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Can schools afford not to have a counsellor?

The first thing to do is to say what counselling is. I'm defining it as a relationship between two people that is a non-judgmental communion of care and carefulness, where one person has the task of assisting the other person to sort out a bit of their life that they are presently confused, muddled or upset by.

Let me say a bit about the way I think counselling happens, whether it's with young people or with adults. I think it goes through several stages. The first stage, and that would be for any of us, would be that if we're a bit worried about something we think it through, and most people come to a reasonable solution this way, and so don't need any outside help.

Talking to a friend

The next stage is if the situation is more worrying, and we can't find a solution, so we talk to a friend - provided that we have socialised enough to have someone like that to talk to. Young people frequently have a friend with whom they can talk things through - difficulties with parents, about being upset, about growing up... these will be chatted over, often quite informally, such as on the way to school or when in a group, but sometimes more formally, perhaps phoning each other or going to see each other specially to talk about the problem.

Learning to listen

A lot of support for this fairly informal peer support goes on in Devon - I could find you about 80 training schemes for peer counsellors, mediators, or peer mentors on the Internet. Some would be in youth clubs, some would be in primary or secondary schools. They offer young people quite short focus training in how to listen to each other, so they might reach some of this material through their PSE lessons, or a

school might want to work on bullying, for example, and they would have the chance of doing some training in mediation skills, leading perhaps to setting up groups that would be available during playtime to pick up those sorts of problems.

This kind of peer support is strongly encouraged, because the more we can help young people to help themselves, the better. They work particularly well when they are very clearly focused on what the task is. So we have, for example, sexual health peer counselling, and transition counselling, which is aimed particularly at youngsters going up to secondary school.

School mentors

A common way here is for people in Years 10 or 11 to be attached to a class of new intake in Year 7 or 8, telling them that they are available at a certain place at a certain time if they have any worries; or perhaps to leave written questions in a box. In some schools there are so many upper years wanting to come in on these schemes, partly perhaps because it looks good on their CV, that each one might have only about five youngsters to keep an eye on, and this relationship can continue until the older pupil leaves.

The advantage of considerably older mentors is that they know just about everything there is to know about the school. But some schools, for organisational or other reasons, might offer mediators nearer the newcomers' own age.

'Friendly adults'

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advice, or their degree of distress is greater than the problem might imply, the next level of appeal would be to what I might describe as a 'friendly adult'. In school this might be a form tutor, a class teacher, a classroom assistant, a dinner lady, even the crossing lady for a young child, or perhaps another teacher whom the young person particularly trusts.

The counsellor's role

If this still doesn't work they are going to need more professional help, and in a school without a counsellor the step between the friendly adult and the next stage (some form of child guidance or psychiatric help) is quite a big one - expensive, long waiting lists, and a complicated referral system.

School counsellors bridge this gap, because they have training in counselling skills and links with other agencies: if they can't sort out the problem themselves, they have quick and easy access to the other referral agencies in the locality. So that is the role of the school counsellor as I see it.

Do counsellors undermine the 'local network'?

One objection that has been voiced is that the appearance of a trained counsellor within a school could (a) have an eroding effect on the more informal support I have been describing, and (b) suggest that the school has a 'problem'. My response to this is that schools that appoint a counsellor, by and large, already have a good pastoral care system and a whole range of ways of supporting young people through all sorts of minor and major crises.

If they were going to appoint a counsellor, then the governors and parents would certainly be involved, and it would be pointed out that everyone at one time or another is likely to need help and support of a different kind than teachers or even parents can offer. I have never heard of such criticism myself: parents are usually really pleased to know that there is a qualified person on site to deal with these problems.

School 'health clinics'

One of the things that we have been developing, and hope to do more with, are young people's health clinics in schools. These have health workers as well as people like school counsellors, making them a kind of 'drop-in' centre for young people who might be worried about their weight, or their physical development, or their alcohol consumption, or just want information about something. They would also have counselling facilities available. One of 'the

very common problems presented is "I think I'm gay".

Fitting into the school

The relationship between the counsellor, staff, and pupils must be made clear, which it will be if the school has got things properly worked out. There will, however, always be some areas of difficulty. Certainly in the old style of school counselling, where the counsellors were also teachers, there could be confusion, as well as some resentment among senior staff that here was someone being paid a high salary but apparently working with only one young person at a time.

It would be true to say that sometimes very good and caring pastoral care staff do feel that they can sort things out without the counsellor's help, and counsellors do need to work hard at their relationship with the senior staff, emphasising that theirs is a complementary role.

School nurses as counsellors

School nurses are quite likely to find themselves acting as counsellors from time to time, and it might be tempting to combine the two roles by offering nurses counselling courses. Like having teachers as qualified counsellors, I think this can be quite confusing. Imagine the situation where a pupil has to be disciplined for bad behaviour, perhaps by the head of year or a deputy head, who then has to put on a different hat and offer to talk to them non-judgmentally about the problems that led to this indiscipline. The two roles are different.

A school nurse needs counselling skills to deal with the health-related issues around nursing, and some school nurses do also get themselves involved in counselling - different time, different hat - and young adults, who are adept at seeing adults in different roles, can probably handle that most of the time. But I have come across school nurses who have had only a little counselling training and can get quite confused about their role.

Blurring the boundaries

There are a lot of people with good counselling skills, but are not fully trained; they use these skills and find it very interesting, and then become slightly confused about their role, and so the young people also become confused as to whether they are speaking to a teacher, a nurse, or a counsellor. Blurring the boundaries can be very dangerous.

The primary concern of a teacher is the curriculum; the primary concern of a school nurse is the health of young people - this will include mental health, but her primary function will not

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be a counselling function. I am a trained therapist, and of course I use my therapeutic skills within my job as an adviser with the LEA, but for me to take on a therapeutic manner would be completely inappropriate.

'Can we afford to have a counsellor?'

To sum up, I think it is true to say that most people will at some point need to talk to someone outside their daily lives about something that is causing them distress. But the school counsellor, or failing that the school nurse, will also be in a position to notice and act on signs of abuse, depression, personal or family mental health problems, incipient schizophrenia and so on, before they become too problematic.

The decision whether to fund a counsellor or, for example, put money by for a swimming pool, will depend on the school's priorities. There are number of schools in this county that would put extremely high priority on personal and social education, and pastoral care, and will spend a lot of money on appropriate support staff. They would argue that such provision, by improving the wellbeing of their pupils, has tangible educational benefits. Other schools, satisfied with their pupils' levels of attainment, might put a lower priority on this, and such decisions will reflect the concerns of the head and the governors.

At the moment there is heavy emphasis on reducing teenage pregnancy, reducing crime, and a whole range of other government initiatives that schools need to address, such as raising boys' academic achievement. Having a school counsellor around is a way of saying to the young people that it's all right not to be managing all the time, and you haven't got to be successful in everything.

'Can we afford not to have one?'

If every school had a full-time counsellor, I think we should see the mental health of the nation remarkably improved: my experience, both in therapy and in education, is that I've frequently spoken to adults who have said how much worry and effort a certain talk with someone has saved them.

In Devon we have a long history of counselling, but it's still very difficult to prove, for example, that £15,000 a year spent on each school counsellor is certainly going to save the system from having to deal with one more long-term drug addict, or one more prison sentence for a youngster. The expense would be absolutely minimal compared with the saving, but you can't demonstrate it in advance, because by the very nature of prevention there is nothing to see. So I don't think it's going to happen. Money for prevention rather than cure is always the last money to be made available.

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