School based counselling for psychological distress: What’s working and what’s next?

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The emergence of school-based counselling for young people in the UK

Source: Baginsky, 2004; BACP 2012
Not always clear where school-based counselling ‘fits’

Or the nature of the service
Aims of talk

• Briefing on emerging picture of counselling in UK secondary schools... and recent developments

• Look at what we can do to make it part of integrated system of mental health care for young people in the UK
What do we currently know?
Service provision
Widely disseminated

- One of most common provisions for mental health problems in young people

Source: BACP 2012; Hill, 2011; estimated figures
Dissemination of school-based counselling in UK secondary schools

Scotland: 64-80% (approx.)
NI: All schools since 2007
Wales: All schools since 2008
England: 61-85% (approx.)

Source: BACP 2012; estimated data for England and Scotland
Estimated cases per year

- Approximately 70,000-90,000 in UK
- Approximately 50,000-70,000 in England
Cases in England (per year)

CAMHS (79,966, 10-18 year olds, 2008-9)

School-based counselling (approx. 60,000)

Source: CHIMAT, Cooper, 2004, 2006; BACP, 2012; CAMHS = multi/single disciplinary generic, targeted, dedicated worker in non-CAMHS team, & Tier 4
Service delivery in UK

• Primarily humanistic, or integrative, practice
• Emphasis on mental wellbeing
• Generally one-to-one (rather than group or family)

Source: Cooper, 2009; Hill, 2011
Referral routes

Source: Cooper, 2009; Hill, 2011, estimates from approximately 20,000 young people
Reported waiting times: relatively brief

Source: BACP, 2012; Hill, 2011; approximate data, as reported by school staff and local authority leads
Service
users
Psychological difficulties at assessment (SDQ) (counselling)

Source: Cooper, 2009, from 611 young people
Presenting/developing issues

Source: Cooper, 2009; Hill, 2011; approximate data from over 20,000 cases
BME under-represented

Source: Hill, 2011; data from 11,043 cases
Effectiveness
‘Non-directive supportive therapy’ is recommended for mild depression.
‘School-based humanistic counselling’

- Distillation of UK practice
- Based on humanistic competences
- Three small scale RCTs comparing against waitlist
- Intervention brings about significant reductions in distress and achievement of goals (effect size = 0.58)

Source: Cooper, 2010; McArthur, 2012; Murdoch, 2012; effect size of 0.2 = ‘small’, 0.5 = ‘medium’, 0.8 = ‘large’
Psychological distress

Significant improvements for counselling over WL
N = 30 (couns), 31 (WL)
Effect Size = 0.59

Personal goals

Significant improvements for counselling over WL
N = 18 (couns), 24 (WL)
Effect Size = 0.97

Change from pre- to post-counselling

Counselling consistently associated with significant reductions in psychological distress from beginning to end

Large mean ‘effect size’
(range 0.81 – 1.09)

Source: Hill, 2011; Cooper, 2009; data from 5,575 cases
What's working well?
How does school-based counselling measure up to a contemporary *young person-centred* mental health agenda?

- Service user choice/empowerment
- Equality of access to treatments and outcomes
- De-stigmatisation of mental health difficulties
- Evidence-based therapies
- Early intervention
Equity of access: A support for young people with no-one to talk to

No-one to talk to (≈60)

...that they’d talk to someone about (≈300)

An emotional concern (≈600)

School students (≈1000)

Source: Cooper, 2010; Family kids, 2012
Accessibility

- Convenient location
- Broad intake criteria
- Capacity to act as early intervention
- Short waiting times

Source: Cooper, 2009; Hill, 2011; interview data from
(Relatively) lower stigma

- ‘Counselling’ carries some stigmatisation, but seems to be relatively acceptable

Source: Cooper, 2009; Hill, 2011; Family kids, 2012
And what needs working on?
Using research to inform practice

• Encouraging school-based counsellors to think, and practice, in evidence-informed ways

• Developing our understanding of what works, and why, and for whom, so that we can...

• Develop more effective practices
How might school-based counselling help to bring about individual change?
Life difficulties: e.g., family break-up, being bullied

Psychological distress

- worrying
- isolation
- confusion
- ruminating
- shame

Talking problems through

- reassurance
- connection
- clarity
- getting things off chest
- self-acceptance
- learning to open up
- finding solutions

Source: Cooper, 2009; Hill, 2011; Lynass, 2012; McArthur, 2012
Systematic monitoring

- Incorporation of systematic feedback on outcomes and process of therapy
Increasing user involvement and engagement

- Consulting with young people on design and development of services
- Facilitating self-referrals
- Encouraging greater involvement from BME young people
Increasing choice

- Continue to expand range of services beyond one-to-one therapy: e.g., exam anxiety groups, counselling for teachers
- Link in to more universal and targeted provisions
- Offer a range of therapeutic styles
Improving integration of care across agencies

- Relationships between counselling and CAMHS generally described as good, with regular cross-referrals
- But limited agreed protocols
- Some counsellors indicate problems: ‘I have nothing to do with referrals to CAMHS’

Source: Cromarty, 2009; Hill, 2011
Improving integration of care across agencies

- Allied professionals sometimes get frustrated by lack of information from counsellors
- Unique opportunity for more joined up thinking and integrated pathways of care

Source: Cooper, 2006; Cooper, 2009; Hill, 2011
What's being developed now?
Competency framework

• BACP working on development of competency framework for youth counsellors
• Adopts ‘Roth and Pilling’ methodology: extracting competencies from evidence-based interventions
• Drawing on CAMHS and Humanistic Competences Frameworks
• Due for completion early 2013
<table>
<thead>
<tr>
<th>Core competences for work with children/young people</th>
<th>Working in the organisational context: Where do we put this?</th>
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<tbody>
<tr>
<td>Knowledge of development in children/young people and of family development and transitions</td>
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<tr>
<td>Knowledge and understanding of mental health problems in children/young people and adults</td>
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<td>Professional/legal issues</td>
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<tr>
<td>Knowledge of legal frameworks relating to working with children/young people</td>
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<tr>
<td>Knowledge of, and ability to operate within, professional and ethical guidelines</td>
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<tr>
<td>Knowledge of, and ability to work with, issues of confidentiality, consent and capacity</td>
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</tbody>
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| Ability to work within a school context |
| Ability to work across agencies |

| Generic Therapeutic Competences |
| Knowledge of models of intervention, and their employment in practice |
| Ability to foster and maintain a good therapeutic alliance and grasp the client's perspective & 'world view' |
| Ability to work with difference (cultural competence) (revised version to come) |

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<th>Engagement &amp; communication</th>
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<tr>
<td>Ability to communicate with children, young people, parents &amp; carers</td>
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<tr>
<td>Ability to maintain authenticity in the therapeutic relationship</td>
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| Knowledge of psychopharmacology in child and adolescent work |
| Ability to make use of supervision |

| Ability to conclude the therapeutic relationship |
| Ability to work with loss and bereavement No draft written |
| Ability to work with anger and aggression No draft written |
| Self-help for a range of problems |

| Basic competences for counselling children and young people |
| Ability to initiate therapeutic relationships |
| Ability to assess client's suitability for counselling |
| Knowledge of the basic assumptions and principles of Humanistic Psychotherapy |

| Ability to explain and demonstrate the rationale for the Humanistic approach to therapy |
| Ability to work with the client to establish a therapeutic aim |
| Ability to experience and communicate empathy |
| Ability to experience and to communicate a fundamentally accepting attitude to clients |

| Ability to make use of measures (including monitoring of outcomes) |
| Ability to maintain authenticity in the therapeutic relationship |

| Specific competences for counselling children and young people |
| Content of this column not yet agreed |
| Approaches to work with emotions and emotional meaning |
| Ability to help clients access and express emotions |
| Ability to help clients articulate emotions |
| Ability to help clients reflect on and develop emotional meanings |
| Ability to help clients make sense of experiences that are confusing and distressing |
| Ability to use narrative exposure methods No draft written |

| Draft map.11.12 |
CYP IAPT

• Bringing counselling together with wider CAMHS into a single initiative

• In particular...
Development of e-learning resources for...

‘School and youth counsellors and supervisors working in primary, secondary, FE/HEI settings and the independent sector in evidence-based interventions and outcome monitoring’

- Part of DH e-portal programme
- Training for counsellors in evidence-based competences
- Modules will be shared across professions: opportunities for integration
Welcome

e-Learning for Healthcare (e-LfH) is an award winning e-learning programme providing national, quality assured online training content for the healthcare profession.

Contributing to the revolution in healthcare training in the UK, e-LfH's e-learning projects enhance traditional learning, support existing teaching methods and provide a valuable reference point which can be accessed anytime, anywhere.

Important information regarding registration for e-LfH projects

e-LfH have changed the process for existing users to gain access to new programmes. Previously, they had to re-register for additional programmes. Now, they can add the new programme to their existing account by logging in to the e-LfH Portal, following the 'Edit your profile' link in the left hand menu and selecting which programmes they would like to access. View this document for more information.

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e-LfH is a Department of Health Programme in partnership with the NHS and Professional Bodies
Accreditation

- Competences and e-learning modules can support establishment of BACP/CYP IAPT accreditation for counsellors working with children and young people
- Ensure that practitioners have the necessary skills and knowledge
Final thoughts
Current developments offer a unique opportunity to create an integrated, comprehensive system of care for our children and young people.
...Something we can all contribute to

- Communicating and collaborating across services
- Working together to develop common pathways, protocols and systems of care
‘Take home’ point 1

- School-based counselling is now a key feature of the mental health and emotional wellbeing landscape for young people
‘Take home’ point 2

• It’s particular strengths are that it offers an easily accessible service, and helps to ensure that all young people have a skilled and independent adult to talk to
‘Take home’ point 3

- If we can continue to develop it, and articulate it with other services, it can become part of a seamless, comprehensive mental health system for young people in the UK.
Thank you
Sources

- Cooper, M. (2009), *Counselling in UK secondary schools: A comprehensive review of audit and evaluation studies* Counselling and Psychotherapy Research,
- Family Kids and Youth (2012), *Understanding the needs and wishes of young people who require information about therapy: A report of qualitative and quantitative research carried out on behalf of BACP*, British Association for Counselling and Psychotherapy: Lutterworth.
- Roth, A., A. Hill, and S. Pilling (2009), *The competences required to deliver effective Humanistic Psychological Therapies*, University College London: London.