The British Association for Counselling and Psychotherapy (BACP) would like to submit the following response to the Health and Sport Committee’s Inquiry into child and adolescent mental health services.

BACP

BACP is the leading professional body for counselling and psychotherapy in the UK. We have a considerable presence in Scotland of 1,500 individual practitioners, with an overall membership of over 30,000 members, drawn from various professional disciplines in the field of counselling and psychotherapy and based in a range of settings from frontline NHS Services to Voluntary Agencies.

Executive Summary

- Levels of mental health problems in children and young people are increasing with one in ten children in the UK now experiencing a diagnosable mental disorder
- Early and easy access to counselling in schools can prevent mental health problems in children developing or becoming more serious
- Evidence shows a counselling-like therapeutic intervention can be effective with children and young people experiencing mild to moderate depression
- Institute for Public Policy Research has concluded that, there was ‘an excellent case for rolling out a new “school counsellor” role in all schools’
- Research indicates that school-based counselling services are feasible to implement and are highly acceptable to young people
- Properly resourced school counselling services both in terms of finance and sufficient time are essential to be able to respond to children’s distress
- Counsellors are only employed in a few schools and schools themselves are under resourced to deal with these issues
- There needs to be long term funding for young people’s counselling services in all Scottish schools, provided by counsellors with specialist training and experience.

Responses to questions

How children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented

Counselling can be an effective early intervention strategy for young people who have emotional, behavioural and social difficulties. Early and easy access to counselling in schools can prevent mental health problems developing or becoming more serious, and can build up trust and confidence to enable clients to access more specialist services if required. Many primary school teachers can identify small children who are troubled, and early intervention at this stage would be ideal. Although counsellors would be able to contribute to this, counsellors are only employed in a few schools and schools themselves are under resourced to deal with these issues.
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What obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome?

A major obstacle is under supported staff, who may have attended relevant training but are not given any support to then be able to respond to children in distress.

Research indicates that school-based counselling services are feasible to implement and are highly acceptable to young people, pastoral care coordinators and teachers (Cooper, 2004, 2006b, in press; Cooper, Hough, & Loynd, 2005; Pattison et al., 2007). While referrals to Children and Adolescent Mental Health Services (CAMHS) are currently available for young people within secondary schools who meet the necessary assessment and diagnostic criteria, school-based counselling provisions are perceived by pastoral care staff and related professionals as an important additional resource: highly accessible; capable of responding quickly to young people’s mental health needs; and of particular value to emotionally distressed and/or ‘troubled’ young people who may not be appropriate for referral to educational or clinical psychologists (Cooper, 2006b). These findings suggest that school-based counselling services may be an important form of ‘early intervention’ for mental health problems in children and young people: working with pre-syndromal emotional and interpersonal difficulties to prevent the onset of more severe, chronic and costly forms of psychological distress.

Summary

Properly resourced school counselling services both in terms of finance and sufficient time are essential to be able to respond to children’s distress

What action is being taken to facilitate early intervention and what else can be done?

Levels of mental health problems in children and young people are increasing (World Health Organisation, 2006), with one in ten children in the UK now experiencing a diagnosable mental disorder (Green, McGinnity, Meltzer, Ford, & Goodman, 2004). As one of the responses to this growing problem, recent years have seen the establishment of school-based therapeutic counselling services across the UK (Jenkins & Polat, 2005). Since 2007, counselling has been made available in all post-primary schools in Northern Ireland; Wales now has a national strategy with ring fenced funding to implement counselling in all secondary schools from September 2008, and there is a commitment in Scotland to provide school counselling by 2015 (Public Health Institute of Scotland, 2003). Supporting such initiatives, a recent report by the influential Institute for Public Policy Research
concluded that, across the UK, there was now ‘an excellent case for rolling out a new ‘school counsellor’ welfare support role in all schools’ (Sodha & Margo, 2008, p.79).

In terms of empirical support for such developments, recent research suggests that school-based therapeutic counselling services are associated with improvements in young people’s mental health. A recent review of longitudinal studies examining the effectiveness of such services found a large effect from pre- to post-counselling on a variety of indicators of mental health and wellbeing (Cooper, in press). In addition, evidence from randomised controlled trials carried out in a range of non-educational settings (e.g. outpatients) indicates that a counselling-like therapeutic intervention can be effective with children and young people experiencing mild to moderate depression (Birmaher et al., 2000; Vostanis, Feehan, Grattan, & Bickerton, 1996) (see NICE Guidelines for the treatment of depression in children and young people, National Institute for Health and Clinical Excellence, 2005). There is also evidence that such a therapeutic intervention is effective in reducing the psychological symptoms experienced by children who have been sexually abused (Cohen & Mannarino, 2000).

Currently Child and Adolescent Mental Health Services (CAMHS) are under further review under the Chair of Jo Davidson, and the National CAMHS Review Interim Report (www.dcsf.gov.uk/CAMHSreview) recently published highlights repeatedly the need for of early intervention and ‘swift and easy access to effective services’.

There are many highly effective school counselling services across the UK, funded by schools themselves, or managed by local authorities, or provided by voluntary sector agencies. Counsellors and psychotherapists within these services are able to improve the well being of children and young people in a variety of ways:

- Providing professional counselling (Abiding by an appropriate code of Ethics and Practice)
- Providing early intervention
- Supporting children and young people
- Establishing relationships with young people that enable them to articulate their feelings and thoughts
- Work with young people with a range of emotional and mental health disorders
- Working with families and collaboratively with staff
- Adding to the curriculum
- Influencing the culture of the school
- Contributing to the design, delivery and evaluation of services
- Are children and young people centred
- Are accessible to children and young people
- Liaising with other agencies whilst maintaining appropriate levels of confidentiality
- Providing non judgemental services for children and young people
- Provide a “holding” situation for children and young people who are on lengthy waiting lists for other services such as CAMHS

Examples services include: Dudley Counselling Service, Glasgow Schools’ Project, Ferryhill Business and Enterprise College and Place2Be.
Further evidence of the effectiveness and usefulness of counselling in schools can be evidenced through several key documents:


- Pattison S; Rowland N; Comarty K; Richards K; Jenkins P; Cooper M; Polat F (2007) *Counselling in Schools: A research study into services for children and young people*. Cardiff, BACP Commissioned by Welsh Assembly Government.


**Summary**

- Levels of mental health problems in children and young people are increasing with one in ten children in the UK now experiencing a diagnosable mental disorder
- Institute for Public Policy Research has concluded that, there was ‘an excellent case for rolling out a new “school counsellor” role in all schools’
- Evidence shows a counselling-like therapeutic intervention can be effective with children and young people experiencing mild to moderate depression
- Research indicates that school-based counselling services are feasible to implement and are highly acceptable to young people

**How access to services and ongoing support can be improved?**

BACP would like to see long term funding for young people’s counselling services, provided by counsellors with specialist training and experience, linked to rigorous service monitoring and evaluation, including regular client feedback. Currently short term funding arrangements disrupt not only work with clients but relationships with partner agencies which are vital to successful outcomes.

‘Choose life’ money was allocated to a range of projects and quite a lot went to working with young people’s mental health. There is a lot of work being done with young people in preventative services, for example ‘See me, Penumbra, Barnados, Breathing space’. Relate and Cruse also do work with children.
Counsellors need to address the issues of collaborative team working to support teachers to respond to and refer (if appropriate) children in distress.

Summary

- There needs to be long term funding for young people’s counselling services in all Scottish schools, provided by counsellors with specialist training and experience.

As all public consultation submissions made by BACP are available from its public-access website at http://www.bacp.co.uk/consultation/, we do not require anonymity.

We hope these comments will be of some interest and value and we would welcome the opportunity to give oral evidence to the Committee if this would be helpful.

Please do contact me if you would like to discuss further any of the points raised in our submission.

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