of onward referrals | |
| CAMHS | These referrals are made by school staff with collaboration with counsellors (<i>we have changed our data collection for new term to include this from now on</i>) |
| Child Protection | <i>These are dealt with by school staff – CPO (changes for new term, as above)</i> |
| Other Service | <i>Please share details if you are able to</i> |

| Presenting issues** Please use numbers | | | |
|---|--|--|-----|
| Exam (and academic) Stress | 205 | Self-Harm | 47 |
| Trauma | 17 (we are changing our categories to explicitly include this now) | Depression and low mood | 84 |
| Bereavement | 92 | Anxiety | 132 |
| Gender Identity | 10 | Emotional/Behavioural Difficulties | 111 |
| Substance Use | # | Body Image | * |
| Family problems/relationships | 66 | Relationships (with school staff/ peers) | 217 |
| Self-worth | 102 | Eating issues | 103 |
| Stress | 209 | Bullying | 130 |
| Anger | 80 | Emotional regulation | 103 |
| 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) | 11 <i>directly employed (9.4 FTE, one PT staff on mat leave, no cover)</i> |
| Number of hours counselling is being provided per week | 187 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

Reflections on demand/capacity or any additional training requirements, for example
10 pupils identified gender as “other”

156 drops ins

Regarding referrals – although GP, school nurse, CAMHS may suggest school counselling, in our system all referrals still come through pastoral care or self-referrals. Eg if a GP suggests to a parent that school counselling is suitable, the parent approaches the school and pastoral care staff write the referral

Notes

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

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

| | |
|--------------------------------|----------------------------------|
| Name of Local Authority | North Lanarkshire Council |
|--------------------------------|----------------------------------|

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 | 1561 |
| Number accessing in-person provision | 1513 |
| Number accessing provision virtually | 48 |
| Number of female pupils accessing provision | 971 |
| Number of male pupils accessing provision | 556 |
| Stage specific data | |
| Number of children in P5 | * |
| Number of children in P6 | 148 |
| Number of children in P7 | 186 |
| Number of children in S1 | 224 |
| Number of children in S2 | 248 |
| Number of children in S3 | 297 |
| Number of children in S4 | 237 |
| Number of children in S5 | 133 |
| Number of children in S6 | * |

| Referrals In | |
|-----------------------------|---|
| Numbers of form of referral | |
| Self-referral | 24 |
| School Staff | 1535 other professionals often request the named person in school to make the referral via multi-agency meetings or direct requests |
| Social Services | * |
| GP | * |
| School Nurse | |
| Health Professional | |
| Other | |

Onward Referrals

| | |
|----------------------------|----|
| Number of onward referrals | |
| GP | 8 |
| CAMHS | 44 |
| Educational Psychology | 10 |
| Child Protection | 10 |
| Social work | 12 |
| Lanarkshire Rape Crisis | * |

| Presenting issues** Please use numbers | | | |
|---|------------------------------------|------------------------------------|-----|
| Exam Stress | 144 | Self-Harm | 164 |
| Trauma | 182 | Depression | 194 |
| Bereavement | 176 | Anxiety | 608 |
| Gender Identity | 70 | Emotional/Behavioural Difficulties | 441 |
| Substance Use | 24 | Body Image | 120 |
| Family Issues | 507 | Self Esteem | 297 |
| Relationship/Interpersonal | 256 | Suicidal Ideology/Attempt | 90 |
| Bullying (inc Online) | 116 | Negative coping Strategies | 105 |
| 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) | N/A |
| Number of hours counselling is being provided per week | Average 409* hours 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>Of the 1561 chYP supported, 923 chYP recorded an improved outcome after completing a course of counselling, 106 recorded a decrease, while 487 chYP are still being supported. 45 chYP did not record an exit measure or discontinued counselling.</p> <ul style="list-style-type: none"> • 85.9% of chYP completed counselling reported an increased outcome score • 9.9% of chYP completed counselling reported a decreased outcome score • 4.1% of chYP disengaged and did not complete the counselling offered <p>• North Lanarkshire Council currently utilise four approved providers to provide counselling services in our schools. Providers use different outcome measurement tools to track progress. Successes were reported as follows:</p> <ul style="list-style-type: none"> • CORS- 44% average improvement • YP Core- 83% average improvement • SDQ- 41% average decrease |

- 34 young people identified as “other gender or prefer not to say”
- *To arrive at the average number of hours of counselling provided per week the total number of hours provided over the 6mths was calculated and divided by calendar weeks during the reporting period.

Notes

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January - June 2022

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| | |
|--------------------------------|-------------------------------|
| Name of Local Authority | Orkney Islands Council |
|--------------------------------|-------------------------------|

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 | 30 SA, KGS 77 Total =107 |
| Number accessing in-person provision | 105 |
| Number accessing provision virtually This is primary form of contact – others do access remotely (phone or online) during school holidays or in lockdown/isolation due to COVID | * |
| Number of female pupils accessing provision | 27 SA, 58 KGS gender as at birth Total = 85**** |
| Number of male pupils accessing provision | 7 SA 15 KGS gender assigned at birth Total = 22 |
| Stage specific data | |
| Number of children in P6 | 0 |
| Number of children in P7 | 0 |
| Number of children in S1 | [redacted] Total = 16 |
| Number of children in S2 | [redacted] Total = 20 |
| Number of children in S3 | [redacted] Total =28 |
| Number of children in S4 | [redacted] Total = 21 |
| Number of children in S5 | [redacted] Total = 14 |
| Number of children in S6 | [redacted] Total =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> | YP-Core scores: Improved = 52 Stayed the same = 6 Incomplete = 34 ***** Increased score = 15 |

| Referrals In | |
|-----------------------------|--|
| Numbers of form of referral | |

| | |
|--|-------------------------|
| Self-referral | 7 SA+ KGS 20 Total = 27 |
| School Staff | 20 SA KGS 29 Total = 49 |
| Social Services | 0 Total = 0 |
| GP | * SA Total =* |
| School Nurse | 0 Total = 0 |
| Health Professional | 0 Total = 0 |
| OTHER– (Combination of parent, friend or family member & client) | 6 SA +KGS 24 Total =30 |

| Onward Referrals | |
|---|----------------------------------|
| Number of onward referrals | |
| CAMHS | * |
| Child Protection | 0 (* CP in progress at referral) |
| Other Service (Online 'TogetherAll' & Orkney Rape and Sexual Assault Service) | 9 |
| GP | * (+ * suggested GP apps) |

| Presenting issues** Please use numbers | | | |
|---|-----------------------------|--|------------------------------|
| Exam Stress | 9 SA/12 KGS Total = 21 | Self-Harm | 8 SA +13 KGS Total = 21 |
| Trauma | * SA, * KGS Total = 35 | Depression | 7 SA + 14 KGS Total = 21 |
| Bereavement | * SA + * KGS Total = 21 | Anxiety | 20 SA + 51 KGS Total = 71 |
| Gender Identity | 7 SA + 13 KGS Total = 20 | Emotional/Behavioural Difficulties | * SA + * KGS Total = 27 |
| Substance Use | * SA + * KGS Total = 11 | Body Image | 6 SA + 11 KGS Total = 17 |
| Other: Pandemic | * SA + * KGS Total = 13 | Family Relationships | 15 SA + 33 KGS Total = 48 |
| Bullying | 9 SA + 22 KGS Total = 31 | Peer relationships | 16 SA + 34 KGS Total = 50 |
| Eating | * SA + * KGS Total = 14 | Online abuse | *SA + * KGS Total = 12 |
| ADHD/ASD | *SA +* KGS Total = 15 | Online inappropriate sexual behaviour | * SA + * KGS Total = 2 |
| Dyslexia | *SA + * KGS Total = 10 | In person inappropriate sexual behaviour | *SA + * KGS Total = 4 |
| Racist abuse | 1 SA + 4 KGS Total = 5 | Suicidal Ideation | 8 SA + 8 KGS Total = 16 |
| Homophobic abuse | 5 SA + 4 KGS Total = 9 | Isolation | 10 SA + 10 KGS Total = 20 |
| Domestic abuse | 5 SA + 6 KGS Total = 11 | Transitions | 14 SA + 24 KGS Total = 38 |

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) | 1 SA, 1 KGS |
| Number of hours counselling is being provided per week | 1 @ 25 hrs (21.5 in SA & 3.5 hrs KGS) 1 @ 30 hrs KGS |

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>Reflections on demand/capacity or any additional training requirements, for example</p> <p>**** * pupils identified as Non-Binary and 14 Trans Male Included in 'Female' category **** Incomplete includes single appointments, sudden ending/disengaged and those with only a first appointment within the reporting period.</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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**. If you have any questions, please contact us.

| | |
|--------------------------------|----------------------------|
| Name of Local Authority | Perth & Kinross |
|--------------------------------|----------------------------|

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 | 364 |
| Number accessing in-person provision | <i>Of the 1935 counselling sessions, 1848 were face to face</i> |
| Number accessing provision virtually | <i>Of the 1935 counselling sessions, 87 were virtual. 85 on line and 2 phone</i> |
| Number of female pupils accessing provision | 237 |
| Number of male pupils accessing provision | 102 |
| Stage specific data | |
| Number of children in P6 | 12 |
| Number of children in P7 | 36 |
| Number of children in S1 | 34 |
| Number of children in S2 | 59 |
| Number of children in S3 | 76 |
| Number of children in S4 | 61 |
| Number of children in S5 | 48 |
| Number of children in S6 | 31 |
| | |
| 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>79 CYP completed counselling. Of the 79, 77 reported improved outcomes</i> |

| Referrals In | |
|------------------------------|-----|
| Numbers of form of referral | |
| Self-referral | 14 |
| School Staff | 268 |
| Social Services | 0 |
| GP | <5 |
| School Nurse | <5 |
| Health Professional | 0 |
| Other Educational Psychology | <5 |

| Onward Referrals | |
|----------------------------|---|
| Number of onward referrals | |
| CAMHS | 8 |
| Child Protection | 0 |
| Other Service | |

| Presenting issues | | | |
|-------------------|-----|------------------------------------|-----|
| Exam Stress | 80 | Self-Harm | 47 |
| Trauma | 52 | Depression | 70 |
| Bereavement | 65 | Anxiety | 256 |
| Gender Identity | 28 | Emotional/Behavioural Difficulties | 115 |
| Substance Use | <5 | Body Image | 48 |
| Anger | 54 | Health | 19 |
| Behaviour | 39 | Interpersonal / Relationship | 82 |
| Bullying | 51 | Self and Identity | 73 |
| Eating Disorder | 18 | Self-esteem | 143 |
| Family Issues | 122 | Social Media Bullying | 16 |
| Work / Academic | 44 | | |

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) | 13 |
| 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 |
|---|
| <p>19 CYP identified as "other"/rather not say.</p> <p>Referral Rates Primary referrals have increased in the second half of the year. 9% of referrals in the first half were from primary, whereas in 2nd half of the year 13% were primary referrals. This coincides with the number of CYP supported in the primary sector – 7% in the first half of the year and 12% in the second.</p> <p>The number of YP self-referring to the service is also increasing, as services are becoming embedded into school settings. In the first half of the year 8 YP had self-referred to the service, whereas in the 2nd half 14 had self-referred. Counselling providers continue to work with schools to promote the service within their setting and community.</p> <p>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</p> |

Pandemic related issues

Pandemic related issues continue to emerge in counselling. Although there was a slight drop in the number of CYP reporting pandemic related issues in the second half of the year, the number reporting “worry about exams” increased from 45 to 54. This would fit with the time of year when there was uncertainty for YP around the format of the 2022 examinations.

Individual Outcomes

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

- Be more aware of feelings/behaviour
- Be able to cope better
- Have more confidence/self-esteem
- Be more enthusiastic

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

- Be more aware of feelings/behaviour – 94%
- Be able to cope better – 86%
- Have more confidence/self-esteem – 82%
- Be more enthusiastic – 80%

Signposting

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

| Onward signposting | PKC |
|------------------------|-----------|
| | No of CYP |
| GP | 15 |
| CAMHS | 13 |
| Educational Psychology | <5 |
| Community Link Worker | 9 |
| School Nursing service | 7 |
| 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 | PKC |
|----------------------------------|-----------|
| | No of CYP |
| Open Child / Young Person's plan | 44 |
| Young Carer | 19 |
| Child Protection Register | 7 |
| History of low attendance | 56 |

Family Status

| Family status | PKC |
|-----------------------------------|-----------|
| | No of CYP |
| Looked after child (accommodated) | 5 |

| | |
|--|-----|
| Looked after child (at home) | 10 |
| Single parent family | 114 |
| Two parent family (including step parenting) | 172 |

Other Status

| Other status | PKC |
|--------------------------------|-----------|
| | No of CYP |
| ASN (any category) | 41 |
| Disability (any category) | 6 |
| SIMD1 or 2 | 7 |
| Eligible for Free School Meals | <5 |

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. The number of recorded DNAs has fallen from 15% in the first half of the year to 9% 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). In the second half of the year there were 214 CYP who had been added to a waiting list, 174 had to wait more than 28 days and 163 were still on the waiting list at the end of the reporting period.

Monies from previous underspends were released in January 2022 to allow a 30% increase in contract value from January - June 2022 to schools where waiting lists were more prevalent. However, only one provider could accommodate this temporary increase for the whole period, providing an additional online service for 1 day per week in 3 LMGs.

Involvement at planning meetings

21 Child's Planning Meetings were attended by school counsellors, of the 21 meetings 20 used the information provided for consideration and child's planning purposes.

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, to be 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 prefer counselling in school than going to CAMHS
- I feel more confident after receiving counselling
- I feel less anxious

- When asked for words to sum up their experience the following was shared – “awareness”, “faith”, “future”, “validation”.

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:

- I have noticed my son is much more confident following counselling
- I have a child whose mood is much better and much more confident

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, the majority of 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. Just over half the schools that responded agreed or completely agreed that their school counsellor was involved in child’s planning and multi-agency working.

Family Change

Family Change is a specialist therapeutic social work service supporting children and their families who have experienced significant trauma such as neglect, abuse, bereavement, or early developmental trauma.

Funding has been secured for a 0.6FTE worker from Family Change to provide support to all PKC schools. The main purpose being to help staff in schools to support young people who are struggling with their emotional wellbeing. Family change staff have also worked directly with CYP and have provided focused training to PKC school staff. This is a valuable initiative that works in parallel with the core CiS service, providing both a consultative understanding as to the needs of young people and a therapeutic support for CYP for whom counselling within school is not appropriate.

However, it has not been possible to provide the level of support due to recruitment this session. A 7 hours p/w post has been in place and following recent recruitment a member of staff has been identified to take on this post from August 2022.

[redacted]

Fairview - Clown Doctors

A total of 20 CYP have engaged with the Clown Doctors since the beginning of the pilot, late December 2021, in Fairview Special School. The beginning was challenging with an increase of COVID cases within the school, resulting in the first 6 week block being delivered on line. Once cases reduced, the Clown Doctors were able to work with the children within the setting.

When referring to the service, school staff were asked select the from the following aims their reason(s) for referral:

- Improve mental health and emotional wellbeing
- Increase therapeutic support for pupils to support them in engaging in their learning
- Improving self-regulation in response to emotional distress and anxiety

- Improve staff understanding of approaches to support emotional wellbeing and self-regulation strategies through increased learning opportunities leading to improved outcomes for pupils

Staff were asked to rate each of the aims they had referred the children to the service for, 1 being least/worst and 5 best.

| Aim | Pre-Session Average Score /5 | Post Session Average Score/5 |
|-----|------------------------------|------------------------------|
| 1 | 2.64 | 3.33 |
| 2 | 2.8 | 3.55 |
| 3 | 2.29 | 3.17 |
| 4 | 3.71 | 3.71 |

Parents were also asked to rate their child against the aims for referral

| Aim | Pre-Session Average Score /5 | Post Session Average Score/5 |
|-----|------------------------------|------------------------------|
| 1 | 4.25 | 4.5 |
| 2 | 4.0 | 4.75 |
| 3 | 3.25 | 3.86 |

School staff made comment on the increased level of engagement and interactions by the children throughout their blocks of work with the Clown Doctors. The children who were referred to the service all showed greater confidence to work with the therapists each week they attended.

[redacted]

[redacted]

The data gathered shows the improvements in wellbeing for the children and young people who have engaged with The Clown Doctors. Clown Doctors will continue to work in Fairview one day per week from Aug – Nov 2023, funded by CiS budget.

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, 7 young people (aged between 16-24) registered with Togetherall, seeking support from this online service.

The majority of users were aged 16 & 17, 71% were female and 29% male.

There were a total of 15 logins by Perth & Kinross users with the most active month being March 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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**.
If you have any questions, please contact us.

| | |
|--------------------------------|-----------------------------|
| Name of Local Authority | Renfrewshire Council |
|--------------------------------|-----------------------------|

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 | | 997 |
| Number accessing in-person provision | | 962 |
| Number accessing provision virtually | | 35 |
| Number of female pupils accessing provision | | 593 |
| Number of male pupils accessing provision | | 733 |
| | | |
| Stage specific data | Number of children P1-5 | 152 |
| | Number of children in P6 | 56 |
| | Number of children in P7 | 73 |
| | Number of children in S1 | 125 |
| | Number of children in S2 | 151 |
| | Number of children in S3 | 163 |
| | Number of children in S4 | 123 |
| | Number of children in S5 | 100 |
| | Number of children in S6 | 53 |
| | | |
| Number of children who have reported an improved outcome following access to a counsellor | | 707 |
| <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> | | |

| Referrals In | | |
|-----------------------------|---------------------|-----|
| Numbers of form of referral | | |
| | Self-referral | 17 |
| | School Staff | 754 |
| | Social Services | 0 |
| | GP | 0 |
| | School Nurse | 0 |
| | Health Professional | 0 |

| | |
|-------|------------------------------------|
| Other | 34 (Parents and Counselling staff) |
|-------|------------------------------------|

| Onward Referrals | |
|----------------------------|-------------------|
| Number of onward referrals | |
| CAMHS | 51 |
| Child Protection | * |
| Other Service | * external agency |

| Presenting issues** Please use numbers | | | |
|---|-----|------------------------------------|-----|
| Exam Stress | * | Self-Harm | 60 |
| Trauma | 57 | Depression | 70 |
| Bereavement | 60 | Anxiety | 528 |
| Gender Identity | * | Emotional/Behavioural Difficulties | 66 |
| Substance Use | 0 | Body Image | 0 |
| Self-worth | 133 | Family difficulties | 160 |
| Anger | 195 | Mood swings/impulsive/callous | 90 |
| Attention difficulties | 37 | Peer relationships | 44 |
| Bullying | 33 | Eating difficulties | 9 |
| Sleeping difficulties | 16 | Suicide ideation | * |

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) | 24 + approx. 5 counsellors on placement (number varies throughout the session) |
| Number of hours counselling is being provided per week | 256 + additional hours depending on number of counsellors on placement |

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 |
|--|
| 10 young people identified as non-binary 14 young people preferred not to say their gender |
| Please note that the information above captures 1:1 therapeutic counselling only. In addition to this, drop-in sessions are provided across targeted schools which support children and young people on a short-term basis. This intervention has often reduced the need for the child to be referred onwards for assessment and 1:1 counselling, as it has allowed them a space to offload and find solutions to issues that have been concerning them. |

Our counselling services also deliver group work, whole class sessions, staff consultation and contribute to school events. In addition, they are very responsive and adaptable in supporting schools, groups and individuals when a crisis occurs.

We have included our Primaries 1-5 figures above as we also offer a counselling service for children under 10 across Renfrewshire primary schools. These numbers have also been included above for the reporting period.

It is also important to note that in conveying the numbers of children who have reported an improved outcome following counselling, we have only included those who have completed counselling. There are a number of children who continue to receive counselling for whom we expect to see a positive outcome. These children have been counted in the overall total numbers accessing counsellors.

Support/Training Requirement

Regarding the presenting issues, some children and young people present with more than one issue. However, **anxiety** has consistently been the top referral theme over the last 2 years. Support is being provided to schools through professional learning, resources and signposting to address this area. However we would be interested in accessing any national training or resource that could support us.

Work is ongoing in Renfrewshire to address the **gender imbalance in referrals** particularly in secondary schools. If there is any local authority who is having particular success in this area, we would welcome the opportunity to learn from them and share our practice.

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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**.
If you have any questions, please contact us.

| | |
|--------------------------------|---------------------------------|
| Name of Local Authority | Scottish Borders Council |
|--------------------------------|---------------------------------|

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 Quarriers Young people referred prior to the reporting period but still accessing support are included in the count. In addition, during this reporting period 171 young people accessed ad-hoc support. | <i>Please provide numbers rather than percentages</i> 493 |
| Number accessing in-person provision Quarriers 3373 in person sessions delivered | 493 |
| Number accessing provision virtually Quarriers 776 virtual sessions delivered | ? |
| Number of female pupils accessing provision Quarriers 314 | 314 |
| Number of male pupils accessing provision Quarriers 170 | 170 |
| Number of non-binary pupils accessing provision: Quarriers 6 Number of Trans pupils accessing provision: Quarriers 3 | 9 |
| | |
| Stage specific data | |
| Number of children in P6 Quarriers 22 | 22 |
| Number of children in P7 Quarriers 21 | 21 |

| | | |
|--|--------------------------|-----|
| Quarriers 81 | Number of children in S1 | 81 |
| Quarriers 124 | Number of children in S2 | 124 |
| Quarriers 106 | Number of children in S3 | 106 |
| Quarriers 70 | Number of children in S4 | 70 |
| Quarriers 41 | Number of children in S5 | 41 |
| Quarriers 28 | Number of children in S6 | 28 |
| | | |
| 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> Quarriers percentages Percentages below are calculated on closed cases only; 95% reported an improvement in their 'Resilience' 24% reported a reduction in 'Risk Taking Activity' 91% reported an improvement in their 'Ability to Cope' 45% reported an improvement in their 'Confidence' 64% reported an improvement in how they manage 'Worry/Anxiety' 14% reported an improvement in 'Support' from families and supportive adults. | | ? |

| Referrals In | | |
|-----------------------------|---------------------|-----|
| Numbers of form of referral | | |
| Quarriers 49 | Self-referral | 49 |
| Quarriers 393 | School Staff | 393 |
| Social Services | | |
| Quarriers 48 | GP | 48 |
| School Nurse | | |
| Quarriers * | Health Professional | * |
| Other | | |

| Onward Referrals | | |
|----------------------------|------------------|---|
| Number of onward referrals | | |
| Quarriers * | CAMHS | * |
| Quarriers 8 | Child Protection | 8 |
| Quarriers * | Other Service | * |

| Presenting issues** Please use numbers | | | |
|--|------------------------------------|--|-----|
| Exam Stress Quarriers 37 | 37 | Self-Harm Quarriers 57 | 57 |
| Trauma Quarriers 19 | 19 | Depression Quarriers 105 | 105 |
| Bereavement Quarriers 14 | 14 | Anxiety Quarriers 238 | 238 |
| Gender Identity Quarriers 12 | 12 | Emotional/Behavioural Difficulties Quarriers 150 | 150 |
| Substance Use Quarriers 7 | 7 | Body Image Quarriers 33 | 33 |
| Other Suicidal Ideation Quarriers 15 | 15 | Other Disordered Eating Quarriers 28 | 28 |
| Other Sleep Hygiene Quarriers 32 | 32 | Other Confidence/Low Self-Esteem Quarriers 144 | 144 |
| Other Relationship Issues Quarriers 73 | 73 | | |
| 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 Resilience Practitioners in post (please use total number rather than FTE) Quarriers 11 | 11 |
| Number of hours counselling is being provided per week Quarriers 381 | 381 |

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>Quarriers The sessions are facilitated by qualified Resilience Practitioners who hold a counselling skills qualification.</p> <ul style="list-style-type: none"> We have noted a significant rise in young males accessing the service. 170 male pupils accessed support during this reporting period compared to 134 in the previous report. This is an increase of 27%. |

- We continue to provide emotional health and wellbeing support to Primary 6 and Primary 7 pupils in the cluster areas of Galashiels, Selkirk and Hawick. During this reporting period, we have noted a significant increase in the number of young people in Primary 6 accessing the service (22), compared to 0 in the previous reporting period.
- We accept referrals from school Pastoral Staff as well as operating a self-referral and a supported self-referral system. To self-refer, young people are able to make direct contact with the service. Alternatively, a supported self-referral enables parents and professionals to support young people to make contact with the service. Using this method of referral enables young people to take ownership and responsibility of their own mental health and emotional wellbeing.
- Young people often present with more than one presenting issue and thus there will be more themes counted than cases opened.
- Depression counted as those young people presenting with 'low mood' and not necessarily a clinical diagnosis of Depression.

Anxiety counted as those young people presenting with 'feelings of anxiousness' and not necessarily a clinical diagnosis of Anxiety.

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)

Report for the period January – June 2022

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

Local Authority: Shetland Islands Council

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 | 48 in active session (+ 39 W/L) (+ 24 project work, see below) = 111 in total |
| Number accessing in person provision | * in active session (+ * W/LWBO) (+ 24 project work) = 33 in total |
| Number accessing provision virtually | 43 in active session (+* W/LWBO) * n/a (paused, just started) = 47 in total (5n/a) |
| Number of female pupils accessing provision | 27 in active session (+* W/LWBO) (+ 22 W/L) (+* project work) = 67 in total |
| Number of male pupils accessing provision | 19 in active session (+* W/LWBO) (+15 W/L) (+* project work) =46 in total |
| Number of pupils identifying as <i>other</i> accessing provision | * in active session (+* W/LWBO) (+* W/L) (+* project work) = 6 in total |
| W/L = Waiting List WBO = Well-Being Offer Row added here to accommodate CYP who do not identify as male or female | |
| | |

- The School Counselling Service (SCS) continues to support CYP who identify as non-binary, transgender and other. Often issues surrounding gender and/or sexuality are brought to counselling. Few CYP have presented LGBTQI+ issues at point of referral.

- Of those accessing active session 56% are female, 40% male and 4% other. This trend continues in the waiting list. There is an increase in male pupils accessing counselling compared to the last reporting period where twice as many female pupils accessed compared to male.

To date, 159 Requests for Counselling have been processed and 144 CYP have been allocated in to the SCS.

- Number of CYP currently on the waiting list: 39

The waiting list is in a constant fluid state with many factors considered before moving a CYP in to active session with a counsellor.

Waiting times vary dependant on a number of factors, for example CYP can be *paused* on the SCS waiting list until their engagement with CAMHS has ended.

- During this reporting period, the SCS has been operating with reduced staffing and therefore reduced capacity. This has had a noticeable impact on the number of CYP moved in to active counselling, resulting in a higher than norm number of CYP on the waiting list and increase in waiting time. Recruitment is currently in progress and we hope to welcome a new school counsellor to the team very soon.
- CYP on the waiting list are actively managed, which enables both direct and indirect access to the SCS and counsellors.

Working firmly from within a Childrens Rights Approach, all CYP accessing service are involved from the very beginning of the Request for Counselling (RfC) process and throughout.

They are kept informed, sent a welcome video to meet the team and provided with resources until their counselling begins.

This active management continues in the SCS's proactive contact with Identified LINKs; ensuring that CYP are supported in other ways, if appropriate, whilst waiting for their counselling to begin. It is important that resourcing and other supports continue and that the young person understands that the SCS is being mindful of their time waiting.

- The weekly, multi-agency Request for Counselling (RfC) Panel meeting ensures co-ordination of support for those on the waiting list and also for those not allocated in to the SCS. School counsellors work very closely with the team around each CYP and are informed of any significant changes which may impact on their ability to engage with counselling.
- Input from the SCS has broadened this year in the form of a Well-Being Offering (WBO), increasing access to school counsellors.

The Well-Being Offer is about taking time to understand new learnings about Well-Being and applying them to 'self' in a meaningful way.

WBO Content covers:

- *Being human - having the ability and resources to survive and thrive, even during difficult times.*
- *Neuroscience – the study of the brain and our nervous systems and how our bodies, minds and feelings are interconnected.*
- *Understanding of 'self' - knowing how to better look after our thoughts and feelings.*
- *Support and Self-Care –finding a way that works for us and helps us to keep well within ourselves (mind and body).*
- *Creation and development of personalised Well-Being Plan.*

The Ethos of the WBO is as important as its content and is understood as an extension of the Person-Centred Counselling approach. CYP are invited to experience the WBO, without judgement, pressure or stress.

WBO is....

- *Comfortable, safe and boundaried.*
- *Meaningful; taking time to pause and consider how the WBO fits with each unique individual.*
- *Supportive - being alongside a school counsellor who works creatively and flexibly with each individuals experience and pace.*
- CYP on the waiting list are considered a priority to be invited to experience the SCS WBO. 8 CYP of 12 invited are currently engaged in this offering.
- Within this reporting period, the SCS continue to take joint lead with Educational Psychology in a piece of project work in a High School to address priorities around Mental Health and Emotional Well-Being and to support in the analysis of and response to the schools SHINE survey results. The SCS has a specific role in direct engagement and collaboration with senior pupils, S4-S6 (and staff). This project continues to increase the number of CYP and others who have access to a school counsellor via engagement with the WBO.

Number of pupils with access to school counsellor as part of this project :24

Pre and Post WBO delivery feedback was collected which demonstrated marked improvements on a number of scales:

- 53% positive shift in CYP rating their understanding of overall Well-Being from Very Poor/Poor/Average to Good/Excellent
- 36% positive shift in CYP rating their understanding of Support and Resilience from Very Poor/Poor/Average to Good/Excellent
- 44% positive shift in CYP rating their understanding of Self-Care from Very Poor/Poor/Average to Good/Excellent
- 49% positive shift in CYP rating their understanding 'Self' from Very Poor/Poor/Average to Good/Excellent
- 17% positive shift in CYP rating how able they feel to look after their Well-Being from Very Poor/Poor/Average to Good/Excellent

- Overall response to the WBO is very encouraging with parents, carers and staff reporting positive impacts on 'self' as well as the CYP they are supporting.

Many enquiries have been made to access the WBO as a resource. A delivery plan will consider a wide reach, beyond those CYP waiting for their counselling to begin. This will increase the catchment for access to counsellors to include the wider community (within schools and general) and CYP who have not been referred to the SCS.

- From January-June, the main priority has remained to focus on the delivery of 1 to 1 counselling across Shetlands school estate (29 schools across island communities).
- Ensuring equitable service delivery across the pupils demographic has been successfully managed by the continued use of a Blended Delivery Model.

Service accessibility via an online platform in addition to face to face working has successfully tackled barriers to access or engagement across Shetlands demographic and has also enabled a continuity of service provision; which has been critical as we move through different cycles of change in response to COVID-19.

- Term 4, with the lifting of restrictions, has seen an increase in the time spent in schools by school counsellors out with session delivery. School counsellors have become familiar and approachable faces to our wider school communities.

Already established, close working together relationships with school staff and other in-school colleagues (i.e. school nursing team, youth services) has been enriched by the opportunity for more spontaneous connections; beneficial in a general sense and on a case by case basis.

School counsellors have also been available for break, lunch time and after school drops ins where both pupils and staff have attended.

- The SCS continues to be asked for input and advice around the counselling approach and well-being and has collaborated with a number of other agencies; this has enabled access to school counsellors via a number of indirect routes for CYP and families (e.g. Schools, Youth Services, third sector agencies).
- It continues to be apparent that a number of parents/carers and staff benefit from accessing school counsellors through close working together relationships; again resulting in CYP having access to school counsellor input through others.

| Stage specific data | P6 | * (* WL) (* WL WBO) |
|---------------------|--------------------------|---------------------------|
| | Number of children in P7 | 5 (14 WL) (* WL WBO) |
| | Number of children in S1 | 6 (7 WL) (* WL WBO) |
| | Number of children in S2 | 7 (* WL) (* WL WBO) |
| | Number of children in S3 | 5 (* WL) |
| | Number of children in S4 | 7 (inc * declined) (*WL) |
| | Number of children in S5 | 11 (inc *declined) (* WL) |

| Number of children in S6 | * (inc. * declined) (* WL) (* WL WBO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------------|--------|--------|--------|-----------|--------|-------|------------------------|----|----|----|---|-----------|------------------------|-----|----|----|----|-----------|----------------------------|---|---|---|---|----------|----------------------------|-----|---|---|---|-----------|
| <ul style="list-style-type: none"> The distribution of CYP allocated in to service has been from across the full age bracket (10-18yrs). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Numbers peak slightly in S1/S2 and in senior secondary phase S4/S5. There is a more noticeable peak of allocations in to service for Primary 7 pupils.</p> <p>There are similarities here to the previous reporting period, which saw a peak in S1 and senior secondary phases S4-S6.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> CYP allocated in to service have been from across the school estate (island and mainland communities). Virtual delivery has enabled CYP from different islands to access sessions in succession. School Counsellors work creatively and flexibly to ensure that counselling is accessible across the spectrum of ages, developmental stages, abilities and communication styles. Working alongside parents in the RfC process has increased successful engagement in particular for younger clients and including S1. The table below shows trends in allocations in to service since November 2020. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th>Term 1</th> <th>Term 2</th> <th>Term 3</th> <th>Term 4</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>21/22 Allocated</td> <td>15</td> <td>19</td> <td>23</td> <td>4</td> <td>61</td> </tr> <tr> <td>20/21 Allocated</td> <td>N/A</td> <td>27</td> <td>35</td> <td>21</td> <td>83</td> </tr> <tr> <td>21/22 Not Allocated</td> <td>0</td> <td>1</td> <td>0</td> <td>3</td> <td>4</td> </tr> <tr> <td>20/21 Not Allocated</td> <td>N/A</td> <td>4</td> <td>1</td> <td>6</td> <td>11</td> </tr> </tbody> </table> | | | Term 1 | Term 2 | Term 3 | Term 4 | Total | 21/22 Allocated | 15 | 19 | 23 | 4 | 61 | 20/21 Allocated | N/A | 27 | 35 | 21 | 83 | 21/22 Not Allocated | 0 | 1 | 0 | 3 | 4 | 20/21 Not Allocated | N/A | 4 | 1 | 6 | 11 |
| | Term 1 | Term 2 | Term 3 | Term 4 | Total | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21/22 Allocated | 15 | 19 | 23 | 4 | 61 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20/21 Allocated | N/A | 27 | 35 | 21 | 83 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21/22 Not Allocated | 0 | 1 | 0 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20/21 Not Allocated | N/A | 4 | 1 | 6 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Considered alongside the distribution of stage specific data for allocated RfC's, there is scope here to pre-empt peaks and to work with partners and colleagues to manage trends/patterns, for example:</p> <ul style="list-style-type: none"> asking for P7 RfCs to be submitted earlier in Term 4 Offering targeted input around exam stress Offering targeted input at transitions times Prioritise S6 RfC's earlier in Term 4 <p>The low number of RfC's Not Allocated indicates that referrals submitted are appropriate and that referral criteria and processes are functioning well.</p> <p>The drop in RfCs Allocated in Term 4 21/22 can be explained by LINKs being mindful of the reduced capacity of service, which was communicated well to schools.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Number of children who have reported an improved outcome following access to a counsellor</p> | <p>41 (7 n/a, see below)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

100% of active clients have reported an improved outcome

- Of the CYP who have actively engaged in 1 to 1 counselling, 100% have reported an improved outcome.
- The 7 n/a accounts for those CYP who were offered active session and either did not engage in counselling or are yet to engage:
 - <5 CYP currently in Intake and Assessment stage prior to active counselling
 - <5 CYP paused on waiting list, declined service or did not engage
- Evidence to support improved outcomes reported is taken from:
 - YP CORE; self-report measure of emotional wellbeing (Clinical Outcomes in Routine Evaluation) (session by session)
 - Session block and Episode End Review schedules (goal based measures)
 - Qualitative feedback (continuous)
- Outcome reporting is linked back to a CYPs Intake Assessment and considers what they hoped to get out of counselling. This process has created the opportunity for more goal based measures which is well suited to counselling given each client's uniqueness (*see client quotes in additional information*).
- Counselling blocks contain a maximum of 6 counselling sessions. Up to 2 blocks can be offered in succession, with an additional block possible.
- Using the YPCORE session by session provides the opportunity to track changes in distress levels (psychological/emotional). CYP have reported comparing scores to be helpful in understanding their experiencing.
- The YPCORE is also useful taken as a marker for pre and post counselling measurements.

CYP who start counselling with high levels of distress, have lower levels of distress at the end of episode.

CYP who start counselling with mild or moderate levels of distress, a pattern can emerge where distress can fluctuate during counselling episode.

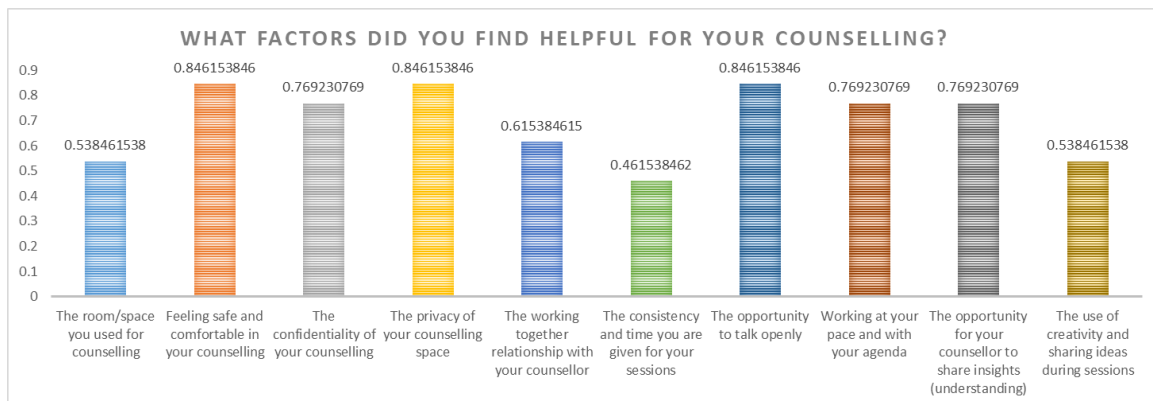
CYP have reported that when they feel more comfortable in their counselling they are more able to speak freely and process at deeper levels. They may also bring new content (unexpected to them), all of which accounts this pattern. Distress levels then decreases towards the end of episode.

CYP with mild to moderate tend to have more subtle changes in their YPCORE scores with verbal reports of general improvements in self-esteem, worth and confidence. Additional measurement tools are to be introduced to track more subtle changes i.e. self-esteem.

In addition to highlighting patterns over time, completing the YPCORE session by session has been useful in identifying current incidents or episodes of

emotional/psychological distress and can act as a risk indicator if high scores persist or are out with any clients' norm.

- Consideration of the individual stories behind the reported numbers enables greater meaningfulness and understanding.
- Reported outcomes also include unexpected improvements in related areas such as deeper understanding of 'self' and enabling of insight and perspective. Such outcomes have resulted in sustained positive changes for CYP; the proactive prioritising of self-care and compassion, changes in relationship choices and increased ability to engage in other kinds of support/resourcing.
- There is a clear correlation between clients who are experiencing higher levels of distress or persistent medium levels of distress also reporting that they find it hard to go to sleep or to stay asleep.
- Senior secondary pupils have commonly reported that they are less able to engage at depth in their counselling during the exam period. These clients have also not wanted to pause their counselling, telling school counsellors that they 'need a check in', a 'safe space to stop each week', 'connection without expectation'. This can extend episode length.
- CYP accessing service have also given feedback around helpful and unhelpful factors of their counselling (*see bar graph below*). This data has given insight in to the importance and benefits of accessing sessions from a safe, uninterrupted, private and comfortable space. The successfulness of counselling is directly impacted on by surrounding conditions and by a feelings of empowerment (client's ownership of their counselling).



Feedback on this has been consistent and clear. This has gone on to influenced what is included in the WTA between the SCS and schools. It is essential that agreements are in live review with quick responses and joint responsibility to ensure quality of service delivery is maintained.

- CYP have also reported that the quality of the therapeutic relationship and alliance with their counsellor has a direct impact on the meaningfulness and success of their counselling.
- CYP, LINKs and Parents/Carers have reported a variety of insights gained and changes made during the process of counselling and also longevity of such; captured in the comments below:

- Feedback from End of Episode Surveys issued to CYP, Parents/Carers and LINKs together with verbal feedback generally correlate and contribute to a deeper understanding of improved outcomes reported by CYP.
- Stressors or overwhelm can prevent a CYPs engagement with well-being support resources or strategies. CYP report counselling to be useful in providing a safe, contained space to make sense of their difficulties and realise ways to overcome their distress or emotional dysregulation, thus more able to fully engage with support resources (internal and external).

*“Counselling is more about developing a “way to be” which is just there and ready.... much easier and more effective than trying to remember lots of ideas or things to try and then actually not feeling able to use them when you are really distressed”
(Secondary pupil)*

- During this reporting period, it has continued to be noted that CYP report being understood and accepted without judgement as having a profound impact or significance to them on a par with any improvements in their emotional regulation or sustained behavioural changes.
- CYP report that to have ownership of their counselling experience directly contributes to their willingness to engage and to the effectiveness of their counselling.
- Wider stakeholder feedback is in support of the positive outcomes reported by CYP directly - It is interesting to make comparisons between what is considered an Improved Outcome between the different stakeholders.

School counsellors play a part in synchronising expectations and understandings here, in turn improving relationships between CYP and those around them trying to help/support.

- Client quotes shared below in *other information* illustrate the subjective, positive outcomes of counselling for clients which can take time to be recognised by others around them.

| Referrals In | |
|-----------------------------|--|
| Numbers of form of Referral | 48 (+39 on W/L) (27 RfC's Jan-June 22) |
| Self-referral | 0 (* initiated by CYP in active session (10 initiated by CYP on W/L) |
| School Staff | 26 (12 initiated by SS in active session) (+24 initiated by SS on W/L) |
| Social Services | 0 |
| GP | 0 |
| School Nurse | 0 |

| | |
|---------------------|--|
| Health Professional | 0 |
| Other | * parent/carer referral in active session * initiated by Ed. Psych in active session (* initiated by p/c on W/L) |

- The SCS uses a LINK model. Every school has identified LINK/s to support CYP access to service. Most enquiries are re-routed through this model with the majority of Requests for Counselling (RfC) being submitted by Schools.
- The SCS collected an additional stat. during this reporting period – ‘original source of enquiry’ to give a clearer picture of referrals in (see table above) as the majority of RfCs are re-routed through the LINK model for submission.

There has been an increase in CYP themselves proactively seeking referral and approaching identified LINKs.

There has also been an increase in direct parent/carer enquiry in to service.

- The SCS also has direct referral routes for CYP themselves and for parents/carers. This is useful if the LINK model poses any barrier to access and during school holiday periods when the school structure is not available.
- RfCs are taken to a weekly RfC Panel for the purpose of allocation into service. The RfC Panel is multi-agency: School Counselling Service, Principle Educational Psychologist, Child Adolescence Mental Health Services (CAMHS), School Nursing Team and Executive Manager of Inclusion from Schools Service.
- Strong working together relationships with the team around each CYP has enabled excellent collaboration, keeping the CYP support needs at the centre and ensuring the best fit of service at any one time.
- Proportionate sharing of information and wider discussion at the RfC Panel facilitates careful coordination of support/intervention from the agencies around the table. A number of CYP have been passed from the SCS to CAMHS or the School Nursing Service and vice versa. Planned simultaneous working is also enabled.
- We know from this collaborative working that the SCS has been signposted by a number of services including; GPs, School Nurses, CAMHS, EPS, Education Outreach Team, Social Work, Youth Service and third sector agencies.
- The SCS sits within the Educational Psychology Service and adheres to the Staged Intervention Framework and GIRFEC. Referrals in to service include a wide range of presenting needs from CYP across the range of intervention stages. With psychological distress and emotional dysregulation ranging from mild to moderate and severe.

- Often the needs presented by the identified LINK as referrer can differ from those then taken in to counselling by the CYP themselves (hence importance of goal based measures captured an Intake Assessment and Review).

Onward Referrals

Number of Onward Referrals

| | | |
|--|------------------|-----------------------------|
| | CAMHS | 0 (<i>see note below</i>) |
| | Child Protection | 0 |
| | Other Service | 0 (<i>see note below</i>) |

- The low numbers here does not reflect the substantial amount of partnership working and collaboration that takes place between the SCS and a wide range of other services.
- The SCS and CAMHS works very closely together. CAMHS have reported a positive impact on their service by the establishment of the SCS. The School Nursing Service has also reported a positive impact on their service.
- With permission from each CYP to share their names at RfC Panel, Panel services are better placed to notice 'scatter gun' referrals or times where families/schools might be confused about the most appropriate referral. The SCS and CAMHS routinely sync waiting lists and are better placed to coordinate interventions.
- The SCS does not refer directly in to CAMHS as this needs to be through the GP. Discussions are underway re: ability to make direct referrals between services. RfC Panel discussion provides CAMHS with a pre-awareness and ensures that any CYP which may require assessment by CAMHS is supported to go to the GP for a CAMHS referral.
- During Initial Consultations with referrers, other services are suggested by school counsellors either instead of school counselling, for assessment purposes or as a simultaneous intervention. Such specialist services include: Bereavement Support, Rape Crisis, Befriending, Parenting Support, Support for Young Carers, Education Outreach Services.
- Initial Consultations also create opportunities for awareness raising, discussion and coordination of different intervention such as KitBag, Resilient Kids, Zones of Regulation – all the time being aware of consistency of messages, use of language and normalising, where possible, emotional responses such as anxiety or stress.
- The SCS adheres to Shetlands Inter-agency Child Protection Procedures and make direct CP referrals to Duty Social Work. School Counsellors also make Welfare Concern referrals to Social Work and will phone Duty Social Work for advice and guidance for incidents of Ethical Dilemma.
- School counsellors refer to BACPs Ethical Decision Making Model and Good Practice Guidelines for incidents of Ethical Dilemma. Collaboration with the team around the CYP and appropriate liaison with Social Work ensures effective safeguarding whilst maintaining sensitivity to and protection of the counselling space and therapeutic alliance.
- School counsellors also have open dialogue with CAMHS /School Nursing Service for guidance or advice, which sometimes leads to their involvement.

| Presenting issues** | | | |
|--|---------|--|---------|
| Where possible, please use numbers rather than percentages | | | |
| Exam Stress | 14 | Self-Harm | 13 (<5) |
| Trauma | 15 (<5) | Depression | 10 (<5) |
| Bereavement | 10 (<5) | Anxiety | 39 (22) |
| Gender Identity | <5 (<5) | Emotional/Behavioural Difficulties | 47 (39) |
| Substance Use | <5 | Body Image | 13 (<5) |
| OTHER: | | | |
| Familial difficulties | 12 (10) | Relationships/attachment | 17 (<5) |
| Mood management and low motivation | 19 (6) | Incongruence and understanding of Self | 17 |
| Change and Loss | 12 (7) | Low Self Confidence | 9 (7) |
| Stress, Worry and Overwhelm | 18 (<5) | Anger | 10 (6) |
| Self Esteem and worth | 14 (8) | | |
| <ul style="list-style-type: none"> • NB: numbers in brackets represent the presenting issues of CYP on the waiting list. Trends in active cases would appear to continue to be represented in the waiting list, in particular a significant peak in Anxiety as a presenting issue. • All CYP allocated in to service reported a level of emotional, psychological or behavioural difficulties. • A wide breadth of reasons why CYP seek support from the SCS is evident. • More insight has been gained in to the dynamics of presenting issues and how CYP understand and relate to them by comparing initial presenting issues with emerging issues shared by the CYP. • From the analysis in the above table it is clear that the most common Mental Health and Wellbeing issues presented in service (in order of most frequent) are: <ul style="list-style-type: none"> ○ Anxiety ○ Mood Management and low motivation ○ Stress, Worry and Overwhelm ○ Relationships/attachment ○ Incongruence and understanding of Self ○ Trauma ○ Exam Stress ○ Self Esteem and Worth ○ Self-harm ○ Body image ○ Change and loss ○ Familial difficulties ○ Bereavement ○ Depression <p>In comparison to last reporting period, the frequency of Anxiety being identified as a presenting issue has more than doubled as has presenting issues around incongruence and understanding of 'self'. Presentations of Familial difficulties has halved, where Relationship and Attachment issues have increased three fold.</p> | | | |

- The MH&W list included here is extensive and representative but does not include the full range of difficulties presented on a case by case basis which captures the individuality and uniqueness of each CYP.

Notable presenting issues, other than those stated in the above table, included: sleep, health, friendships, school, disordered eating, bullying, loneliness, intrusive thoughts, suicidal thoughts and world issues.

- RfC's and enquiries in to service this year so far have has seen an increase in presenting issues involving existential world issues such as the Climate change, the war in Ukraine and cost of living crisis as well as Covid-19. Related themes are apparent in service and anticipated to continue for an extended period of time. There is also a need to remain mindful of wider spread impacts on resilience in staff and in families during these times.

CYP with existing anxieties have experienced their distress exacerbated.

It is also clear in this reporting period that a number of pupils referring in to the SCS are a surprise to schools; 'not on anybody's radar', 'not being flagged up' or apparently managing well at school. There is a real risk here of CYP who would typically be coping or managing well going unnoticed if their resilience is fatigued. The SCS has been a very appropriate service for such pupils.

- Mental Health and Well-Being issues are initially presented by referrer and then shared directly by CYP at Intake Assessment and then session by session and at scheduled reviews.
- CYP report being more able to identify issues during the course of their counselling and as they make links and deepen their understanding of their experiencing, issues are seldom reported in isolation.
- It is important to note that a number of CYP at the start of counselling are not able to articulate or specify about their issues or difficulties. They often report that they 'need a safe space to talk', 'time', someone to truly listen. Being able to identify issues can become part of the benefits of counselling.

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.

| Please complete either question a or b below | |
|--|---|
| a) Number of counsellors in post | 2 x FT School Counsellors 1 X Senior Practitioner for School Counselling |

| | |
|---|---|
| b) Number of hours counselling is being provided per week | Weekly sessions offered to all CYP active in service. |
|---|---|

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"> • It is important that the SCS is understood as an emotional distress service and not considered an emergency intervention (crisis counselling) as this does not fit with the evidenced based model of humanistic, school based counselling (Person Centred). • It is essential to recognise and understand counselling as a specific, evidence based intervention, delivered to a high standard by fully qualified, competent and professionally registered practitioners. • It is also essential to recognise the need for specialised training to work with CYP and continued CPD to remain responsive to the presenting needs of the client group (i.e. counselling online, disordered eating, body image). • Practitioner welfare is crucial to safe and effective service delivery. Attention and diligence needs to be given to such things as team connection time, clinical supervision, proactive self-care, peer support and reflective practice to protect against feelings of isolation, vicarious trauma, burnout and compassion fatigue. • Person Centred, school based counselling is naturally trauma informed and aligned with nurture principles. This approach can sit alongside other evidence based therapeutic interventions such as EMDR and CBT. • School counsellors can bring creativity and various tools (multi-sensory) to the counselling experience to enhance engagement, communication and process. • The SCS becoming part of wider school communities and embedded as a permanent service will go some way toward tackling any taboo that exists for CYP in accessing counselling or other supports for mental health and emotional well-being issues. • School based counselling provides the opportunity to challenge the increasing tendency to medicalise well-being and the use of language around mental health and emotional well-being used by CYP themselves. • Participation work and the incorporation of direct feedback from CYP and other stakeholders is vital to meaningful SCS service development. • In response to feedback, the SCS will be developing and improving accessibility and resources for CYP with neurodivergence. <p>Parent/Carer feedback has also highlighted that parent/carers of older clients would like more information post counselling. The SCS recognise that this could be beneficial in some cases and will consider sensitively what could be helpful.</p> <ul style="list-style-type: none"> • The SCS can work together with the local authority to highlight gaps in provision, for instance the continued access to counselling for school leavers and also in |

considering how service delivery can be tailored to support groups of CYP at higher risk of mental health issues; to date this includes LGBT+ young people, young carers, CYP with complex needs, LAC, CYP not engaging in mainstream schooling and Neurodiversity.

- During this reporting period, School Counsellors have noticed a decrease in emotional and mental trigger thresholds and resilience fatigue in many CYP. CYP are feeling less able to manage, less able to regulate and more easily overwhelmed. There is a wide spread fear of the unknown, creating a constant trickle of trauma for many.

The SCS have noticed an increase in referrers describing CYP as being in crisis.

School Counsellors have also noticed incidents of increased distress for clients in response to external impacts; interrupting the rhythm of counselling, which can increase episode length.

The SCS has responded by providing opportunities and resources for grounding and anchoring. Foundation work, such as the WBO has been helpful before moving on to more complex working.

- Service access routes and delivery methods need to be trauma informed. The SCS is invited to be part of a steering group to review and develop the local Trauma Strategy and as a service, the SCS will be used to pilot applying a Trauma Lens across all aspects of service development and delivery.
- A recent, local mapping exercise has been useful and important in pulling together a narrative around Mental Health and Emotional Well-Being supports for CYP. It will be helpful to communicate this in a way that works together and is accessible.
- Counselling client quotes:

**** Please note that reflections have been anonymised and have been shared for the purpose of this report and the development of the SCS. Clients have given permission to share with the understanding that their comments are understood and respected to be of a private and sensitive nature.**

Secondary pupil reflections:

“Counselling has let me feel able to think things through in a better way. I felt like I could give all of my thinking to you so that I didn’t have to carry my thoughts. I could come to counselling and do some thinking and problem solving, it was nice to not do it alone and it helped to have you alongside me as I did it”

“Overall, counselling has helped my mental health. People in my personal and school life can’t help sometimes and I was worried they would belittle me”

“I’ve reflected on myself more and see what’s best for me and now I feel able to be myself more, I feel more comfortable within myself”

“ this is like, literally the only time in the week that I prioritise myself and just take time to figure out what I am feeling and what I need”

“I definitely get stuck in my head and my thoughts take over then everything just feels complicated and really huge. Being with my thoughts in counselling, instead of just when I am on my own, has

made them less scary or in charge. Instead of trying to fight them away all the time (which is exhausting) I am able to just be with them and try to just figure out what they are actually trying to tell me – which can be something as simple as “you need to rest!”

Primary pupil reflections:

“Counselling has changed my feelings. I was always upset and angry. I am sometimes still upset but I am not angry all the time anymore”

“I am sleeping better and not worried about what I was worried about before”

“I understand people and myself better. I feel happy about that”

“I know I am quiet a lot in my counselling, but I am thinking and it helps me to know that you understand me and are not going to push me to say something or getting fed up with me”

“I never thought things could be different. There is a lot of stuff I can’t change around me but counselling has helped me figure out who I am and not just who I think I need to be a lot of the time”

“Counselling was weird to begin with. I am used to people just having an opinion or telling me what I should do. I think that made me stop talking so much about stuff. I was amazed at how counselling was so different and kind of set me free”

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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**. If you have any questions, please contact us.

| | |
|--------------------------------|-----------------------|
| Name of Local Authority | South Ayrshire |
|--------------------------------|-----------------------|

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 | 564 |
| Number accessing in-person provision | 96% (N = 541) |
| Number accessing provision virtually | 4% (N = 23) |
| Number of female pupils accessing provision | 276* |
| Number of male pupils accessing provision | 123* |
| | |
| Stage specific data | |
| Number of children in P6 | 16 |
| Number of children in P7 | 8 |
| Number of children in S1 | 84 |
| Number of children in S2 | 95 |
| Number of children in S3 | 95 |
| Number of children in S4 | 68 |
| Number of children in S5 | 41 |
| Number of children in S6 | 20 |
| | |
| 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> | 156 |

| Referrals In | |
|-----------------------------|-----|
| Numbers of form of referral | |
| Self-referral | 101 |
| School Staff | 242 |
| Social Services | * |
| GP | * |
| School Nurse | * |

| | |
|---------------------|---------------------------|
| Health Professional | 6 |
| Other | Parent – 47 Other – 28 |

Onward Referrals

| | |
|----------------------------|---|
| Number of onward referrals | |
| CAMHS | 27 |
| Child Protection | 11 |
| Other Service | * – Social work 12 – Penumbra * – Togetherall 7 – GP * – School Nurse * – Community Counsellor |

Presenting issues** Please use numbers

| | | | |
|--------------------------------|------------------------------------|------------------------------------|-----|
| Exam Stress | 70 | Self-Harm | 89 |
| Trauma | 64 | Depression/low mood | 159 |
| Bereavement | 45 | Anxiety | 297 |
| Gender Identity | 40 | Emotional/Behavioural Difficulties | 70 |
| Substance Use | # | Body Image/eating difficulties | 47 |
| Stress | 221 | Family issues | 133 |
| Relationship difficulties | 94 | Anger management | 71 |
| Self Esteem | 168 | Suicidal thoughts | 79 |
| Social issues | 78 | “Overthinking” | * |
| Bullying | 18 | Historic sexual abuse | * |
| Neurodiversity | 12 | Attendance/school refusal | * |
| Achievement | * | Young carer | * |
| Auditory/visual hallucinations | * | Homelessness | * |
| 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) | 13 |
| Number of hours counselling is being provided per week | 139 hours / 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

| |
|---|
| 15 non-binary young people accessed counselling 14 trans young people accessed counselling |
|---|

[redacted]

136 young people's demographic data was undisclosed (e.g. during drop-in sessions)

School counsellors accessed professional development opportunities around trauma & autism/neurodiversity through the educational psychology service. They also engaged in a peer reflective dialogue session with another service provider around self-harm.

In addition to the 1:1 counselling recorded above, some schools also offered drop-in counselling sessions, support for parents & staff, as well as transition support & whole-class inputs. Finally, most schools offer school counselling outside of term-time to further wrap-around support in the school holidays.

Case Study

[redacted]

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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**. If you have any questions, please contact us.

| | |
|--------------------------------|----------------------------------|
| Name of Local Authority | South Lanarkshire Council |
|--------------------------------|----------------------------------|

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 | 929 |
| Number accessing in-person provision | 920 |
| Number accessing provision virtually | * |
| Number of pupils accessing a mix of in-person and virtual | 15 |
| Number of female pupils accessing provision | 582 |
| Number of male pupils accessing provision | 318 |
| Non-binary | 11 |
| Unknown | 18 |
| | |
| Stage specific data | |
| Number of children in P5 | 18 |
| Number of children in P6 | 71 |
| Number of children in P7 | 67 |
| Number of children in S1 | 119 |
| Number of children in S2 | 148 |
| Number of children in S3 | 187 |
| Number of children in S4 | 159 |
| Number of children in S5 | 86 |
| Number of children in S6 | 56 |
| Number of children in Aspire | 15 |
| Unknown | * |
| | |
| 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> | Primary Pupils <ul style="list-style-type: none"> 59 out of 74 completed teacher SDQs / 80% 20 out of 33 completed parent/carer SDQs / 61% |

| | |
|--|---|
| | <ul style="list-style-type: none"> 60 out of 77 completed SWS / 78% <p>Secondary Pupils</p> <ul style="list-style-type: none"> 237 out of 330 completed SDQs / 72% 368 out of 454 completed YP-Core / 81% <p>No outcome data for Aspire</p> <p>Overall, 744 out of 968= 77%</p> |
|--|---|

| Referrals In | |
|--------------------------------------|------------|
| Numbers of form of referral | |
| Self-referral | 134 |
| School Staff | 721 |
| Social Services | |
| GP | |
| School Nurse | |
| Health Professional | |
| Parent | 51 |
| Other Professional (did not specify) | 23 |

| Onward Referrals | |
|----------------------------|--|
| Number of onward referrals | |
| CAMHS | 50 |
| Child Protection | 0 |
| Supported within school | 73 |
| Social Work | 6 |
| Third sector | * |
| Other Service | ADHD Assessment: * Adult Services: * ASD Assessment: * Aspire:* Barnardo's: * Continuing counselling at college: * CPO within school:* Cruise Bereavement: * GP: * Home school partnership: * Mentoring Service: * Moira Anderson: * NHS Psychiatry: * Nutritionist: * Pathfinders: 9 Private counsellor: * Sandyford Clinic: * School nurse: * |

| | |
|--|-----------------|
| | Young Carers: * |
|--|-----------------|

| Presenting issues** Please use numbers | | | |
|---|------------------------------------|----------------------------|-----|
| Academic | 17 | Family Issues | 277 |
| Anger | 156 | Gender Identity | 27 |
| Anxiety | 477 | Relationships/friendships | 203 |
| Behavioural/Emotional Difficulties | 158 | School related | 102 |
| Bereavement | 114 | Self-harm | 100 |
| Bullying | 55 | Self-image/confidence | 181 |
| Depression/low mood | 178 | Sexuality | 14 |
| Drugs/Alcohol | 14 | Suicidal thoughts | 64 |
| Eating Disorder | 29 | Trauma | 46 |
| Exam Stress | 17 | | |
| Other | <i>Please add rows if required</i> | | |
| Additional Support Needs | 25 | Motivation | * |
| Attachment | 13 | Moved from another country | * |
| Attendance/Avoidance | 10 | Negative Coping Strategies | 43 |
| Child protection | * | Phobias | * |
| Gang Issues | * | Sleep Difficulties | 13 |
| Hallucinations | * | Social Work Involvement | * |
| Health Issues | 8 | Stress | 10 |
| Healthy Eating | * | Suicide Attempt | * |
| Intimate image shared without consent | * | Victim of racist abuse | * |

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) | 49 |
| Number of hours counselling is being provided per week | 486 |

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> <ul style="list-style-type: none"> • 11 young people identified as non-binary • Data for a small number of primary schools was not submitted from a counselling provider by the agreed date. |

- If required, we can follow up on the missing school data and attempt to collate it from the counselling provider.

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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**. If you have any questions, please contact us.

| | |
|--------------------------------|-----------------|
| Name of Local Authority | Stirling |
|--------------------------------|-----------------|

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 | 364 |
| Number accessing in-person provision | 295* |
| Number accessing provision virtually | 95* |
| Number of female pupils accessing provision | 239** |
| Number of male pupils accessing provision | 113** |
| Stage specific data | |
| Number of children in P6 | 35*** |
| Number of children in P7 | 31*** |
| Number of children in S1 | 48*** |
| Number of children in S2 | 65*** |
| Number of children in S3 | 55*** |
| Number of children in S4 | 37*** |
| Number of children in S5 | 46*** |
| Number of children in S6 | 17*** |
| Outcomes | |
| 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> | Of the 188 children/young people who completed a period of therapeutic support during this reporting window, 122 (65%) completed pre- and post-counselling assessments (either YP-CORE or SDQ). 106 (87%) demonstrated improvement following access to counselling. |

| Referrals In | |
|-----------------------------|---|
| Numbers of form of referral | |
| Self-referral | 92 |
| School Staff | 244 |
| Social Services | 0 (involvement in* referrals)**** |
| GP | 0 (involvement in* referrals)**** |
| School Nurse | 0 (involvement in* referral)**** |
| Health Professional | 0 |
| Other | Parent/carers: 27 CAMHS: * (involvement in a further 7 referrals)**** Family Support Worker: 0 (involvement in* referral)**** |

| Onward Referrals | |
|----------------------------|--|
| Number of onward referrals | |
| CAMHS | 12 |
| Child Protection | 0 |
| Other Service | GP:* Family Support Worker:* Unknown:* |

| Presenting issues** Please use numbers | | | |
|---|------------------------------------|------------------------------------|-----|
| Exam Stress | 72 | Self-Harm | 76 |
| Trauma | 84 | Depression | 171 |
| Bereavement | 90 | Anxiety | 230 |
| Gender Identity | 27 | Emotional/Behavioural Difficulties | 160 |
| Substance Use | 13 | Body Image | 123 |
| 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) | 14 (5 employed directly and 9 via providers) at 10.3 FTE. |
| Number of hours counselling is being provided per week | 360.5 hours 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 |
|---|
|---|

Reflections on demand/capacity or any additional training requirements, for example

Comments on the above data

*Whilst many children/young people continue to engage with therapeutic counselling in-person only (74% of service users), counsellors offer phone calls, texting and Google Meet for those who would prefer to access support virtually (19% of service users are supported virtually only). Some children/young people opt for a blend of in-person and virtual support to best suit their needs (7% of service users).

**The majority of children/young people accessing therapeutic counselling are female (65.7%), while males make up a further 31%. Within these figures are a number of transgender young people (2.2% of the current service users). 2.5% of service users identify as non-binary, and 0.8% of service users did not wish to disclose their gender.

***In addition to the 334 children/young people included in the 'Stage Specific Data' above, a further 29 children aged between P1-P5 accessed therapeutic support from a school counsellor.

****Currently, referrals for school counselling are completed by school staff or through a child/young person self-referring. Partners may initiate this referral process and provide valuable information to support the referral. As noted in the table above, 4.7% of those accessing support in this reporting window had another professional involved in initiating their referral. We are currently exploring pathways for partners to be more directly involved in generating referrals for school counselling.

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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**. If you have any questions, please contact us.

| | |
|--------------------------------|----------------------------|
| Name of Local Authority | West 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. 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 | 381 |
| Number accessing in-person provision | 326 |
| Number accessing provision virtually | 56 |
| Number of female pupils accessing provision | 272 |
| Number of male pupils accessing provision | 108 |
| Prefer not to say (regarding gender) | * |
| Other (regarding gender) | * |
| Other (regarding gender) | |
| Stage specific data | |
| Number of children in P6 | 13 |
| Number of children in P7 | 8 |
| Number of children in S1 | 81 |
| Number of children in S2 | 83 |
| Number of children in S3 | 90 |
| Number of children in S4 | 52 |
| Number of children in S5 | 41 |
| Number of children in S6 | 12 |
| Unknown Age/Stage | * |
| Post School | 7 (CAT/CAHMs) |
| | |
| 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> | 128 |

| Referrals In | |
|-----------------------------|-----|
| Numbers of form of referral | |
| Self-referral | 12 |
| School Staff | 246 |
| Social Services | 0 |

| | |
|---------------------|----|
| GP | 22 |
| School Nurse | * |
| Health Professional | 6 |
| Other | 6 |

| Onward Referrals | |
|----------------------------|--|
| Number of onward referrals | |
| CAMHS | * |
| Child Protection | * |
| Other Service | 7 <i>* out of 7 referred on to Counselling Services/ Psychological assessment</i> |

| Presenting issues** Please use numbers | | | |
|---|----|------------------------------------|-----|
| Exam Stress | * | Self-Harm | 16 |
| Trauma | 8 | Depression | 33 |
| Bereavement | 14 | Anxiety | 137 |
| Gender Identity | * | Emotional/Behavioural Difficulties | 29 |
| Substance Use | 0 | Body Image/Self esteem | 21 |
| Eating Difficulties | * | Anger | 22 |
| Bullying | * | Family | 14 |
| Personality problems | * | Stress at work | * |
| OCD | * | School Refusal | * |
| Eating Disorder | * | Behaviour | * |
| Interpersonal Relationships | 18 | Cognitive Learning | * |
| Family stress | * | Online grooming | * |
| Other mental health diagnosis | * | Difficulty managing change | * |

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 | 100 Child and adult therapist gave no figure here |

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

Child and Adolescent Therapist(CAT/CAMHs)

Young people seen for neuro-developmental assessment (with no ongoing therapeutic support): 11

Young people's parents seen for parenting group sessions: 7

Young people seen for urgent assessment appointments:13 (not captured in numbers recorded above in "Access and outcomes").

Young people with diagnosis of ASD: 23

Young people with diagnosis of ADHD: 6

Young people with diagnosis of LD: *

Young people identifying as trans/ non-binary: *

Togetherall online Platform for ages 16+ living in the WDC postcode

Togetherall offer no 1:1 counselling provision, their figures are recorded and included in *Access and Outcomes*, breakdown below.

Numbers accessing provision virtually 12

Number of females accessing provision *

Number of males accessing provision *

44 Togetherall Wall Guides are in post. Approximately 6 Wall Guides work on any given shift – covering all time zones.

Wall Guides are made available to members 24/7

Members experiences within last 6 months, prior to joining Togetherall presented with the following:

Attempted to End My Life: *

Experienced Panic Attacks:*

Experienced Stress: *

Felt At Risk From Someone Else: *

Self-Harmed: *

Thought About Ending My Life: *

Thought About Self-Harming: *

I'd Rather Not Say:*

Other: *

Erskine Crisis Service

Erskine has CPD is offered on an ongoing basis to participatory counsellors and there is a bank of counsellors to capacity build as demands/trends change.

Increased supervision is available to minimise exposure to trauma casework on practitioners.

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.



West Lothian Civic Centre
 Howden South Road
 Livingston
 West Lothian
 EH54 6FF

Principal Educational Psychologist:
 Jennyfer McNiven

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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**. If you have any questions, please contact us.

| | |
|--------------------------------|---------------------|
| Name of Local Authority | West Lothian |
|--------------------------------|---------------------|

Background Information about West Lothian School Counselling

Secondary / ASN Schools

Within West Lothian there are 11 mainstream secondary schools and a further 2 secondary schools supporting children with additional support needs (ASN) (The Skills Centre and Cedarbank School). Each of these provisions has had ongoing access to school counselling services since August 2020.

During the current reporting period, pupils have accessed school counselling through collaboration with 7 local counselling providers; 4 specific companies (HeadStrong, Exchange, Smile, Your Space) and 3 independent counsellors. Cedarbank school supports young people with additional support needs, and an independent counsellor has provided specific approaches for their needs.

In line with the Scottish Government counselling framework, an internal survey was completed with the above schools to provide West Lothian Council with up to date information on the current use of the Scottish Government funding.

Primary Schools

Since July 2020, for pupils aged 10 years and over, all 68 primary schools and ASN schools with primary school aged pupils have accessed counselling services on a referral basis from Wellbeing Scotland.

Outcomes and Evaluation

The impact of covid-19 on delivering the counselling service has reduced over this reporting period, though absence still remains a challenge. Schools have developed the work they do with their counselling providers to provide increased and varied support, such as groupwork programmes and parent information sessions. Overall, positive partnerships continue to develop between schools and counselling providers.

Data gathered from January 2022 has highlighted the services' positive impact on young people's wellbeing. The outcome feedback from schools and young people indicate that emotional wellbeing improves where counselling is available.

Evaluation activity has focused on the following areas:

- Impact data report from providers (attachment no.1)
- Summary/ termly report from schools (attachment no.2)
- Survey/ feedback from pupils, teachers/support staff (attachment no.3)

*All attached files can be found in the additional information box on page 4.

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 | 662 |
| Number accessing in-person provision | 641 |
| <i>Further details: All secondary schools and the Skills Centre provide the opportunity for drop in sessions - 431 students attended 1.3 sessions on average. Due to the informal nature of this provision, full referral information is not gathered for these young people and so are not included explicitly within this report. However, there is a level of overlap in provision - roughly 50% of drop in sessions are provided to young people not known to the service, 25% to those who have previously accessed sessions and 25% to those on the waiting list for a block of sessions.</i> | |
| Number accessing provision virtually | Phone – 20 Video – 9. <i>N.B. 8 young people accessed both virtual and in-person counselling, primarily due to school absence or study leave.</i> |
| Number of female pupils accessing provision | 391 |
| Number of male pupils accessing provision | 247 |
| Number of pupils accessing provision – Transgender | 14 |
| Number of pupils accessing provision – Prefer not to say | 8 |
| Number of pupils accessing provision – Non-binary | * |
| Stage specific data | |
| Number of children in P6 | 69 |
| Number of children in P7 | 77 |
| Number of children in S1 | 69 |
| Number of children in S2 | 112 |
| Number of children in S3 | 146 |
| Number of children in S4 | 108 |
| Number of children in S5 | 54 |
| Number of children in S6 | 27 |
| Number of children who have reported an improved outcome following access to a counsellor | 424 |

DATA LABEL: PUBLIC

| | |
|--|--|
| <p>Evaluation tools used included:</p> <ul style="list-style-type: none"> • Young Person Clinical Outcomes in Routine Evaluation (YP-CORE) • Wellbeing Indicators • “Teddy” wellbeing tool • The Warwick-Edinburgh Mental Wellbeing Scales – WEMWBS • Additional bespoke proformas devised by providers | <p><i>Of the total 662 pupils accessing counselling sessions, data has been gathered on outcomes for the 435 pupils who have completed counselling.</i></p> <p><i>Data on the outcomes for pupils still currently accessing provision will be included in the next reporting schedule.</i></p> |
|--|--|

| Referrals In | |
|-----------------------------|-----|
| Numbers of form of referral | |
| Self-referral | 83 |
| School Staff | 564 |
| Social Services | * |
| GP | 0 |
| School Nurse | * |
| Health Professional | 0 |
| Other | 12 |










| Onward Referrals | |
|----------------------------|---|
| Number of onward referrals | |
| CAMHS | 17 |
| Child Protection | 8 |
| Other Service | *, * – GP * – Edinburgh Rape Crisis Centre * – Other counselling service |

| Presenting issues** Please use numbers | | | |
|---|-----|------------------------------------|-----|
| Exam Stress | 24 | Self-Harm | 67 |
| Trauma | 45 | Depression | 115 |
| Bereavement | 64 | Anxiety | 278 |
| Gender Identity | 15 | Emotional/Behavioural Difficulties | 51 |
| Substance Use | 7 | Body Image | 19 |
| Other: | 352 | | |
| <i>Family Difficulties</i> | 149 | <i>Suicidal thoughts</i> | 40 |
| <i>Low Self Confidence/Esteem</i> | 62 | <i>Relationships with others</i> | 29 |
| <i>Bullying</i> | 45 | <i>School Attendance</i> | 16 |

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) | 28 |
| Number of hours counselling is being provided per week | 335 |

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 data within this report and the following attachments are based on information received from each of the 11 mainstream secondary schools, The Skills Centre, Cedarbank School and Wellbeing Scotland (primary school service) data and we have made our analysis based on this. Within the returned information, it should be noted that there are complexities and differences in how each school and provider may have interpreted the questions or collected data. Where possible, as much detail has been given to be as consistent and transparent as possible.</p> <p>Attachments: Note the additional infographic documents here by title</p> <table border="1"> <tbody> <tr> <td>1. January – June 2022 Counselling in Schools At-A-Glance (Infographic data)</td> <td>  Counselling in Schools At-A-Glance </td> </tr> <tr> <td>2. January – June 2022 Counselling in Schools Summary Report Highlights Term 2 + 3</td> <td>  Counselling in Schools Summary Re </td> </tr> <tr> <td>3. January – June 2022 Counselling in Schools Pupils, Teachers and Support staff Feedback</td> <td>  Pupils, Teachers and Support Staff fe </td> </tr> </tbody> </table> | | 1. January – June 2022 Counselling in Schools At-A-Glance (Infographic data) |  Counselling in Schools At-A-Glance | 2. January – June 2022 Counselling in Schools Summary Report Highlights Term 2 + 3 |  Counselling in Schools Summary Re | 3. January – June 2022 Counselling in Schools Pupils, Teachers and Support staff Feedback |  Pupils, Teachers and Support Staff fe |
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| 3. January – June 2022 Counselling in Schools Pupils, Teachers and Support staff Feedback |  Pupils, Teachers and Support Staff fe | | | | | | |

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 (cc Hannah.Axon@cosla.gov.uk) by **29th July 2022**.
If you have any questions, please contact us.

| | |
|--------------------------------|----------------------------------|
| Name of Local Authority | Comhairle Nan Eilean Siar |
|--------------------------------|----------------------------------|

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 | 182 |
| Number accessing in-person provision | 182 |
| Number accessing provision virtually | 28 out of 182 also accessing virtual fortnightly |
| Number of female pupils accessing provision | 116 |
| Number of male pupils accessing provision | 66 |
| Stage specific data | |
| Number of children in P6 | |
| Number of children in P7 | * |
| Number of children in S1 | * |
| Number of children in S2 | 15 |
| Number of children in S3 | 36 |
| Number of children in S4 | 45 |
| Number of children in S5 | 43 |
| Number of children in S6 | 32 |
| 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> | |
| | Out of 182 attending 96 feedback forms completed 74 reported an improved outcome after 6 sessions 22 reports felt improvement after 8 sessions |

| Referrals In | |
|-----------------------------|--|
| Numbers of form of referral | |

| | |
|---------------------|-----------|
| Self-referral | 59 |
| School Staff | 86 |
| Social Services | 9 |
| GP | * |
| School Nurse | |
| Health Professional | 18 |
| Other | 6 |

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

| Presenting issues** Please use numbers | | | |
|---|--|------------------------------------|-----------|
| Exam Stress | | Self-Harm | 8 |
| Trauma | 6 | Depression | 35 |
| Bereavement | 6 | Anxiety | 41 |
| Gender Identity | 10 | Emotional/Behavioural Difficulties | 14 |
| Substance Use | * | Body Image | * |
| Other | Abuse: (Sexual, online, physical, emotional and neglect) 27 Bullying: (face to face or online) 29 | | |

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) | 11 |
| Number of hours counselling is being provided per week | 25 hours per week in school 55 hours per week in Counselling premises |

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

Demand via school referrals has increased. This has resulted in additional training and supervision for all counsellors working with young people which will be ongoing throughout to meet COSCA and BACP requirements.

Notes

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