

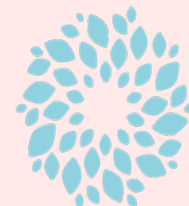
A sepia-toned illustration of a young girl with short dark hair, wearing a white dress with a black and white checkered skirt, painting a large, smiling figure. The figure has a round face with large eyes and a wide smile. The girl is holding a paintbrush and a palette. The background shows a landscape with trees, a sun, and a bird flying in the sky.

# Primary Schools Counselling Study (PSCS)

McElvaney, R., Judge, D. & Gordon, E.  
Dublin City University



**St Patrick's**  
Mental Health Services



# Children's psychological wellbeing

- Increasing awareness of the early signs of mental health difficulties in children
- By the time children get to the teenage years, a significant proportion of them have been diagnosed with psychiatric disorders
- Studies use various terminology – ‘clinically depressive symptoms’ (Woo et al., 2007), ‘mental health problems’ (Zubrick et al., 2000), ‘self harm’ (Madge et al., 2008), ‘mental health disorder’ (Green et al., 2005), ‘emotional and conduct disorders’ (Rahman & Kieling, 2015)

# Trends

- Diagnosis of younger children with psychiatric disorders
- Increase in prevalence of self harm among children
- Increase in prevalence of suicidal ideation and intent among children
- Provision of school based counselling in primary schools

# Irish context

- Most of studies have been conducted on older children
- 1 in 3 – ‘mental disorder’ by the age of 13 (Kelleher et al., 2013)
- Growing up in Ireland study – 15% of 9 year olds scored as ‘borderline’ or ‘problematic’ on Strengths and Difficulties Questionnaire (SDQ) (Nixon, 2012)



# What is school based counselling?

- “a professional activity delivered by qualified counsellors in schools which offers troubled or distressed children an opportunity to talk about their difficulties within a relationship of agreed confidentiality” (Cooper, 2013, p.3)
- Not just about talking – both verbal and non-verbal approaches: play, art, psychoeducation, storytelling, music and drama (Thompson, 2013)
- Confidentiality has appropriate limits, thus ‘agreed’ confidentiality

# School based counselling around the world

- Harris (2013)
  - Mandatory in 39 countries
  - 7 in the course of development
- In U.S. and Canada
  - Each state/province required to develop, implement and evaluate provision (Harris, 2014)
- In U.K.
  - Place2Be
  - Northern Ireland – Time 4 Me – 120 children in 20 primary schools in 2013/2014 (Kernaghan et al., 2016)
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# Objective of the study

- To establish the current landscape with regard to the demand for and provision of school based counselling in primary schools in Ireland





# Method

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# Methodology

## Survey



Online anonymous survey of over 3,000 primary schools in Ireland. Survey link was advertised in IPPN Newsletter & emailed to all school principals on DES mailing list

Random sample of Principals (n=12) and purposive sample of Counsellors (n=9) were interviewed



## Interviews



# Results

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# Findings

## Complex needs

- Presenting issues
- Family and social contexts
- Cultural issues
- Critical incidents

## How schools respond

- Feeling ill-equipped; going above and beyond
- Referrals for counselling
- External agencies
- Access to on-site counselling

## Benefits of onsite counselling

- Benefits for children
- Benefits for parents
- Benefits for staff

## Interest in school based counselling

- Type of service
- Type of professional
- Additional comments

# Presenting issues in schools

- General family issues 85.8%
- Separation/Divorce/Marital breakdown 79%
- Anxiety issues 78.9%
- Bullying 54.1%
- Cyber-bullying 36.7%
- Self-harm 28%
- Suicidal ideation 22.9%
- Depression 27.9%
- Eating disorders 14.9%
- Sexual identity issues 8.7%

# Five most prevalent presenting issues

- General family issues 36.4%)
- Behaviour-related problems (18%)
- Anxiety (13.2%)
- Separation/divorce/marital breakdown (6.3%)
- Academic concerns (4.6%)



# Complex needs

*Suicidal ideations in kids as young as seven... I've had one that was only six (P06)*

*and you have children that self soothe through masturbation in the classroom. Each kid has their own way of trying to cope, self-regulate, trying to soothe themselves (C05)*

*We have a child in third class who went through a period of self-harming. He's only 8. We've a child in senior infants who has Pica and the doctor has said it is through anxiety. Now, she has been diagnosed at that at the age of 6 (P03)*

# Complex needs

*the younger children could be identified crying in class, lots of worries, isolating themselves in the yard, complaining of stomach pains, a lot of you know physical symptoms (C04)*

*I'm seeing a lot of junior and senior infants being referred to me encountering difficulties in managing their feelings, in coping with overwhelming emotions and being able to regulate themselves and control their impulses (C03)*

# Complex needs

*I think though in the last 5 to 10 years I've seen a lot more evidence of children being stressed and not as able to deal with stuff... the area where I see it most is in 5th and 6th class in primary school where there is a huge peer pressure building up coming from the likes of social media, internet, older peers to be sexually active at a much younger age and that whole sexualisation of children is putting huge pressure on 10, 11 and 12 year olds particularly (P02)*

*parents of all backgrounds and all ages are having serious, serious issues with what their children are exposed to online, and how to control it, and how the child's behaviour is after it. So I think that if that continues, there's gonna be a lot more therapists needed in schools ( C09)*

# Family difficulties

- Most prevalent presenting difficulty according to principals
- Father in prison, murdered; Parents using drugs

*five cases at the moment of children where there's domestic violence ongoing in the family home that I know of. I've a child protection order in place on one child. I have one child who has got supervised visits with the father (P05) particularly if it's DEIS school, you don't always have families that can support what you're doing because their lives are so chaotic and they've so much else going on that they're trying to cope with (C07)*

# Homelessness

*Lots living in temporary accommodation, not knowing where they are going to be sleeping that night, parents under a lot of stress because of that. Parents under a lot of stress generally around housing because of even if they do have somewhere to live, that is not stable and they could be kind of kicked out at any moment seems to be the kind of things that are happening and you get parents coming in saying we have been told to leave this afternoon sort of. And children kind of pick up on all of that (P11)*



# Cultural issues

*we would have up to 30 or 40 different countries represented among the students (C05)*

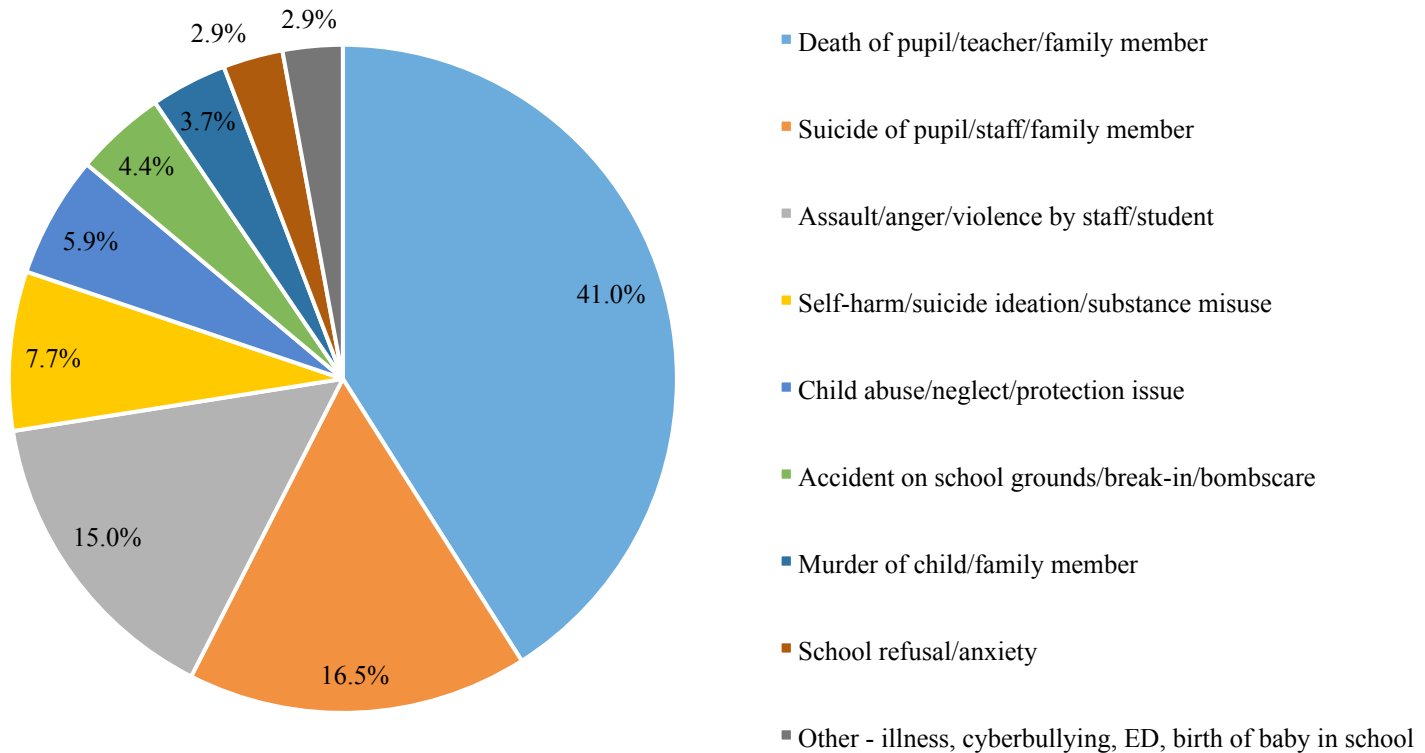
*a unique type where we have 93% international and 47 nationalities (P01)*

*separated from their parents or may have refugee status and are unaccompanied minors...in the space of six months these children have been over and back and everywhere and then they were back to the country of origin and now they're back here again (P01)*

# Cultural issues

*And it's hard, it's hard for the parents, it's hard for the children, it's hard for us, ... this is our way...this is the way we do things but and nobody is trying to like conflict with anybody else but it takes a lot of talking through and stuff and sometimes that can be confusing for the child and that might show in maybe you know them acting out at school or at home because I suppose they are, they're pulled, they're pulled in two directions (P12)*

# Critical incidents in schools



# How schools respond

*The SPHE curriculum is delivered by primary school teachers who are excellent at their job but really they have had no therapeutic training. So sometimes they're presented with kids whose needs are so far outside of our expertise in relation to the difficulties that they're having. We really feel like we're only tinkering or dabbling at a very surface level with what's wrong and what they need and they need a therapeutic input .... The SPHE curriculum is no way equipped to deal with the escalating crisis that there is in children's wellbeing. And I think really it has come to a kind of a crisis point where schools really are completely exasperated and out of their depths (P02)*

# Going above and beyond

*in a lot of ways the resource teachers and the learning support teachers are doing a lot of counselling without it being in the inverted commas as such)*

*I don't know if I taught anything today but I did an awful lot of social work (P03)*

*there is a bit of a conflict and you'd have to ask the question, well, are we performing the job that we were trained for? (P03).*

# Who do they turn to? (n=1,227)

- 73% - NEPS
- 21% - external therapists/counsellor
- 15% - CAMHS
  
- 32.6% had links with external agencies (HSE primary care psychology, Tusla, NEPS, CAMHS, local GP, local counselling centres)
- 53.8% said they had no such links
- Critical incidents: NEPS, external therapist/counsellor, staff/Board of Management, Critical incident policy document, on-site counsellor, CAMHS, school support services and emergency services, HSE, Parents, Specialist Education Support Service/Special Education Needs Organiser/National Council for Special Education, Tusla and Family GP



# Frustration accessing

*We've developed into a nation where if you're having difficulty with your speech and language, you go to an outside therapist in a clinic that is on the other side of the city. Your teacher knows very little about what you did there despite the fact that your teacher is also teaching you how to speak at school and how to develop your language (P02)*

*getting a child access to the likes of CAMH services you know it's a national scandal.... There should be a service there for those kids that are entitled to it...but then there isn't a basic CAMH Service (P05)*

# Frustration accessing services

*And then you have the likes of that little boy who was talking about self-harm. No help for him.... What you're often told is by ..CAMHS, well if you rush him in to the emergency department...you'll get seen straight away I mean but for a parent to do that, to turn up in A and E...frustration is really the main thing, you know, and sad for the child I question like, because you'd love to be able to help, but we're not qualified. You know you can only do so much in school with our programmes (P08)*

## Frustration acc

*there was quite a lot of backwards and forwards to eventually get the GP to put the referral into CAMHS but it was then rejected because it wasn't meeting a threshold, despite the fact that there was the self harm issue, there was suicidal ideation mentioned, there was quite a lot of very, you know, what you thought were quite high level things going on that weren't you know... and there was no, we had nothing in the area, there was nothing that would match his needs at all. In the end we managed to get through to one of the primary care psychologists.....and when we explained the situation to her directly she made space. So she took him for, now not that much time, but you know, she saw him maybe for an initial kind of six weeks and then subsequently maybe once every six weeks after that for the last year or so (C08)*

# Access to on-site counselling

- 31% had access to on-site counselling
- Urban schools had significantly more access than rural schools
- Non-DEIS band schools had significantly more access than non-DEIS schools
- Variations in
  - How school based counselling developed in the school
  - How children are referred
  - Availability of service (Mondays)
  - Qualifications of individuals providing the service

# Benefits for child

*more willing to share and to answer up in class whereas before they'd been very introverted and very very quiet and not taking part at all (P04)*

*That particular child today was talking about how great it was over Christmas, that they've incorporated thirty minutes of play together every day. It was something they weren't doing a lot of the time they were fighting so that was a benefit he mentioned (C04)*

# Benefits for parents

*if you can get a parent to think and feel what their child is thinking and feeling, they're more likely to respond positively to the child and help their child with those feelings (C02)*

*They're not coming into the school to listen to 'Your child hit somebody and bit somebody' you know, they're coming into school and they're being supported (P03)*

## Benefits for staff

*If we had more of it, if we could just have the play therapist officially on our staff ..., if you had somebody specifically trained in that area on-site, we would have somebody to support staff, talk with staff about how to deal with the child (P03)*

*it's almost like they're digesting the play therapy during the week and then they'll end up talking to the resource teacher and the resource teacher can work on things in the resource room that are coming up (P03).*



# Interest in school based counselling

Table 3

*Interest in on-site counselling supports (n=278)*

Type of support	Would like access
Individual counselling/psychotherapy	72.4% (928)
Group counselling/psychotherapy	49.1% (630)
Critical incident support	41.5% (532)
Bereavement support	51.6% (661)
Consultation for staff	67.9% (871)

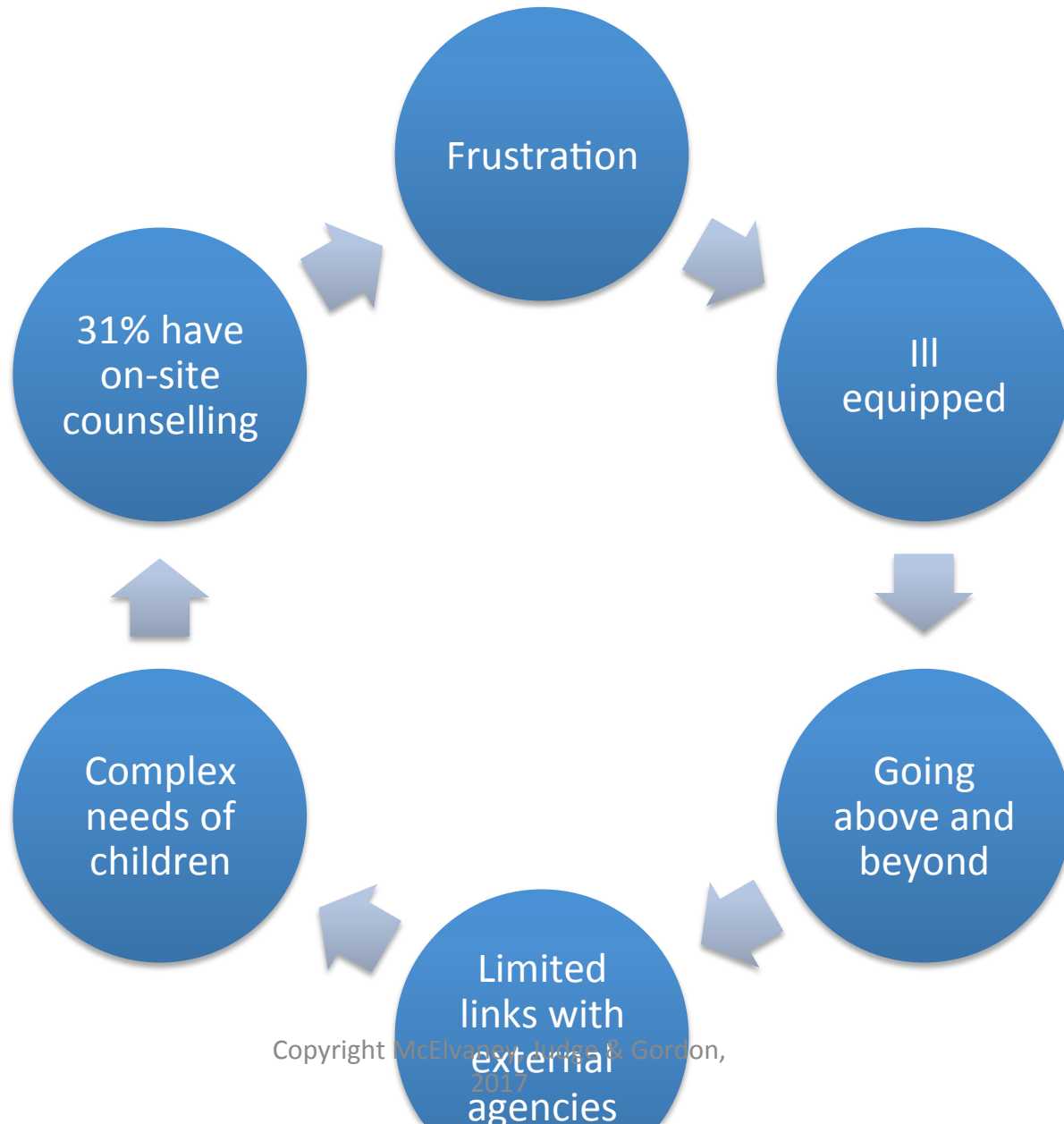
# Interest in..

*Because a school will reach the children whose parents may not prioritise their need and send them for private therapy. Or whose families may not be able to afford private therapy (C09)*

# Interest in on-site counselling

- *sending out the message to them from the time they're really young that your emotions and your feelings are just as important, your wellbeing is just as important as your maths and your reading and your history and your geography, that you have to look after yourself you know, like your mental health is just as important as you know your physical health and your dental health and all you know. We would promote it anyway big time as a school anyway but you know the fact that we have somebody in the school that's kind of looking after you, I think is a strong message for them, that even no matter how young you are you know you have to be looking after yourself (P12).*

# Summary



# Discussion

Findings from this study on the nature of difficulties that children present with, in particular family issues, is consistent with international studies

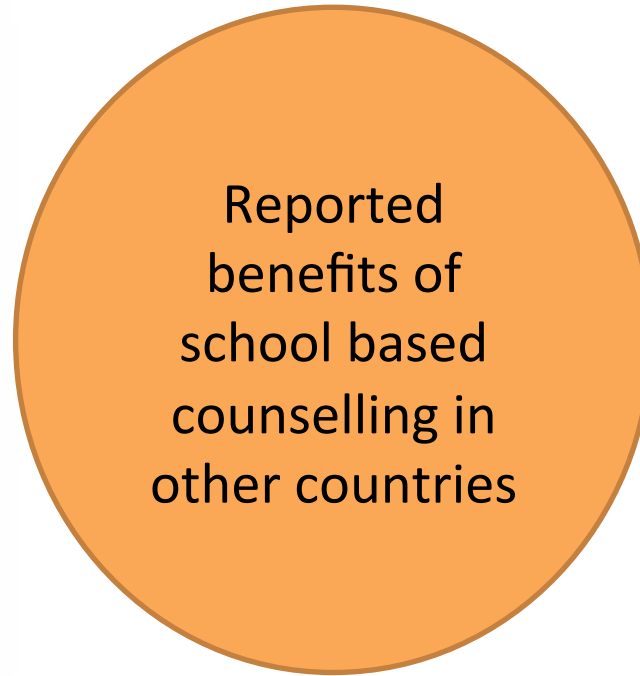


Evaluations of school based counselling in other countries have shown significant benefits, comparable to improvements found in external services such as child and adolescent mental health services



# Discussion

- Reductions in psychological distress (89% in U.K.)
- Improvements in emotional and social well being
- Improved academic achievements
- .



Improved concentration

Increased motivation

Improved relationships between children and teachers

Improved academic progression and engagement in later years

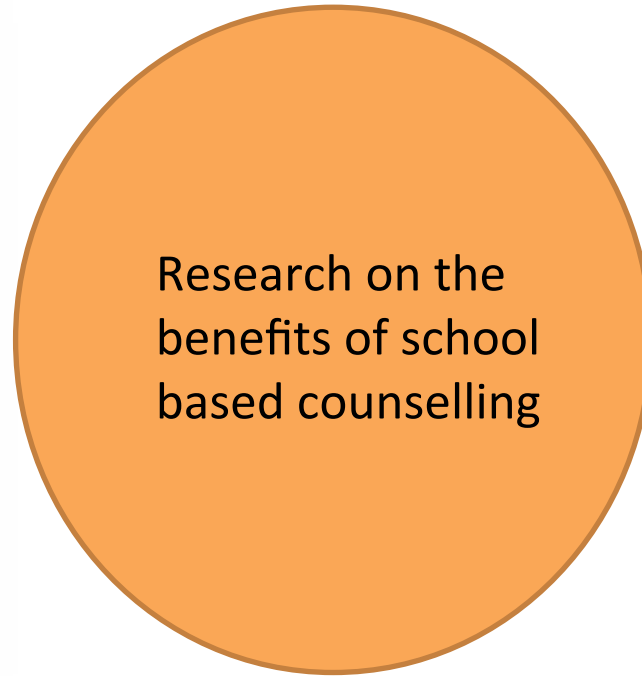
In addition, this study highlights the benefits of school based counselling for parents and teachers; engaging parents in supporting their child's development; working with teachers to promote children's psychological wellbeing; and potentially relieving the burden on teachers to provide services outside their remit and their scope of competence.

# Discussion

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# Economics of school based counselling

- Place2be (UK) evaluation in 2016/2017: 4,548 pupils, 251 primary schools across the UK,
- Pro-bono economics estimated that every £1 spent on one to one counselling could return £6.20 to society in improving future job prospects and cutting crime.

# Recommendations

**1. A national policy on school based counselling in primary schools in Ireland**

2. Counselling for children should be based on-site in primary schools in Ireland, in line with international best practice and in light of the proven demand for such a service.

3. School based counselling should be systemically informed and targeted at promoting family functioning.

4. Professionals providing school based counselling should be appropriately qualified for this role



# Go raibh mile maith agaibh!

**St. Patrick's Mental Health  
Services for funding the study;  
IPPN for promoting the study;  
Very busy primary school  
principals and counsellors for  
responding to the invitation to  
participate**

