

Evaluating a Pilot of School-Based Counselling in a Multi-Academy Trust in the North East of England

A Report by Tyne & Wear Citizens and NEAT Academy Trust

November 2021

Foreword

Rt Hon Nick Brown MP (Member of Parliament for Newcastle upon Tyne East)

I am supporting the Citizens UK School-Based Counselling Campaign because around three children in every classroom have a diagnosable mental health disorder.

The Coronavirus pandemic has only made the situation worse. Some children have been through traumatic experiences at home, witnessing abuse or the deaths of family, while others have struggled with missing friends and losing the structure of school. I share teachers' particular concerns about the worsening mental health outcomes for those from the most disadvantaged backgrounds.

I strongly believe that all children deserve access to quality mental health services. School-based counselling is a proven intervention for children and young people experiencing psychological distress and I would like to see it made more widely available.



Nick Brown

Foreword

Jamie Driscoll (Mayor of the North of Tyne Combined Authority)

Back at the mayoral hustings in May 2019, I was asked by Tyne and Wear Citizens if I would support their School-Based Counselling Campaign. I didn't hesitate to say yes. Mental health problems affect 1 in 10 of our children and young people. They have wide-ranging effects, impacting their educational outcomes and ability to form friendships. The evidence shows that problems can last into adulthood, affecting life chances and physical health.

Providing good mental health care for our children and young people is essential. The provision of counselling in schools is a key part of this. New research [published in The Lancet this year](#) reveals just how effective school-based counselling is when provided by skilled and experienced practitioners.

Counselling services aren't cheap, but early intervention makes such a difference to young people. And even from a funding perspective, early intervention saves money. An ounce of prevention is worth a pound of cure.

I have pushed central government to fund our Schools Challenge, which provides school counselling services in every state funded North of Tyne school. So far, though, they have declined. They are making a mistake – you cannot drive up standards in schools without paying attention to the mental wellbeing of both staff and students. I've also included the Schools Challenge funding as part of our Covid Recovery Deal and Levelling Up submission to central government, and negotiations are active. I will continue to press the case, and lend my support to Tyne & Wear Citizens in their campaign for school-based counselling across the North of Tyne.



A handwritten signature in blue ink, appearing to be 'J Driscoll', written in a cursive style.

Statement from our National Partners

Natalie Bailey (Chair, British Association for Counselling and Psychotherapy)

As the largest professional membership organisation for counselling and psychotherapy across the UK, BACP is home to over 55,000 members providing counselling across a full range of settings, with all age groups and communities, including children and young people. We campaign for universal access to a paid counsellor in every school and college in England, offering early help counselling provision for children and young people aged 10 to 18. BACP believes children and young people have a right to such provision, which should be free at the point of access, and that no child should be left behind due to funding constraints.

The devolved governments of Scotland, Wales and Northern Ireland provide differing models of funding for school counselling provision from Year 6 onwards. In England, schools and colleges fund in-house counselling through their main budgets, meaning that access to school counselling therefore remains a postcode lottery. Schools may rely on third sector providers, which have their own funding restraints and may only offer time limited provision. Access to school-based counselling is thus patchy and rife with social justice inequalities; a [recent study by the IPPR](#) found that in-house counselling provision was offered in just under half of schools in England, with fewer state schools and schools in less affluent areas likely to offer crucial counselling support services.

We welcome the opportunity to work with the Citizens UK School-Based Counselling Campaign. Citizens UK has an ambitious campaign, embedded in testimonials capturing the voices and experiences of children and young people who have benefited from school counselling support. BACP is honoured to be part of this journey, working towards raising the profile of school counselling provision across England and campaigning for additional funds to support this much needed work.



A handwritten signature in black ink, which appears to read 'Natalie Bailey'. The signature is fluid and cursive, with a long horizontal line extending from the end.

Statement from our National Partners

Phil Kemp (National President, NASUWT, the Teachers' Union)

After Tyne & Wear Citizens led a pioneering public commission into the mental health of ordinary people in the North East in 2018, the NASUWT at a local level were happy to support the work that emerged from the study. From listening to these powerful stories, it became abundantly clear to NASUWT that accessing a qualified counsellor in school was part of the solution to support young people through an increasingly growing mental health crisis amongst the young.

After Conference 2021, the NASUWT are proud to support Citizens UK in leading a national campaign to ensure statutory provision of school-based counselling in every school and college in England. It was needed pre-Covid. It is more than needed in a post-Covid world – or worse, a world which has to learn to live with pandemics.

Mental health awareness week fell in May this year. But for those living with anxiety or depression, phobias or eating disorders, or complex personality disorders, every day is a mental health day. Teachers see these struggles in their pupils day in, and day out. They may themselves be struggling. Knuckling down and just getting-on with it.

NASUWT agrees wholeheartedly with Citizens UK that this is not a good enough strategy and will be proud to initiate real change in our schools. So many of these initiatives require funding. But, surely, our young people deserve this type of investment. Our future, as a society, deserves this type of investment.

The NASUWT at a national level will be proud to work closely with Citizens UK to make a strong case in the coming months that funding needs to be found to ensure children can access much needed counselling in the schools they attend.

Contents

Executive Summary	7
Introduction to the Citizens UK School-based Counselling Campaign	8
School-based Counselling in the four nations of the UK	9
The case for school-based counselling in England	10
Context: young people’s mental health in the UK and the North East of England	11
Analysis of the need for therapeutic provision in NEAT Academy Trust	13
Counsellor’s overview	15
Testimonies from NEAT pupils that have received counselling	16
Data analysis	18
Issues arising from the implementation of counselling at NEAT	27
Demographic profile of NEAT Academy Trust, May 2021	28
Conclusion	29
References	30

Executive Summary

This report, produced by Tyne & Wear Citizens in partnership with the British Association for Counselling and Psychotherapy and NEAT Academy Trust, evaluates a pilot of school-based counselling undertaken during the 2020/21 school year in a mixed multi-academy trust of six primary and secondary schools in the North East of England.

In terms of pupil outcomes, the key findings of the report are that:

- All the pupils who received counselling during the pilot showed improvement on all subscales of the Revised Children's Anxiety and Depression Scale (RCADS), with a definite shift towards 'normal' levels.
- There were clear signs of improvement in educational attainment for around 1 in 3 of the pupils who received counselling.
- The pupils who received counselling demonstrated a significant improvement in achieving their personal goals, with an 85% improvement in reported progress towards achieving these goals and with no pupil reporting a sharp deterioration in progress.

In addition to these positive outcomes, the report also finds that:

- The pupils who received counselling identified the placement of provision within school as key to its appeal.
- Within the trust, there was a need for school-based counselling at both primary and secondary level.
- Among the pupils who needed counselling, poverty, 'looked after' status and adverse childhood experiences were key social determinants of therapeutic need.

A comprehensive data analysis of the pilot, carried out by the BACP, can be found on page 18 of this report. A summary of the issues arising from the implementation of school-based counselling at NEAT can be found on page 27.

Introduction to the Citizens UK School-based Counselling Campaign

Joe Barton (Tyne & Wear Citizens)

Citizens UK is a diverse alliance of civil society organisations committed to working together for the common good. Founded in 2015, Tyne & Wear Citizens is the regional chapter of Citizens UK in the North East. We are an alliance of 26 local organisations including churches, mosques, primary and secondary schools, charities and a university.

Tyne & Wear Citizens Commission on Mental Health

In 2017, we held over 1900 conversations across our member institutions which sought to answer the question “what is putting pressure on you, your family and your communities?” This exercise identified mental health as our number-one campaigning priority and, in response in 2018, we established the Citizens Commission on Mental Health to identify practical solutions to the mental health challenges facing people in the North East. In the spring of 2018, the Commission gathered and analysed over 300 individual written testimonies from across Tyne & Wear Citizens’ diverse membership. The Commission then held public hearings in Newcastle, Sunderland and Durham to further explore these issues and identify potential solutions.

The need for early intervention

The Commission identified early intervention as a key theme, largely as a result of the testimonies of pupils who reported that their mental health had worsened because their school was unable to intervene early enough. This in turn led the Commission to explore ways of embedding mental health support in schools to better facilitate early intervention and promote psychological well-being.

In September 2019, the UK Government began piloting Mental Health Support Teams (MHSTs) in England. MHSTs work across schools, supporting them to develop low-intensity interventions for pupils experiencing mild to moderate mental health difficulties. In the same year, [more than half](#) of GP referrals to child and adolescent mental health services (CAMHS) were rejected in the UK, on the grounds that their symptoms were not severe enough. We believe that school-based counselling can fill the gap between MHSTs and CAMHS.

Campaigning for school-based counselling

In September 2020, we launched our school-based Counselling campaign, which aims to ensure that every primary and secondary school pupil and every further education college student in England has access to a qualified, registered and experienced counsellor. In addition to our ongoing evaluation of counselling provision at NEAT Academy Trust, we are working at the regional level with North of Tyne Mayor Jamie Driscoll to ensure school-based Counselling in every school under North of Tyne Combined Authority Control by 2024.

At the national level, Citizens UK is working in partnership with the [British Association for Counselling and Psychotherapy](#) (BACP) and the teachers’ union [NASUWT](#) to call on the UK Government to secure the statutory provision of school-based counselling in every primary and secondary school and further education college in England.

School-based counselling in the four nations of the UK

Michael Thompson (School Chaplain, St. Thomas More Roman Catholic High School, North Shields)

The provision of school-based counselling varies across the four nations of the United Kingdom, from no government supported programme in England to legislative support in Wales and something in between in Scotland and Northern Ireland.

Wales

Under Section 92 of the School Standards and Organisation (Wales) Act 2013, local authorities are required to provide school counselling services for children and young people aged between 11 and 18 and pupils in Year 6 of primary school. An operational toolkit is available which helps resource and equip schools with everything they need to provide school-based counselling services – this toolkit is a collaboration between the Welsh Government and BACP.

Scotland

In September 2018, the Scottish Government announced a programme to invest £60 million into additional school counselling services across Scotland. Before this, some schools had school counsellors or purchased provision using funds from the Pupil Equity Fund (PEF) or the Scottish Attainment Challenge (SAC). This new funding –which amounts to £12m for local authorities in 2019/20 and a further £16m annually thereafter– aims to free up some of the PEF and SAC funding. There is currently no legislative commitment for schools to have counsellors, although the aim –through this new funding– is to have all schools in Scotland accessing school-based counsellors.

Northern Ireland

In Northern Ireland, the Independent Counselling Service for Schools (ICSS) is managed by the Education Authority and is funded under the Department for Education 'iMatter' programme. The provision is available for every child of post primary age attending grant-aided post primary schools. Referrals are made through the school's 'Key Contact': a named contact responsible for facilitating referrals to the service. The counselling is provided in-school under contracts from counselling providers, and schools are allocated an agreed number of counselling sessions per week based on their enrolment. Similar to Wales, the Education Authority has published a Handbook highlighting best practice for Northern Irish schools with regards to school-based counselling.

England

In England, there is currently no government-supported programme for school-based counselling.

The case for school-based Counselling in England

Jo Holmes (Children, Young People and Families Lead, British Association for Counselling and Psychotherapy)

As the largest professional membership organisation for counsellors and psychotherapists across the UK, BACP has an estimated workforce of 10,000 registered and accredited members who specialise in working with children and young people (CYP), working from a humanistic or child-centred approach.

CYP counsellors and psychotherapists work within a professional standards [CYP competence framework](#), often involving additional training accessed after initial core counselling training. CYP counsellors have a number of training routes into the profession. They may have qualified at diploma level to work with adults and completed a Level 5 diploma to work with children and young people if their core training was not CYP focused, or have a relevant counselling degree, postgraduate or master's level CYP counselling qualification. Studying to become a CYP counsellor typically takes around four years and involves a commitment to continuous professional development. Having such a competent and highly trained CYP workforce keeps both the profession and children and young people safe from harm.

CYP counsellors and psychotherapists often adopt an integrative approach to their work, drawing upon a number of modalities ranging from trauma-informed practice to systemic ways of working to best meet the needs of the children and young people they work with. Counsellors commonly work with issues linked to family relationships, anxiety and stress, anger and any number of adverse childhood experiences that impact how the child experiences the world around them.

Children and young people struggle with all sorts of worries that impact their mental health and wellbeing. Having a safe, confidential space with a trained counselling professional, which is easily accessible and does not involve the child having to leave the school gate can go a long way to help reduce psychological distress.

The recent [ETHOS study findings](#) published in The Lancet (2020) found that not only did school-based counselling significantly reduce psychological distress, but that pupils offered counselling also experienced significantly improved self-esteem, as well as large increases in their achievement of personal goals. School-based counselling is relational, focussing on what the child or young person wants to achieve through the support offered, with set goals that are continuously reviewed.

The Government's flagship roll-out of Mental Health Support Teams (MHST) goes some way to meet the lower level mental health support needs of our nation's children by offering group work and CBT (cognitive behaviour therapy) for emerging issues. However, by 2023, the new teams will only reach 30% of schools and colleges, leaving a worrying 70% with no additional early help support, other than funds accessed via the education recovery plan. Some of the MHST have a clear referral route to counselling, but others do not.

This simply is not ambitious enough and does not go far enough to reach all children. In fact, many children and young people will never benefit from support offered by the MHST. School and college-based counselling remains a preferable, easier and more accessible option, when funding allows.

Context: young people's mental health in the UK and the North East of England

Liam Spencer (Research Assistant, Population and Health Sciences Institute, Newcastle University)

Defining mental health

Mental health problems are one of the main causes of the overall worldwide disease burden, and the primary drivers of disability (Whiteford et al., 2013). Mental health can be understood with regards to mental disorders; that is, in terms of the presence or absence of 'a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions' (World Health Organization, 1992). However, 'good mental health' can also be understood as not just an absence of mental disorders but, rather, a 'state of wellbeing' in which a person might flourish (Keyes, 2002). In its 'No Health without Mental Health' strategy, the UK Government appeals to this broader understanding of mental health as 'the foundation for wellbeing and effective functioning both for individuals and for their communities' and 'a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities, and the wider environment' (UK Government, 2011). In the UK, mental disorders that reach diagnostic thresholds exceed the prevalence, impact, and persistence of all other health conditions in the country (Friedli & Parsonage, 2007). More than a third (39%) of people experience a mental health problem each year, though only 1 in 8 receives treatment (McManus et al., 2016). A spending review for wellbeing reported that the cost of mental health difficulties in England reached a record level of £119 billion in 2019/20 (Centre for Mental Health, 2020).

Young people's mental health in England

In England, it is estimated that 1 in 8 young people (13%) aged between 5 and 19 years are living with a diagnosable mental health disorder (NHS Digital, 2018). Research has shown that 50% of mental health disorders are present by the age of 14, increasing to 75% by the age of 18 (Royal College of Psychiatrists, 2010; Department of Health and NHS England, 2015). Critically, these mental health problems in adolescence typically persist into adulthood (Kim-Cohen et al., 2003). Despite these figures, there is a disparity between prevalence and treatment access, and as many as 70% of young people who experience significant mental health difficulties do not receive appropriate interventions at a sufficiently early stage, with young people exhibiting the poorest mental health service access of any age group (Department of Health and NHS England, 2015).

Young people's mental health in the North East

Data from Public Health England (2020) found that, in 2020, the percentage of school pupils with social, emotional, and mental health needs in the North East was higher than the national average (3.03% versus 2.70%). Hospital admissions resulting from self-harm among 10 to 24 year-olds in the region in 2018/19 were also higher than the national average (536.5 versus 444 per 100,000). A local study of mental health and substance use among 14 and 15 year-olds in seven schools in one area of the North East found that 30.5% of children and young people screened positive for signs of low mood using the Warwick Edinburgh Mental Wellbeing Scale (Newbury-Birch et al., 2014).

The benefits of early intervention

Tackling mental health issues earlier increases a young person's chances of leading a healthy and productive future (Public Health Wales NHS Trust, 2016), and school is a pivotal setting for young people to achieve positive mental health and emotional wellbeing (Carta et al., 2015). It has been reported that, whilst young people have varying levels of mental health literacy, they are able to identify academic stress, bullying, and the transition from primary to secondary school as leading causes of worry and have acknowledged the need for more regular and in-depth mental health

education, tailored levels of support in school, and improved training for teachers (Spencer et al., 2020).

The UK Government's Green Paper on Transforming Children and Young People's Mental Health Provision (Department of Health/ Department of Education, 2017) focuses on piloting early intervention and prevention approaches in the context of schools and colleges. This Green Paper proposes that every school and college should have a designated lead in mental health by 2025, who will be a trained member of staff responsible for the school's approach to mental health. The Green Paper also prioritises the establishment of mental health support teams, which will include trained staff linked to groups of schools and colleges. They will offer individual, and group help to young people with mild to moderate mental health issues including anxiety, low mood, and behavioural difficulties. However, currently, these plans are far from being rolled out in all educational settings across the country.

The impact of COVID-19

Following the disruption, school closures, and social distancing measures introduced due to the COVID-19 pandemic, it is important to consider the negative impact on children's and young people's mental health and wellbeing (YoungMinds, 2020; Pearcey et al., 2020; Pierce et al., 2020; Widnall et al., 2020; Lee, 2020). A recent study reported that since the first lockdown, 30.3% of young people had poor mental health, and 10.8% had self-harmed. Young people identifying as Black/ Black-British ethnicity had the highest increased odds of experiencing poor mental health and substance use. Poor mental health was associated with dysfunctional coping strategies, and it was suggested that innovative coping strategies may help other young people cope during and after lockdowns, with digital and school promotion and application (Dewa et al., 2021).

Analysis of the need for therapeutic provision in NEAT Academy Trust

Debi Bailey (Executive Head, NEAT Academy Trust)

NEAT Academy Trust is a trust of six schools based in the North of England. As the trust serves an area of socioeconomic disadvantage, we have a comprehensive, whole family resource that all schools can call upon as required to support our families in need. We believe that it is our responsibility to work with the whole family and community, and we are committed to making the biggest difference we can to our young people through a holistic approach.

To support our approach to whole-family working, we have developed a system to identify areas of vulnerability, assess the level of need and map the resources that are available and appropriate to support this need. We call this tool our Windscreen Framework (Figure 1). Through the comprehensive use of the Windscreen, we can map our pupils against criteria which help to identify an increase in need and the required resource.

	Level of Need/Interventions				
	Level 0	Level 1	Level 2	Level 3	Level 4
Team	Universal Services. School Team.	School Team.	School Team. Specialist Staff - Central Team advice.	Intensive support/multi-agency approach; Early Help Team; Community Support. Central Team roles; Attendance Officer; Family Support Officer; School Counsellor; Vulnerable Learner Lead.	All Social Care Referrals; External Referrals; Specialist and high-level interventions involving statutory process.
Intervention	School-based as required.	School-based as required; School Mentoring; SENCo; External Partners.	Target group, EHP/ TAF; Lead professional- in school; Ongoing monitoring; Half termly review; smart targets.	Referral (N7/EHA/ Chair); Target casework; School Panel; Early Help / TAF; Half termly review; smart targets; Statutory & target casework; Citywide Family Support; Early Help Advisors; Family Support; Volunteers; Parenting Programmes & Reviews.	

Figure 1. NEAT Windscreen Framework for Wellbeing, Care and Learning, 2020/21 (sample).

All of our schools received some funding through a targeted mental health programme (TAMHS). However, as the funding was reduced and then withdrawn, schools reluctantly had to reduce significantly or often end in-school counselling provision. All schools across the Trust had seen the benefits in terms of the positive impact counselling had on pupil outcomes including attendance and attainment. All schools also saw the benefits of having access to counselling on school premises as this ensured that all young people could have access to the provision. Finally, through our mapping of

need using the Windscreen, we recognised that we needed counselling provision across the trust - a gap in resources that we knew we needed to address.

We currently employ a full-time counsellor, with this provision placed at Level 3 on our resource Windscreen (Figure 2). Below that level of need, we have staff within our schools who have been trained in mindfulness and other strategies to support pupils. Once the level of need increases, we feel more specialist provision is required and the pupil is referred to our trust counselling service. We are continuing to build the in-school support that we provide and we are also looking at curriculum and provision changes that we can make to support our young people with their mental health. However, we also intend to continue with a full-time counselling resource that will remain at Level 3 on our Windscreen.

Level of Need/Interventions				
Level 0	Level 1	Level 2	Level 3	Level 4
NEAT Mental Health Policy; Assembly Programme; PHSE Curriculum; Mental Health Champions; Wellbeing Screening; Boxall Profiling; Outdoor Curriculum; Recovery College; School Health Team; Early Help Team; Talking Therapies; If You Care Share; Girls Contemporary Dance Club; Walker Women.	Key workers; Form Tutors; Year Leaders; Class teachers; Therapeutic Lead; Overcoming Barriers Framework; Nurture Groups; School Counsellor; GP Navigators; Streetwise; JAM (Just Ask Me); Mindful Therapies.	Key workers; Year Leaders; Therapeutic Lead; Overcoming Barriers Framework; Nurture Groups; GP Navigators; CYPS; Social Prescribing Team.	Early Help Plan; CYPS / Assessment; Newcastle Bridges School; Talking Therapies; School Counsellor; National Self Harm Network.	CYPS: ICTS (post-hospital admission). CRISIS Team. CYPS: Treatment Intervention.

Figure 2. NEAT Windscreen Framework - mental health resources.

Counsellor's overview

Rachael Nevin-Lewis (Psychotherapeutic Counsellor, NEAT Academy Trust)

Initial expectations

Before commencing my role at the NEAT Academy Trust, I anticipated the size of the task ahead of me, establishing a brand new counselling service across five schools in an area of high socioeconomic deprivation. Starting from the ground up, I imagined that much of the first term would be informing our schools of the process and establishing appropriate pathways for referrals as well as securing confidential spaces that were fit for purpose in each site. My thoughts were concerned with where to start and how to share my time, balancing meeting the need and demand across the trust with my own self-care to work ethically as a counsellor.

Getting started

As the role developed, I gained an appreciation of the uniqueness of the role as a school-based counsellor. Embedding the counselling service as part of the whole school approach is vital in removing the stigma around mental health and promoting a culture shift in the community. By providing in-school counselling that children and young people can access where they are comfortable and safe with a familiar adult has been vital. Whilst maintaining boundaries is paramount, I work collaboratively with the welfare teams throughout the trust and have developed strong relationships with single points of contact in each school to streamline the service throughout the trust.

Using the Windscreen Framework used throughout NEAT Academy Trust, we identify and track vulnerable pupils in each school. I use this tool to identify interventions prior to referral which supports my assessment and also assess the suitability for referrals. An important aspect of my role is to explore the rationale for referring to counselling and where in-class, nurture-based support is needed instead. Predominantly, my referrals are classed as Level 3 pupils, which are those that require crisis mental health intervention. However, I have multiple Level 4 clients on my caseload that were not accessing external counselling support due to overstretched, at capacity services. With an ever-growing waiting list of my own, I have to prioritise the referrals that I receive based on need which means little capacity to deliver early intervention that is so crucial.

Looking forward

Eight months into the pilot, I can report high levels of engagement from the counselling service as well as positive feedback and impact from clients, the school community, as well as parents and carers. My vision for the service developing is to continue to campaign and strive for more qualified counsellors to deploy across the trust. The need and demand is only increasing and in order to reach more children and young people in crisis and prevent future mental health issues from developing, we need more school-based counsellors delivering interventions.

I hope for restrictions to continue to lift and enable group counselling opportunities in the future to reach more children and address target issues throughout the phases. In addition to this, I am interested in exploring CPD prospects among staff, sharing our resources and working within the community to inform and support our families.

Testimonies from NEAT pupils that have received counselling

Year 2 pupil at Central Walker Church of England Primary School (NEAT Academy Trust)

Why did you seek counselling support in school?

“Sometimes I feel sad.”

What has been good about having face-to-face counselling in school?

“We have fun. We read books together like *Ruby’s Worry*. When I feel sad, we read the stories and it makes me feel calm. Counselling helps me think of ways to help when I’m worried and sad. I use some of the strategies I learnt with Rachael in class to help me.”

Was there anything you didn’t like about counselling?

“No, I liked counselling a lot.”

What would make counselling in school even better?

‘If everyone in the country had a chance to speak to a counsellor. I would have liked more time with Rachael.’

Would you recommend counselling to other students? If yes, why?

‘Yes, It is fun and it’s good to have one-to-one time.’

Year 5 pupil at Walkergate Community School (NEAT Academy Trust)

Why did you seek counselling support in school?

“The counselling was suggested by my teacher as he has noticed that I wasn’t my usual happy self. My mam talked to me about it and I decided to give it a go. Since the lockdown I had lost my confidence and was feeling a little sad. Rachael was there to support me in getting my confidence back.”

What has been good about having face-to-face counselling in school?

“It was really important to have the sessions face to face as you don’t get the same connection if it was over the phone. It’s much better having a counsellor in school as I am comfortable there and it’s a familiar face that you see around school, not a stranger in a different setting. Having Rachael to talk to in confidence in my own school.”

Was there anything you didn’t like about counselling?

“The only thing I didn’t like was that the sessions weren’t always at a set time each week and sometimes this confused me.”

Would you recommend counselling to other students? If yes, why?

“Yes I would definitely recommend counselling, it’s a really good way for children to get to the bottom of their feelings or problems, with the support of a counsellor like Rachael and find solutions to boost confidence or feel better. All schools should have the benefit of a school counsellor. It’s really important for children to get support and have someone they can talk to

in confidence. It really has made a difference for me and It should be available to all children who may need it.”

Year 6 pupil at Walkergate Community School (NEAT Academy Trust)

Why did you decide to seek counselling in school?

“The reason I wanted to go to counselling was to have someone to talk to about all the positive and negative stuff in my life, this includes the things that happen in school and out of school. Also someone to talk to about the relationship that I have with my Dad. Before counselling I felt rubbish about myself and I wanted to feel happier about life.”

What has been good about having face-to-face counselling in school?

“There are so many good things, so these are just a few of them:

- Always having someone to talk to and rely on each week.
- Being able to tell [my counsellor, Rachel] anything and it being a safe zone, unless she needs to tell someone else to help me.
- It has been different this year, I have had focussed goals to achieve and look up to, I am also talked to maturely and the sessions are longer, which is good.
- Rachel has given me strategies to help me stay calm in class and how to get to sleep easier.
- I am now more emotionally mature as I was recently able to help a friend through a hard time and tell the right people to get him some help.
- I am also more proud of myself, as I like to show off my writing and I shared my Frida Kahlo artwork with Rachel as she loves Frida Kahlo.”

Was there anything you didn't like about counselling?

“No, but I was a bit nervous the first time I went.”

What would make counselling in school even better?

“Maybe if parents could come to a few sessions so I could speak about some stuff with my Mam there. Also extend the amount of sessions as I felt like I needed more sessions with Rachel.”

Would you recommend counselling to other students? If yes, why?

“Yes, because so many people need someone to talk to and they don't have anyone. It was also good that it wasn't someone that I knew as I could speak to that person easier and it was a clean slate. Also people need to get over the fear of talking because it is important to share because holding feelings inside is bad and people like Rachel can help you deal with it.”

Data analysis

Charlie Duncan (Senior Research Fellow, British Association for Counselling and Psychotherapy)

Robert Scruggs (Research Assistant, British Association for Counselling and Psychotherapy)

Demographics

Number of clients

Over the reporting period, a total of 39 clients were seen across 5 schools. This is an average of 7.8 (SD = 1.6) clients per school. The minimum number of clients seen in a school was 6 and the maximum was 10. There are 2679 pupils in the NEAT Academy Trust.

Gender

Of the 39 clients, 21 (53.8%) identified as male, 16 (41.0%) identified as female and 2 (5.1%) identified as non-binary.

Age/school year

Data on age was available for all clients. The average client age was 10.05 years (SD = 2.55). The youngest client seen was 6 years old and the eldest was 16 years old. School year data was available for the majority (n=37, 94.9%) of clients. Figure 3 outlines the number and proportion of clients in each school year. The percentages are calculated as a proportion of the number of clients for whom this data were available (n=37). Just over half of clients (54%) were in years 4, 5 and 6. The youngest was in year 1 and the eldest was in year 11.

This suggests that school-based counselling is needed at primary and secondary level. Further, this also suggests children would benefit from early intervention by a skilled and registered counsellor, even in primary school (if like the counsellor at NEAT, they are skilled in Play Therapy).

School year	Number of clients	Proportion of clients
Year 1	2	5.4%
Year 2	7	18.9%
Year 3	1	2.7%
Year 4	5	13.5%
Year 5	7	18.9%
Year 6	8	21.6%
Year 7	1	2.7%

Year 8	1	2.7%
Year 9	2	5.4%
Year 10	2	5.4%
Year 11	1	2.7%
Year 12	0	0%
Year 13	0	0%

Figure 3. Number and proportion of NEAT counselling clients in each year of study.

Ethnicity

Ethnicity data were available for all clients. The majority of clients (n=33, 84.6%) identified as white British, 3 (7.7%) identified as black British and the remaining 3 (7.7%) identified as white European. The pupil population of NEAT Academy Trust is overwhelmingly White/British (86.6%), and is a slightly higher percentage than Newcastle as a whole (85.5%).

Across the school population, 85% of pupils speak English as a first language. With 43 different languages spoken across NEAT Academy schools. It might be that, in some cases, language is an issue when clients are deciding whether to access the counselling service, with those more able to converse in English having an advantage.

We also wondered whether, in certain cultures, counselling is a normal feature of social/ therapeutic discourse. Where this was not culturally normative, we suggest there might be a cultural barrier to access counselling.

Special Education Needs (SEN) status

SEN status was available for the majority (n=37, 94.9%) of clients. Of these 37 clients, 11 (29.7%) had SEN status and 26 (70.3%) did not. That means that approximately 1 in 3 of the clients accessing the counselling service had Special Education Needs.

Looked After Child (LAC) status

LAC status data were available for all clients. Most clients (n=33, 84.6%) did not have LAC status, 4 (10.3%) were Looked After Children and the remaining 2 clients (5.1%) were living in the care of their grandparents, but it was not clear whether they had formal LAC status or not.

For purposes of comparison, across NEAT Academy Trust 1.0% of the school population are currently 'looked-after' children, compared to a national figure of 0.4%. Of the clients accessing the counselling service 10.3% were deemed LAC. This is more than ten times the proportion across the school population. This clearly shows that being a 'looked-after' child was a key determinant in the profile of the client base for the counselling service.

Poverty/financial difficulties

Data on whether a client was living in poverty or with financial difficulties was available for 38 (97.4%) clients. Of the 38 clients for whom this data were available, half (50.0%) were identified as living in poverty or with financial difficulties and a half (50.0%) were not.

Currently, 92% of pupils in NEAT Academy Trust attending one of the primary schools live in the Walker ward and 3% of the primary school population live in the Byker ward. Within NEAT secondary schools, 53% of students live within the Walker ward and 19% live within Byker. According to the Index of Multiple Deprivation, Walker is currently the most deprived ward in the North East and is ranked 45th in terms of deprivation nationally. Byker is ranked as the 9th most deprived ward in the North East and the 74th most deprived ward nationally.

The pupil premium figure of Benfield secondary school is more than three times the national average at 57.3% (compared to 17.1%), and NEAT primary school pupil premium average figure is 55.3%, which is more than double the national average of 21.3%.

The data suggest that poverty as a social determinant was a key factor for those needing to access the school-based counselling service. Given the general deprivation of the 'footprint' of NEAT Academy Trust, one might have expected poverty to have been even more of a key determinant for more of the client base. This might suggest parents of children not classed as living in poverty or with financial difficulties are more at ease with accessing counselling. A further factor might be the reticence of some parents to choose to engage with the counselling service when they have had high levels of involvement with statutory services.

Adverse Childhood Experiences (ACEs)

29 of the 39 clients (74.4%) had information about ACEs recorded. It was not clear from the data whether the remaining 10 clients had not experienced a single ACE or whether their data was missing. Figure 4 outlines the number and type of ACEs reported for the 29 clients for whom there was data.

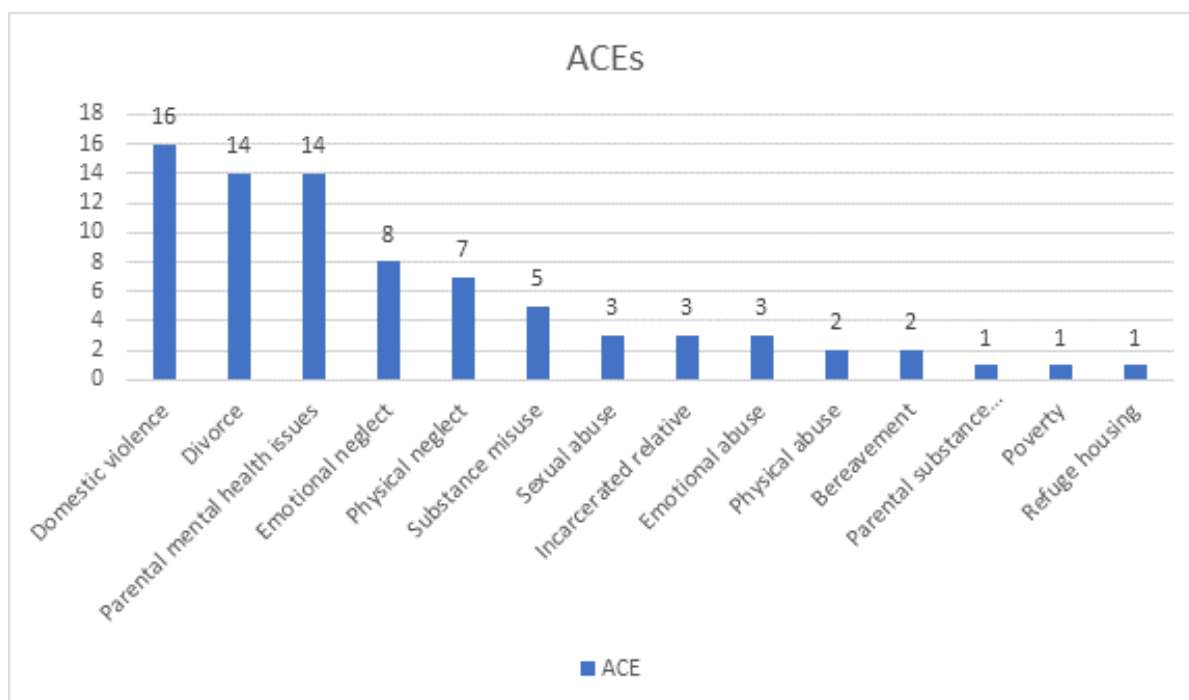


Figure 4. Type of ACE reported.

16 of the 29 clients (55.2%) had or were experiencing/witnessing domestic violence, 14 (48.3%) parental/caregiver divorce, and 14 (48.3%) had parents who had/were experiencing mental health issues. Fewer clients had or were experiencing neglect (both emotional and physical), substance misuse, sexual abuse, emotional abuse, physical abuse, bereavement, and poverty. A few clients also had an incarcerated relative and/or were living in refuge housing.

Session data

Number of attended sessions

A total of 354 sessions were attended by the 39 clients, an average of 9.1 (SD = 4.1) sessions per client. The minimum number of sessions attended was 4 and the maximum was 24.

From wider counselling data (not necessarily school-based counselling), a large proportion of clients who are not fully committed to face-to-face counselling usually attend only 1 session. Whilst, in the counselling service provided by NEAT Academy Trust, those clients attending for 4 sessions might suggest they found the counselling service initially acceptable. However, it was clear that these clients remained unsure as to whether counselling was right for them at this time. Our experience suggests that clients only begin to benefit from counselling after six sessions.

The discretionary uptake of the service by the school children might also point to the efficacy of the 'wrap-around' care provided across the NEAT Academy Trust for those school children with low-level mental health needs. This suggests that having a service flexible and responsive to client needs is valued.

Medium of attended sessions

Of the 354 attended sessions, the vast majority (n=340, 96.0%) were delivered face-to-face (in-person). Eight sessions (2.3%) were delivered using visual and audio (e.g., videoconferencing) software and 6 sessions (1.7%) were delivered via audio-only.

Outcome data

Revised Children's Anxiety and Depression Scale (RCADS)

The Revised Child Anxiety and Depression Scale (RCADS) is a 47-item, self-report questionnaire, validated for use with young people aged 8-18 years. It has the following sub-scales: separation anxiety disorder (SAD), social phobia (SP), generalised anxiety disorder (GAD), panic disorder (PD), obsessive compulsive disorder (OCD), and major depressive disorder (MDD). It also yields a Total Anxiety Scale (sum of the 5 anxiety sub-scales) and a Total Internalizing Scale (sum of all 6 sub-scales). Items are rated on a 4 point Likert-scale from 0 ("never") to 3 ("always"). A higher score is indicative of a higher level of distress. Total scores on the measure range from 0 to 141 and these are then usually converted to t-scores. These t-scores will indicate whether a client's ratings on the total scores and the sub-scales should be considered as 'normal', 'borderline clinical' or 'clinical' in their severity.

A total of 29 clients (74.4%) had a completed 'first session' RCADS and, of these, 23 (79.3%) had a completed 'last session' RCADS. The graph below provides an overview of the average total RCADS scores at the first and last sessions for those 23 clients who had a first and last score recorded.

On average, clients were scoring 50.1 on the RCADS at their first session and this had reduced to 39.6 by their last session: an average reduction of 10.5 points (i.e., an improvement in clients' depression and anxiety scores). The minimum first session score was 10 and the maximum was 118. The minimum last session score was 12 and the maximum was 73.

Figure 5 provides a breakdown of the proportion of the clients at the first and last sessions meeting the criteria for 'normal', 'borderline' and 'clinical' levels for each of the sub-scales, as well as the total scores.

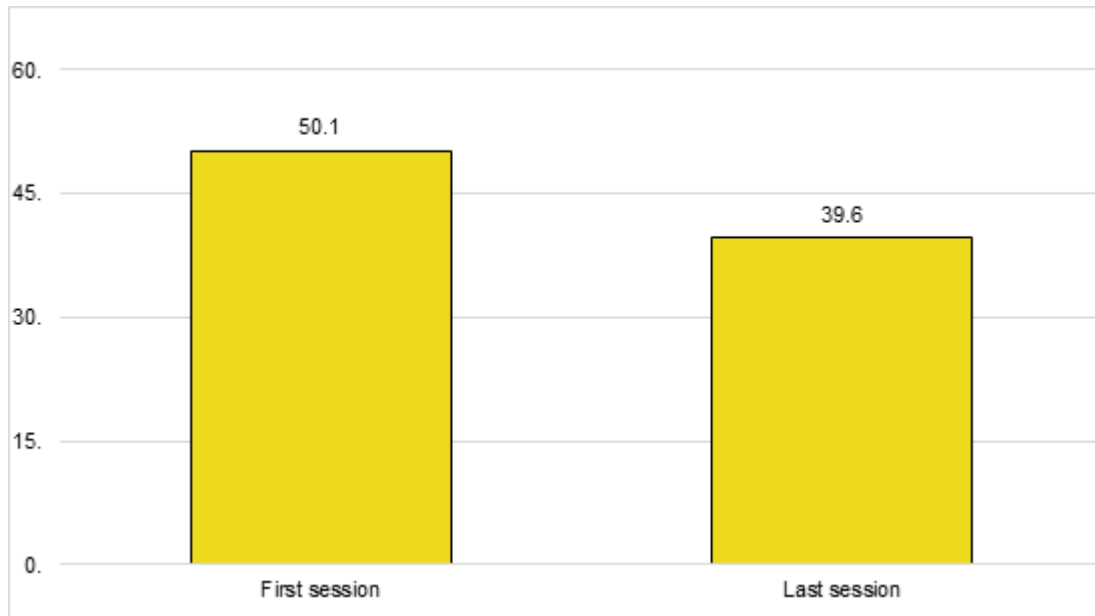


Figure 5. Average RCADS total scores.

Improvement was made by all clients on all sub-scales, with a definite shift towards 'normal' levels. The data would suggest, however, that when it comes to social phobia especially, there is therapeutic work still needed, as well as further sign-posting and referrals for those continuing to suffer major depression, separation anxiety and obsessive compulsive disorder. It might be that being able to offer more counselling sessions would have gone some way to mitigate these conditions. Otherwise, the client might need to be referred to more specialist services.

When interpreting this data, however, the counsellor would strike a note of caution. The counsellor found that, when collecting the data on the first session before the therapeutic relationship had been established, some clients would often report a 'better' score than they were presenting by their mood. In other words, these clients would minimise their presenting symptoms of anxiety and depression. By contrast, by the final session, many more of the clients had become more in touch with their strong emotions and had reached a place of increased awareness and greater self-acceptance. As a consequence, the client would self-report a higher or 'worse' score on their final session.

While this would indicate a worsening of their symptoms, this was not necessarily a true reflection of their therapeutic progress throughout the intervention. This misreporting effectively hid the positive nature of the therapeutic work in enabling the client to get in touch with difficult feelings. Although difficult to pinpoint, there might be something of a cultural factor at work here, raising the question of how we might account for the North East, 'be strong' mentality in the data.

Personal goals

Personal goals are set by the client in counselling and rated on a scale of 0 (not met at all) to 10 (completely met). All 39 clients set and rated at least 1 personal goal, 12 set and rated 2 personal goals and 1 client set and rated 3 personal goals, resulting in a total of 53 personal goals being set and rated over the reporting period. All 53 goals had a 'first' and 'last' session rating.

Figure 6 provides an overview of the average goal progress rating scores at the first and last session. On average, clients were rating their goal progress as 2.0 at their first session and this had increased to 6.8 by their last session: an average improvement of 4.8 points. The minimum first session goal progress rating was 0 and the maximum was 5. The minimum last session goal progress rating was 1 and the maximum was 10.

Clients are said to have made 'reliable change' (i.e., change that is over and above what might be expected due to measurement error) on personal goals if scores change by 3 or more points between the first and last session. Hence, clients can show 'reliable improvement' (moving 3 or more points in a positive direction), 'reliable deterioration' (moving 3 or more points in a negative direction) or 'no reliable change' (moving fewer than 3 points in either direction). The table below outlines the number and proportion of goals that met these criteria.

These results are particularly impressive. We want to highlight the scale of the improvement made by the clients in achieving the goals they set for themselves at the start of the counselling process. We can see that, through the course of the counselling process, there was an 84.9% improvement in progress towards achieving their personal goals. Further, no client reported a sharp deterioration in progress made towards achieving their goals.

	First session			Last session		
	Normal	Borderline	Clinical	Normal	Borderline	Clinical
Social phobia	82.6%	4.3%	13.0%	89.5%	0.0%	10.5%
Panic disorder	82.6%	0.0%	17.4%	100.0	0.0%	0.0%
Major depression	65.2%	17.4%	17.4%	89.5%	5.3%	5.3%
Separation anxiety	69.6%	8.7%	21.7%	94.7%	0.0%	5.3%

Generalised anxiety	82.6%	0.0%	17.4%	94.7%	5.3%	0.0%
Obsessive-compulsive	82.6%	8.7%	8.7%	89.5%	5.3%	5.3%
Total scores (anxiety and depression)	78.3%	8.7%	13.0%	100.0%	0.0%	0.0%

Figure 6. An overview of the average goal progress rating scores at the first and last session.

Experience of Service Questionnaire (ESQ)

The ESQ consists of 12 items and three free text sections looking at what the client liked about the service, what they felt needed improving, and any other comments.

Each item is rated as "Certainly True" (3), "Partly True" (2), "Not True" (1) or 'Don't know' (not scored) and three free-text sections which are not scored. Adding up the "Certainly True" responses for each item across a sample can provide information on respondents' subjective satisfaction with the service.

The Satisfaction with Care construct can be obtained by adding up items 1,2,3,4,5,6,7,11 and 12 (total scores range from 9-27), and the Satisfaction with Environment construct can be obtained by adding up items 8, 9 and 10 (total scores range from 3-9).

27 of the 39 clients (69.2%) completed the ESQ at their final session. The average score on the Satisfaction with Care sub-scale was 20.6 (SD = 5.4) and the average score on the Satisfaction with Environment sub-scale was 6.2 (SD = 1.9). The graph below provides a more detailed breakdown of the responses to each item on the ESQ.

The clients completed the questionnaire independently, or with the support of another trusted adult for those with SEN. Language was experienced as a barrier for some. For others, it was the environment of the counselling room and the convenience of their appointment time. What stands out the most is the accessibility of the service being in school and at 95% approval rating the client feeling listened to and well-treated.

These quotes from the free-text sections illustrate the qualities of the counsellor and counselling service that made for an effective therapeutic relationship. These are some comments from clients accessing the school-based counselling service in NEAT Academy Trust:

"I liked that my session time was always the same each week. It helped to know I would see them every Monday morning and that didn't change."

"It was good seeing my counsellor in my own school every week. If I could change something It would be that I wanted to have more sessions and keep seeing my counsellor."

“It wasn’t easy to talk at first but that got easier. I could talk to my counsellor about how I felt and what I told them was confidential which helped me to open up.”

“I would tell a friend to come to see our school counsellor like I did because they could get help with their tricky feelings like I did.”

These quotes illustrate the qualities of the counsellor and counselling service that made for an effective therapeutic relationship, to such an extent that clients would readily refer a friend to the service. Although not needed for every client, having the resource to be able to offer more sessions would be beneficial for many.

School attendance

School attendance for the full week prior to each counselling session was recorded at each session. It should be noted that attendance between the lockdown period 1 January 2021 and 2 March 2021 was recorded as 100% whether clients attended school or not. This caveat should be considered when interpreting the data. Data on school attendance was available for all 39 clients.

On average, at the ‘first’ counselling session school attendance was 91% and this increased to 96% by the ‘last’ counselling session. The minimum school attendance at the first session was 25% and the maximum was 100%. The minimum school attendance at the last session was 45% and the maximum was 100%.

School attainment

Whilst data on attainment was available for all 39 clients, the data was not gathered on a consistent scoring system across schools. For example, some schools graded attainment on a ‘working below, working at, working above’ category system and some used a numerical grading system (e.g., grade 1, 2, 3, 4 etc.) and therefore it is not possible to give a tightly defined ‘pre-post’ attainment change value.

It was possible, however, to make comparisons within individual clients as to whether they had ‘improved’, ‘deteriorated’ or ‘not changed’ in terms of their attainment. For the purposes of these analyses, ‘improvement’ was defined as any increase in attainment in one or more subjects without deterioration in attainment in any single subject; ‘deterioration’ was defined as any decrease in attainment in one or more subjects without increase in attainment in any single subject; ‘no change’ was defined as neither improvement nor deterioration in a single subject or that the ‘net change’ cancelled the other out (i.e., an improvement in one subject, a deterioration in another subject and no change in any other subjects).

Figure 7 outlines the number and proportion of clients showing ‘improvement’, ‘deterioration’ or ‘no change’ in attainment. There are clear signs of educational attainment improving for around 1 in 3 of the clients. This is significant and demonstrates the wider positive nature of counselling. This is bolstered by the fact that, for two-thirds of the clients, counselling as an intervention did not adversely affect their educational attainment. We might wonder for three clients there was a deterioration in attainment. This might have been linked with the school lockdown during COVID-19.

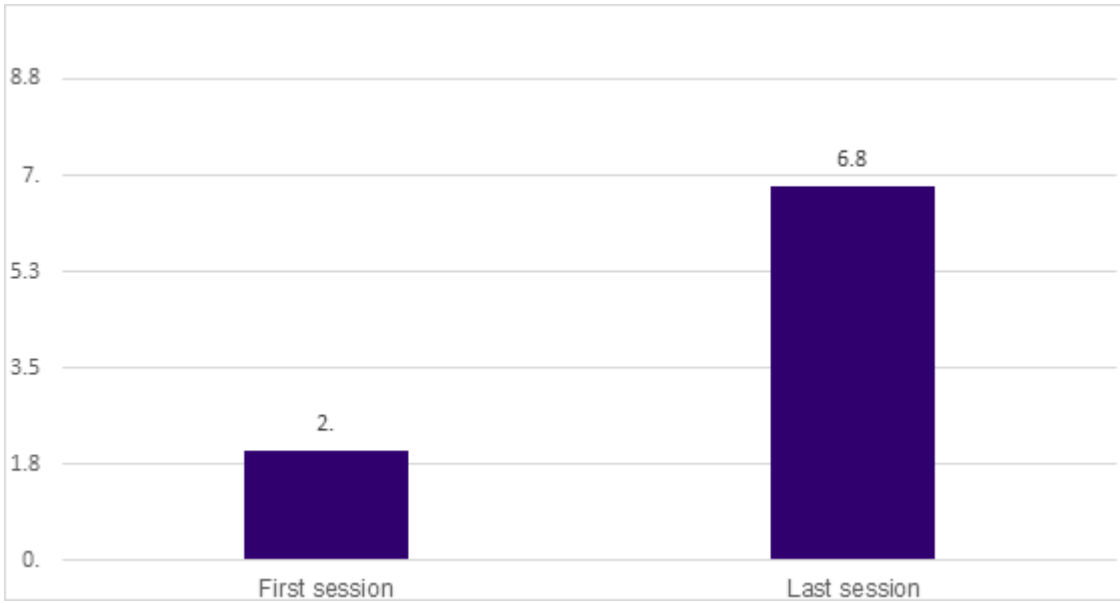


Figure 7. Average goal progress score.

Issues arising from the implementation of counselling at NEAT

Simon Mason (Tyne & Wear Citizens), Rachael Nevin-Lewis (NEAT Academy Trust)

During the pilot programme, Tyne & Wear Citizens met regularly with Rachael to reflect on the experience of working as a counsellor in a multi-academy trust. These wide-ranging conversations have given us fresh insight into the cultural norms underpinning nationally-recognised assessment tools, the relationship between school-based counselling and the CAMHS service, boundaries between the professional and the client within a school setting, and the hidden demand for counselling. These evidence-based issues have positive implications for the development of the national Citizens UK School-based Counselling Campaign.

Assessment tools

We have found the categories in the Revised Children's Anxiety and Depression Scale (RCADS) to be too nuanced, with over half the children finding it unhelpful, despite its stated suitability for children 8 years and older. Instead, we have found graphic-based mood assessments – 'Inside-Out' figures, for example – to be useful with children whose language development is not age consistent, or where English is a second language.

Added-value

Every child that the counsellor sees frees up a place for another child in that school to receive help from a staff member for their low-level mental health needs. Whilst a child on a referral list for CAMHS with moderate to high needs could also be seen by the school-based counsellor instead. This might mean the referral is no longer needed, thus freeing up a place for a child from another school with high-level needs to be treated sooner. In effect, the investment in school-based counselling means that three children with mental health needs are attended to in some form, rather than just one.

Stepping outside the professional role

It is important for a child to believe their counsellor has them in mind, even when physically absent. As a way of showing to her clients that she was thinking about them during COVID-19 school closures, for example, the counsellor helped to deliver Christmas food hampers and cards to pupils. This stepping outside of the professional role was appreciated by many parents who then chose to bring their children into school for face-to-face counselling sessions. Other pupils received online counselling, although some then thought the counsellor was an employee of a remote external counselling agency.

Unanticipated demand

Over the course of the academic year, there has been an increase in counselling referrals of children with moderate to high mental health challenges. This includes referrals for siblings and emergency referrals for suicidality, of which there have been 5 this year. The current waiting list of children across the whole trust who meet the criteria for intensive counselling is 51. This demand equates to another counselling post. As demand has grown for supportive therapy for children with low-level needs, the counsellor has set up a training agreement with a national training organisation for trainee counsellors to work with those children. Despite the demand for her services, the counsellor has prioritised the ending of counselling with a child and their stepping-down process. This is a crucial therapeutic stage, as an incomplete ending and lack of on-going support risks a child feeling abandoned and the probability of regression leading to the need for further counselling. This has cost implications for the service and lengthens waiting lists for other children in need.

Demographic profile of NEAT Academy Trust, May 2021

Debi Bailey (Executive Head, NEAT Academy Trust)

NEAT Academy Trust (NEAT) is a mixed multi-academy trust (MAT) of six schools: four primaries and two secondaries, mainly based in the East End of Newcastle, with one secondary in Hartlepool. Currently, there are 3,400 pupils across the trust, of which 2,679 are within our Newcastle schools. This is an increase of 919 pupils from the previous year. The majority of this increase is due to St Hilds Church of England Secondary School in Hartlepool joining the trust in April 2021, which brought an additional 720 pupils.

While students from across the city of Newcastle and beyond attend schools within NEAT, the vast majority of students come from the surrounding wards of Walker and Byker. For the purposes of this data, we will be detailing data sets from schools within the East of Newcastle. Currently, 92% of pupils attending one of our primary schools live in the Walker ward and 3% of the primary school population live in the Byker ward. Within our secondary school, 53% of students live within the Walker ward and 19% live within Byker.

The pupil premium figure (PP) of Benfield secondary school is more than three times the national average at 57.3% (compared to 17.1%), and NEAT primary school PP average figure is 55.3%, which is more than double the national average of 21.3%.

1.0% of the school population across NEAT are currently 'looked-after' children, compared to a national figure of 0.4%. Furthermore, we have 33 young people currently open to Child Protection with a further 63 subject to a Child in Need Plan. There are a significant number of additional families and young people who receive whole-family support through either our comprehensive internal welfare support or through accessing external support.

The pupil population of NEAT is overwhelmingly White/British (86.6%), and is a slightly higher percentage than Newcastle as a whole (85.5%). Benfield school and Central Walker school have more ethnically diverse populations than Newcastle as a whole and substantially more so than the other schools within NEAT. The largest ethnic group in NEAT after White is Black/ African/ Caribbean/ Black British. Byker (89.3%), Walker (92.7%) and Walkergate (95.5%) wards are less ethnically diverse than Newcastle or NEAT schools as a whole. All schools have seen an increase in ethnic diversity between 2019 and 2020. While the number of pupils in NEAT schools grew by 4.1%, the number of pupils whose ethnicity is other than White grew by 14.9%.

Across NEAT schools, 16% of our pupils have English as an additional language. There are 43 different languages spoken across NEAT schools. 85% of pupils speak English as a first language (2205 of 2594 pupils) versus 86.7% in 2019. The next most frequent language is Arabic at 2.4% of pupils. Only 6 minority languages are spoken in all the NEAT schools (Chinese, Lithuanian, Persian/Farsi, Polish, Portuguese and Romanian). 10 different religious identities are recorded across the schools. The largest single group is no religion (57.8%) followed by Christian (27.7%). For Newcastle as a whole, the figures are 28.3% no religion and 56.4% Christian

Newcastle as a whole and the wards covered by NEAT show a 50:50 gender split. Individual schools vary slightly from this split but for all schools, this equates to fewer than 10 pupils across the school.

Conclusion

The evaluation of the school-based counselling pilot at NEAT Academy Trust has identified a number of improved pupil outcomes with regards to wellbeing, attainment and personal goal achievement. NEAT pupils who received school-based counselling demonstrated definite improvements and shifts towards normal levels in terms of the Revised Children's Anxiety and Depression Scale (RCADS) and one-third of pupils showed clear signs of improvement in educational attainment. Moreover, 85% of students who received school-based counselling reported an improvement in progressing towards their self-stated personal goals.

In addition to these improvements in wellbeing and attainment, the evaluation also showed that locating the counselling provision within the school itself was key to its appeal among the pupils who accessed it. All of these findings reflect the clear need for, and benefits of, school-based counselling at NEAT Academy Trust, and it is with these findings in mind that the trust has committed to make their counsellor a permanent appointment.

The evaluation's findings also resonate with the testimonies gathered by Citizens UK from pupils, parents and teachers alike about the importance of counselling provision being familiar, accessible and school-based. Moreover, the finding that the need at both primary and secondary level for school-based counselling was often driven by social determinants like poverty and adverse childhood experiences reflects Citizens UK's belief that the current unequal provision of school-based counselling in the UK is a social justice issue.

It is with this in mind that the two key participants in this pilot evaluation, NEAT Academy Trust and the BACP, continue to participate in the Citizens UK School-based Counselling Campaign, with the latter as a national partner. Along with its other national partner, the NASUWT, Citizens UK will continue to campaign for the statutory provision of school-based counselling in every primary and secondary school and further education college in England. Readers of this evaluation interested in joining the campaign can contact Revd Dr Simon Mason at simonduncanmason@gmail.com

References

- Carta, M. G., Di Fiandra, T., Rampazzo, L., Contu, P., & Preti, A. (2015). An overview of international literature on school interventions to promote mental health and well-being in children and adolescents. *Clinical practice and epidemiology in mental health: CP & EMH*, 11(Suppl 1 M1), 16.
- Department of Health and NHS England. (2015). *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*.
- Department of Health and Department of Education. (2017). *Transforming Children and Young People's Mental Health Provision: A Green Paper*.
- Dewa, L. H., Crandell, C., Choong, E., Jaques, J., Bottle, A., Kilkenny, C., & Aylin, P. (2021). CCopeY: a mixed-methods co-produced study on the mental health status and coping strategies of young people during COVID-19 UK lockdown. *Journal of Adolescent Health*, 68(4), 666-675.
- Friedli, L., & Parsonage, M. (2007). Building an economic case for mental health promotion: part I. *Journal of Public Mental Health*.
- Keyes, C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of health and social behavior*, 207-222.
- Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H., Milne, B. J., & Poulton, R. (2003). Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. *Archives of general psychiatry*, 60(7), 709-717.
- Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet Child & Adolescent Health*, 4(6), 421.
- McManus, S., Bebbington, P. E., Jenkins, R., & Brugha, T. (2016). *Mental health and wellbeing in England: the adult psychiatric morbidity survey 2014*. NHS digital.
- Newbury-Birch, D., Scott, S., O'Donnell, A., Coulton, S., Howel, D., McColl, E., & Kaner, E. (2014). A pilot feasibility cluster randomised controlled trial of screening and brief alcohol intervention to prevent hazardous drinking in young people aged 14–15 years in a high school setting (SIPS JR-HIGH).
- NHS Digital. (2018). *Mental health of children and young people in England, 2017*.
- O'Shea, N., & Bell, A. (2020). *A spending review for wellbeing*. Centre for Mental Health.
- Pearcey, S., Shum, A., Waite, P., Patalay, P., & Creswell, C. (2020). Report 04: Changes in children and young people's emotional and behavioural difficulties through lockdown. *Emerging Minds*.
- Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., & Abel, K. M. (2020). Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. *The Lancet Psychiatry*, 7(10), 883-892.
- Public Health England. (2020). *Public health profiles*. Retrieved from <https://fingertips.phe.org.uk/>
- Public Health Wales NHS Trust. (2016). *Making a difference: investing in sustainable health and wellbeing for the people of Wales*.
- Royal College of Psychiatrists. (2010). *No health without public mental health – the case for action*.

Spencer, L., McGovern, R., & Kaner, E. (2020). A qualitative exploration of 14 to 17-year old adolescents' views of early and preventative mental health support in schools. *Journal of Public Health*.

UK Government, Department of Health. (2011). No health without mental health.

Whiteford, H. A., Degenhardt, L., Rehm, J., Baxter, A. J., Ferrari, A. J., Erskine, H. E., & Vos, T. (2013). Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *The Lancet*, 382(9904), 1575-1586.

Widnall, E., Winstone, L., Mars, B., Haworth, C., & Kidger, J. (2020). Young people's mental health during the COVID-19 pandemic: Initial findings from a secondary school survey study in South West England. National Institute for Health Research School for Public Health Research.

World Health Organization. (1992). The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. World Health Organization.

YoungMinds. (2020). COVID-19 autumn 2020 survey. Retrieved from: <https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/>