

# Middleton Grange School

## Guidance Counsellors Report for Board of Trustees 2017 -2018



**Confidential**

# Guidance Counsellor Unit Report

## Key Points from 2017/2018

- New initiatives established for Guidance Unit and Wellbeing across the school
- Middleton Grange School seems to be experiencing similar increase in Mental Health presentations as other schools across New Zealand
- Significant increase in serious/acute cases over the last two year.
  - In 2017 there were 72 Acute Level ONE cases with 13 involving sexual abuse and rape
  - In 2017 there were 18 pupils with high level of suicidal ideation
- Depression and Anxiety are our leading presentations
- Counselling is firmly established at Middleton with two thirds of pupils self-referring

## Positives and new initiatives for 2018

- New Head of the Guidance Unit role
- Increase in permanent counselling hours for 2018.
- Creation of the Wairoa team to look at Wellbeing for pupils
- New Wellness COL in-school position created
- Wellness Project Plan through COP
- Weekly Guidance meetings for Waiora and the Guidance team
- Overlap of hours for Mike and Anne
- Second counselling office set up
- CounselPro computer programme established
- Teacher Only Day presentations to staff on the Guidance Unit and Wellness
- New Printer in Counsellor Office
- Work with Deans at retreat and meetings through the year
- Allocation of time for Primary School referrals
- New counsellor for term 2/3, 2018
- Acute Register set up for access by SLT

## General thoughts

Youth Mental Health presentations are increasing throughout New Zealand and our statistics clearly show we at Middleton are not exempt. We have seen an increase over the past years but never in the numbers of acute high end issues as this last year. We have not experienced the number of sexual abuse and rape cases. It is disturbing to realise our pupils are facing such distress while still having to complete NCEA assessments. Every one of the 72 Level One (acute) cases last year has taken many hours to process. It takes time and discernment to ascertain the correct process for each case. We are mindful of 18 pupils with level one suicidal ideation and we are grateful nothing has happened so far. The statistics show that most secondary schools have a suicide once every 4-5 years. It is good we are developing a robust system with our acute monitor and guidance meetings to ensure we are well protected. We are doing some training with deans and staff to handle difficult pastoral situations with professionalism. A recent coroner's report highlighting the handling of suicidal ideations reveals the importance of documentation and communication. I believe with the changes we have made we are in a much safer place. There is no doubt that in the world we live and the increase in ideations we as counsellors need to take great care as we oversee the delicate process to ensure a healthy and respectful outcome. As part of our Special Character we ensure that pupils with acute issues engage voluntarily with parents as part of the counselling process. This requires extra time and counselling involvement. Other schools do not necessarily work this closely with parents. We also work closely with the senior leadership team (SLT) in handling the acute cases to ensure there are no ramifications to the school. Anne and I feel blessed we have an outstanding team who work with us. I want to thank Megan and Richard for their support and skill in working with the more difficult cases. We are thankful to God all has gone well.

The establishment of the Acute Register has created communication between ourselves and SLT. The fragility scale enables us to communicate with teachers around a pupil's mental health. Both the register and scale enable key people to know when a pupil is experiencing significant mental health concerns. This along with weekly meetings with heads of school and the Associate Principal, Megan, ensures we are collectively working for the best outcomes. The increase in hours has enabled Anne and I to have weekly meetings to discuss cases and ensure we are getting process right for our acute situations.

The work with deans has progressed this year. Presentations at deans retreat and meetings have helped us form bonds with our deans. Some deans, however, are more likely to inform us of high risk situations and refer than others. We are keen to connect with all deans which means regular meetings and training with both senior and middle school deans and heads.

We were pleased with opportunities to present at teacher only days this year and got great feedback from staff. It is important we keep staff informed of information around mental health and how we operate as a school. In this way staff are more likely to refer a pupil where needed.

It is really pleasing to see the number of self-referrals to the Unit. My supervisor says pupils come when the unit is functioning well with good staff. I think Anne and I have a good rapport with our pupils and we see movement the majority of the time. We are also increasing staff and caregiver referrals. This could increase with a presentation of the Unit at the Parent evenings at the start of term one each year.

The move to appoint a Head of Guidance has been important. I feel empowered to oversee the unit and ensure we have adequate procedures in place. Anne and I now have overlap for 1.5 days per week which is great. The addition of Sandy Hitchens for term 2 and 3 has been a blessing. e every year.

Having two part- time staff in the Unit has been sufficient in past years but we are now in a different Mental Health environment. Each year we will need to reassess staff allocation within the guidance unit. With the size of the school and level of presentations we may need a fulltime person allocated to the unit.

A big thank you to Senior staff for their encouragement and support of us as counsellors at Middleton. They know we have had a challenging year and have made themselves readily available when we have needed support. We are grateful for the fixed adjustment in our hours to accommodate increases in workload.

We look forward to the rest of 2018 with the new initiatives around wellness and the further development of the Middleton Grange School Guidance Unit

Mike Coleman  
Head of Guidance  
Middleton Grange School

### **Five Level Triage System**

**Level 1:** Acute needs which frequently requires 1 or more face to face hours for the first session and/or following sessions. Multiple hours of non-face-to-face follow-up may be necessary.

This time can involve:

- Crisis counselling
- Extended counselling time
- Communication with the DP/senior staff
- Communication with parents/guardians
- Communication with support agencies such as CYFs, CAFlink, police
- Follow-on meetings with support agents (e.g. CYFs case worker, YSS case worker)

- Communication with supervisor

**Level 2:** Significant needs which require weekly counselling. This is for students who have moved from a crisis counselling situation to mainstream counselling for their issues. It also applies to students who are struggling with one or more issues. (e.g. a significant loss or death of a loved one; anxiety; depression; ongoing family issues)

This time can involve:

- Up to 1 period weekly (sometimes longer)
- Possible communication with DP/HOH
- Possible ongoing contact with parent/guardians/ support agencies (including meetings)
- Record keeping

**Level 3:**

Students who have issues that can be addressed with counselling once a fortnight or longer. These students are moving positively towards resolving their issues.

This time involves

- Approximately 30 minutes to review their progress and explore further coping strategies for achieving their goals
- Possible communication with parents/ guardians/support agencies
- Record keeping

**Level 4:**

Students who are nearly ready to discontinue counselling. Also for those who may require the occasional 'touching base' to review what's working for them and what strategies require tweaking at home and/or school (e.g. anger management, Asperger's, moving on from anxiety/depression)

- .5 of a period or less
- Record keeping

**Level 5:** Students (mostly self-referred) who come for a one off session

## **Appendix: Statistics and Comments from each Counsellor**

Below are our statistics. Anne's statistics are generated from hard copy hand generated documents. This is how we have both presented for some years. This year we began using a computer recording programme called Counsel Pro. My presentation is the first in trialing these computer generated stats from CounselPro. As we started the programme during the year we have not been able to generate as many documents but this year we should have a more refined presentation as we are both recording digitally.

## **Anne Aiken**

## Students Counselling

LEVEL	GIRLS	BOYS	PREDOMINANT ISSUES (at each level)
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### Junior School

Yr 5	2	-	anxiety (30%),
Yr 6	3	1	friendships (20%)

*Total: 5 students*

### Middle School

Yr 7	3	1	family (18%)
Yr 8	2	2	anxiety/stress (16%)
Yr 9	10	2	friendships (9%)
Yr 10	3	-	

*Total: 33 students*

### Senior School

Yr 11	32	4	loss/grief (23%)
Yr 12	20	5	anxiety/stress (15%),
Yr 13	14	5	family (12%)

*Total: 80 students*

**TOTAL            99        +        20    =    119 students**

### Junior School

6 students

I worked closely with Susan Meredith regarding these students and stayed in touch with their teachers as required. I met all parents of junior school referrals as soon as I start working with their child.

10% of my total counselling sessions were dedicated to junior school students (2016 totaled 7%). I didn't work with any junior pupils before term 3 when I was allocated .1 counselling for the junior school

### Middle School

33 students (2016 – 39 students)

At this level I worked with a wide range of issues. However, family, anxiety/stress, friendships, abuse and school issues made up 53% of my middle school counselling sessions.

33% of my total counselling sessions were dedicated to middle school students (2015 totaled 33%)

Senior School

80 students (2016 – 52 students)

I also worked with a wide range of issues at this level. Loss/grief, anxiety/stress and family issues made up 63% of my senior school counselling.

57% of my total counselling sessions were dedicated to senior school students (2016 totaled 60%)

Miscellaneous Not included in the above figures are meetings with 26 parents (2016 totaled 14). Also 10 staff members (2016 totaled 6) met me with concerns. In all I had 23 meetings with parents and (10) meetings with staff.

**Issues Addressed During Counselling Sessions**

Adoption/fostered	anxiety	abuse including historical rape	anger	autistic spectrum
bullied	behavioural	cultural	depression	divorce/separation
drugs +alcohol	eating	family issues	friendships	health challenges (coping)
identity	loss / grief	learning challenges (coping)	mental health/ ADHD	referral to support agencies
relationships – work/ intimate etc.	school - coping	self esteem	self-harm	sexual issues
spiritual	staff/parent (adult) counsel	stress	suicidal ideation	truancy
Trauma/PTSD				

SUMMARY OF 8 MOST COMMON ISSUES ADDRESSED FOR WHOLE SCHOOL

1	Anxiety/stress	16%
2	loss/grief	15%
3	family issues	14%
4	relationships outside the family	12%
5	abuse	6%
	school: work load/learning/tchers	6%
7	behaviour	5%
8	depression	4%

#### REVIEW OF TOP ISSUES IN 2016

This year my client base had a sharp increase in pupil anxiety/stress issues across all 3 school levels. It was particularly significant in the junior school. Kathleen Liberty(Prof) at UC is a world leading authority on quake related trauma and is currently doing ground breaking research in this area. She has identified that the developmental path of young children can be significantly influenced by earthquake trauma resulting in increased long term heightened anxiety. The affected junior children I worked with, would have been 3 and 4 years old during the 2011 quakes. Kathleen Liberty has identified as age bracket as particularly vulnerable for these findings.

As with previous years, stressed and anxious senior school pupils presented for counselling. They were struggling to manage the ongoing demands from school assessments and responsibilities related to family, church plus outside interests and sports. At this level I also saw stressed students who set unrealistic goals and expectations in relation to their grades.

Emily White's passing seriously impacted on many MGS pupils. I learnt from counselling pupils that Emily had a high profile amongst her peers including the older and younger levels. Common adjectives describing her were friendly, cheerful, fun, inclusive, encourager and supportive of others. Her passing was shocking for many students as they struggled to grasp the enormity of her loss. This was reflected by grief and loss being the number 1 issue for senior school pupils.

As with previous years family issues impacted a significant number of students who sought counselling and this year it was especially so for the middle school. Students struggled with a range of problems within their families which included: conflict between parents (whether married or separated), parent separations and divorce, blended family arrangements, parents with significant health, mental health or alcohol issues as well as sexual abuse.

Friendship issues featured strongly at all levels but especially for the junior and middle schools. As in other years I found there were often fudged lines between banter, alienation, intimidation and bullying within friendship groups. Some



students self-referred with anxiety and/or self-harm issues, eating problems and even suicidal ideation due to struggling friendships and peer relationships. Low self worth was a common factor driven by friendship issues.

## Referrals

	<b>2017%</b>	<b>2016 %</b>	<b>2015%</b>
Self-referrals	61	46	54
Parent	6	16	14
DP/Heads/Deans	22	25	24
Other staff	9	10	6
Concerned students	1	3	2
Outside agencies	1		

The significant increase in self-referrals this year is perhaps a reflection of increasing pupil acceptance of counsellors at MGS. I've noted that when I happen to be nearby when students fill in their self-referral cards, they are frequently accompanied and encouraged by 1 or more friends. Students also tell me that they have been encouraged by other pupils to see a counsellor. Some first-time pupils request that a friend comes as support for the first session. After their first session most of these students choose to continue coming on their own.

I am surprised with the low number of parents who have referred their daughter or son. However, students who self-refer for counselling on occasion tell me that their parents had encouraged them to go to the counsellor. This means the parents don't need to request a referral themselves.

## PERCENTAGE RATES FOR COUNSELLING LEVELS 1 TO 5

<b>Sessions</b>	<b>2017 (%)</b>	<b>2016 (%)</b>	<b>2015 (%)</b>
Level 1	31	26	17
Level 2	45	54	55
Level 3	13	10	18
Level 4	2	4	3
Level 5	9	7	7

Over the last 5 years there has been a trend of increasing high level cases. As addressed earlier, they require significantly more counselling time and reduce the time available to see other cases. Some students struggled with this system and had to be bumped back to a higher need level instead of progressing towards resolution and exiting from counselling. It also meant that the pupils on our wait list were disadvantaged by a longer wait period.

Level 4 students are students who are coping but who I consider are still at-risk (eg ongoing unstable home environment). In relation to this, many students cope well with self-referring as required and they are exited from counselling straight from level 3. However other at-risk students find it difficult to self-refer although they engage well if they are invited for an appointment so they are put on level 4. I touch base with these students 1 to 2 times a term

#### OVERVIEW OF LEVEL 1 CASES

- 36 pupils were rated at level 1 for one or more sessions
- 60% L1 sessions dealt with home issues
- 34% L1 sessions addressed abuse with some being home related
- 20% L1 pupils were listed at this level for 1 session only
- 43% L1 pupils were listed at this level for 5 or more sessions

#### *High end cases*

Following on from 2016 when I noted concern over the increased number of abuse cases, this year the incidence of reported sexual abuse significantly increased. In 2017 I counselled 9 pupils for sexual abuse (recent and historical). Currently 2 of these students are receiving ACC accredited specialist counselling for sexual abuse a third begins in February. Others qualify for this however they are not ready for it. This especially applies to pupils who were sexually abused when they were young.

With those pupils who reported recent sexual abuse, a common thread being exposed is that they were groomed by males for so called consensual sex or sexual acts. In each of these cases, the girls were completely out of their depth. Often due to their innocence they fell victim to trusting the males with limited knowledge of what they were getting into.

Over the past 4 years I have counselled foster children who have experienced extreme abuse (often sexual). The damaging effects of the abuse received at such a young age had impacted on their development. These students struggled with emotional, relational and attachment issues. My experience is, if these pupils engage with counselling they will require it long term. They frequently struggle with anxiety, depression and are easily overwhelmed by situations that other pupils would normally take in their stride. Cutting and suicidal ideation frequently present with these pupils.

#### **Review of Counselling at MGS 2017**

It's been another very demanding year for counselling services. The number of students coming to counselling significantly increased as did the number of Level 1 acute sessions. There have been level 1 cases on my list every week this year. Last year having worked similar hours to this year, I noted that the pressure of working with 94 students with

so many Level 1 cases was unsustainable. This year the pupil's numbers increased by 26 and the number of level 1 acute cases increased by 5%. As with last year I was fully booked all year. Sustaining these numbers has been very challenging and time consuming.

To manage the situation, the only option available was to see level 2 to 4 students less and this compromised their progress. Many students struggled with this system and had to be bumped back to a higher need level instead of progressing towards resolution and exiting from counselling. It created a 'catch 22' situation. It also meant that the pupils on our wait list were disadvantaged by a longer wait period.

Anxiety and stress was the most prominent issue presented by pupils. It featured in the top 3 problem areas in all 3 school levels. This was closely followed by loss and grief and family related issues. However as charted and illustrated, pupils presented with over 30 issue areas. Most cases involved more than 1 issue at any one time.

Suicidal ideation and attempted suicides are issues of ongoing concern. I referred 2 students to CAFm (emergency youth psych services). Other pupils were referred to their GPs for medical check-ups, or consideration of medical intervention. Also referrals, recommendations and enquiries were made to Barnadoes, Oranga Tamariki, Right Service for the Right Time, Family Works (Presbyterian Services), ACC accredited specialist therapists for sexual abuse and clinical psychologists for psychometric testing

As required, I met with and/or communicated with parents of students who were seriously struggling. (This is standard practice with Junior School students). Added to this were more phone conversations, emails and meetings with staff and outside agencies involved with the serious cases.

**Mike Coleman**

It has been an intense year. I am, however, pleased our Unit has handled professionally so many acute cases. The following are my client numbers. These are only pupils I have dealt with directly and do not account for the numbers of group sessions I had with pupils particularly around Emily Whites passing.

Year Group	Level ONE (acute)	Level TWO	Level THREE
Yr 4 Boys		1	
Yr 5 Boys		1	
Yr 6 Girls			1
Boys		1	1

Yr 7 Girls		2	
Boys	2		
Yr 8 Girls		3	
Boys	2	3	2
Yr 9 Girls	3	3	1
Boys		3	3
Yr 10 Girls	5	2	1
Boys	1	2	
Yr 11 Girls	5	5	3
Boys	3	1	3
Yr 12 Girls	6	4	5
Boys	2	6	
Yr 13 Girls	2	3	3
Boys	6	3	3
Total	37	44	26

**The 37 acute pupils** had the following presentations:

Depression: 19 Pupils    Suicidal: 11 pupils    Anxiety: 7 pupils    Sexual Abuse: 5 pupils

Family Violence: 3 pupils    Rape: 4 pupils    Bullying: 2 pupils    Drugs: 3 pupil

Sexual Issues: 1 pupil

The majority of these cases involved working with outside agencies like General Practitioner, Private Practice ACC Counsellors, Youth Specialty, Child, Adolescent and Family Emergency team.

All involved working closely with the Parents/Caregivers of these pupils.

Of particular note was the number of Year 13 boys who presented with depression including suicidal ideation. Many other Year 13 boys and girls were struggling with work load and resulting anxiety levels. I gave a 30-minute presentation to the Year 13 boys during the year to discuss male issues and handling life. Also of note and mentioned earlier in the report is the disclosure of sexual abuse from a number of girls. Each of these cases required hours of work all while I was handling a heavy caseload.

In my role as counsellor I had both formal and informal conversations with around 27 staff members.

Attached to this report are a number of graphs. They are, however, not fully accurate as we only began CounselPro half way through the year. I have gone fully on to PRO to give SLT and the Board some idea of how we are moving into the future.

The graphs show the following:

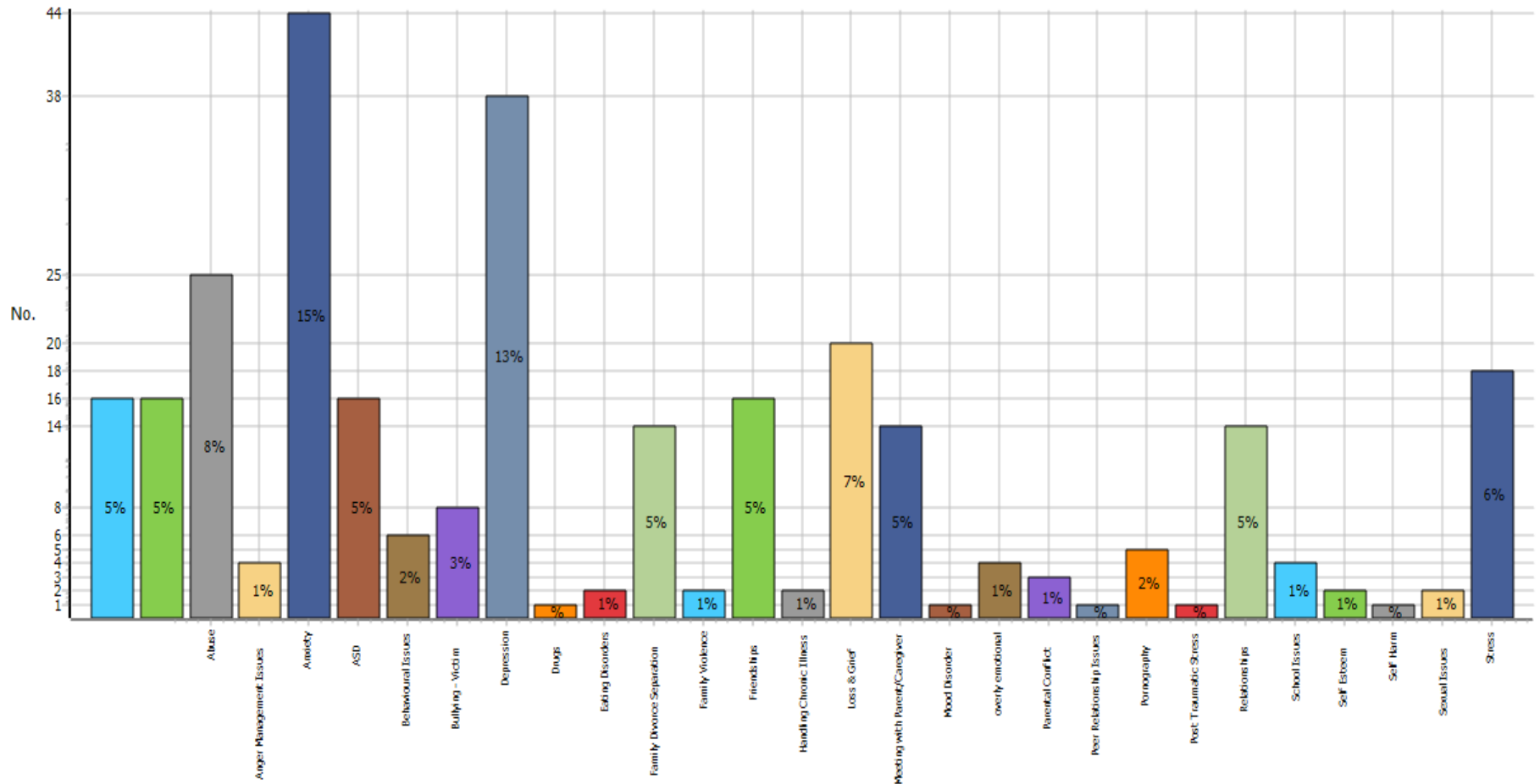
Graph

1. Consultations by classification
2. Consultations by referral type
3. Consultations by consultation type
4. Consultation numbers by year level

While we are still refining and utilising CounselPro, including getting graphs into Word documents, below are some examples of the kind of data we can generate in the future.

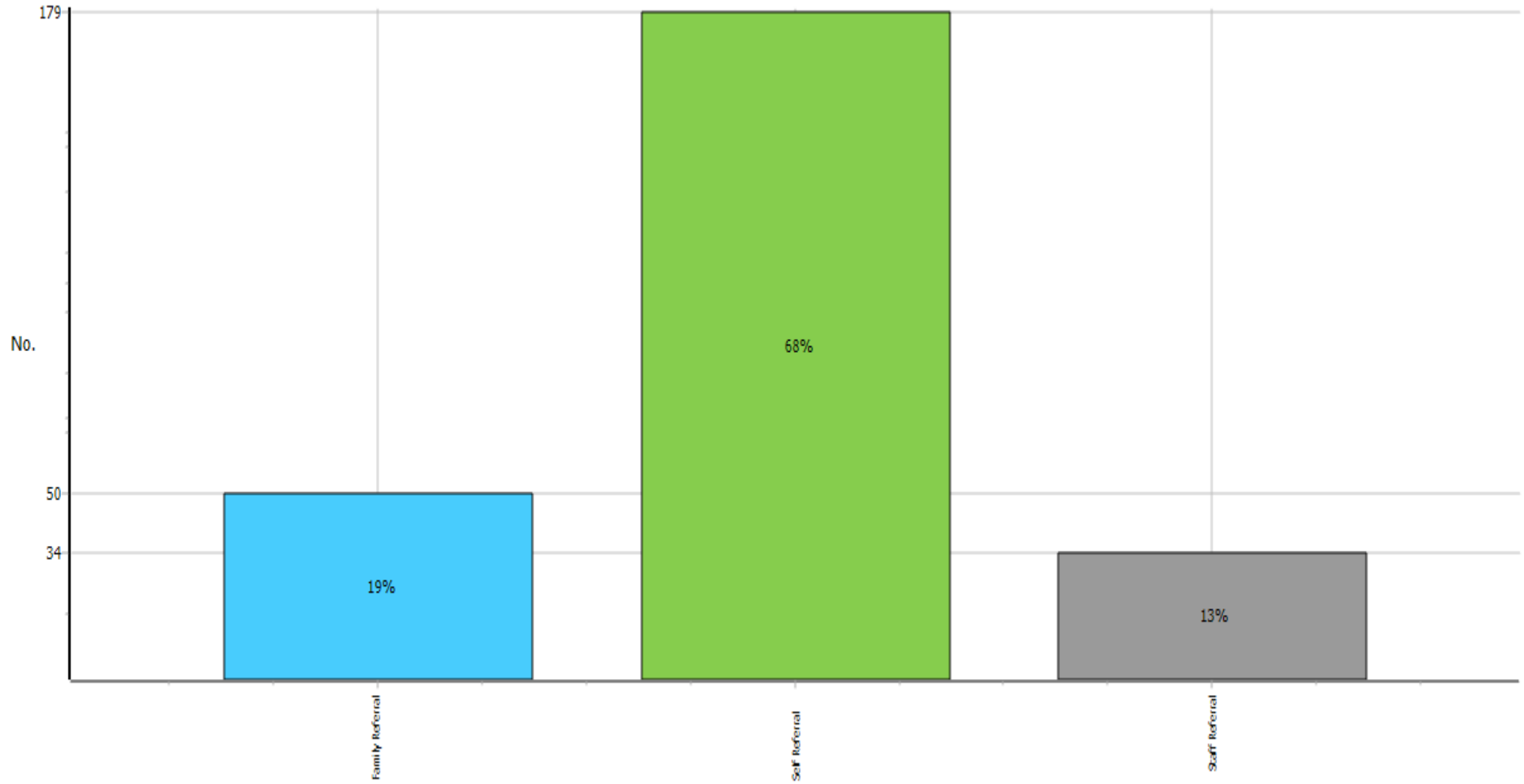
Our Unit needs to move into a new era more in line with Guidance Units across the country. When I came to Middleton the workload was consistent for my .3-.4 load and I could fit in emergencies and crisis as needed. Things have changed dramatically. I am keen to be part of the leadership of our Unit in the future. It does, however, need to be resourced fairly to meet both the risk and responsibility of the work. This will also ensure we as a school have a robust system that will protect us moving forward.

Consultation Numbers by Classification for 2017 : Middleton Grange School (Mike)



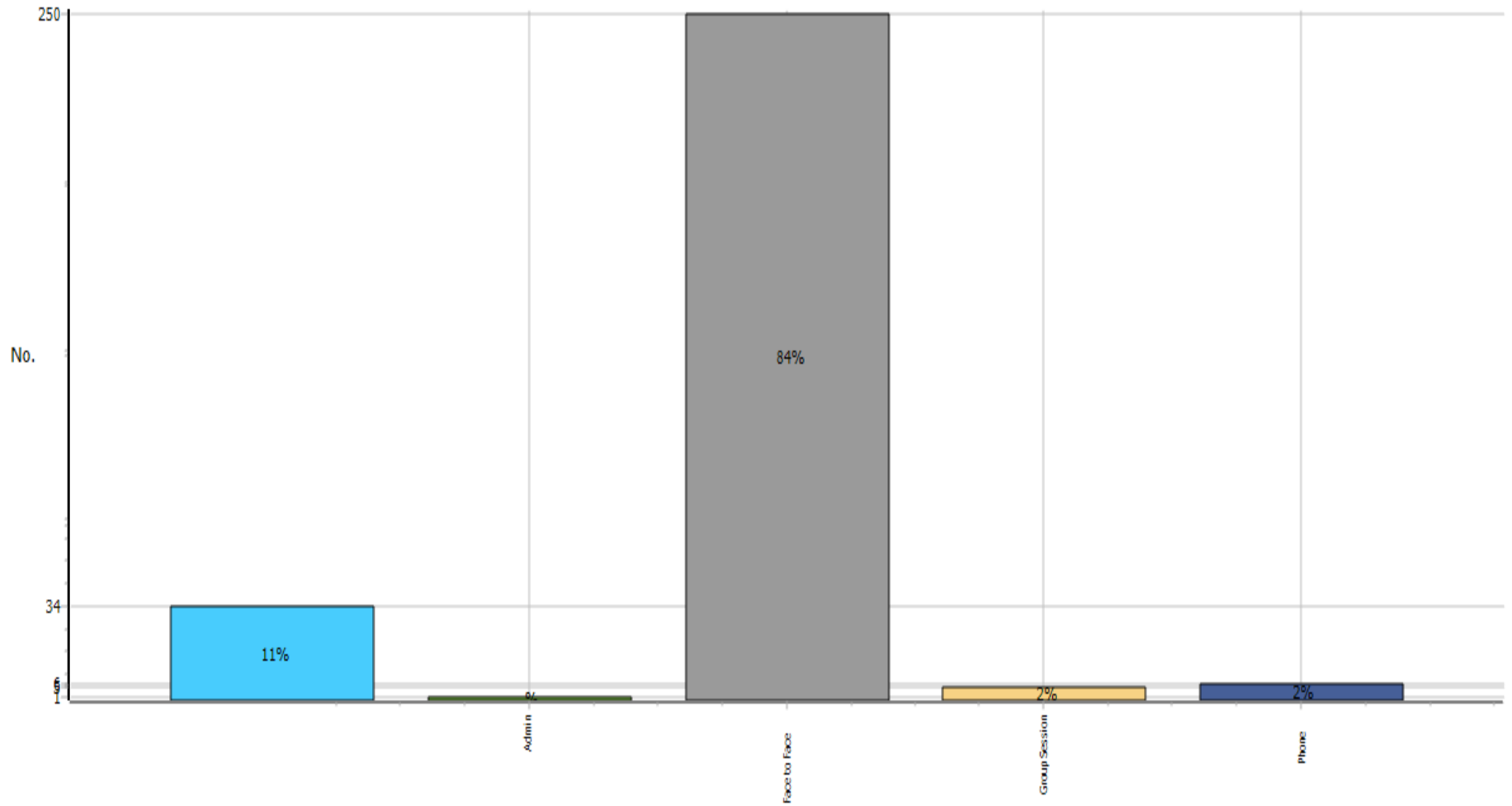
This shows my key mental health presentations as: Anxiety, Depression and Abuse followed closely by loss and grief.

Consultation Numbers by Referred for 2017 : Middleton Grange School (Mike)



Over two thirds of pupils self-refer which shows the openness and acceptance of pupils to come to our Unit

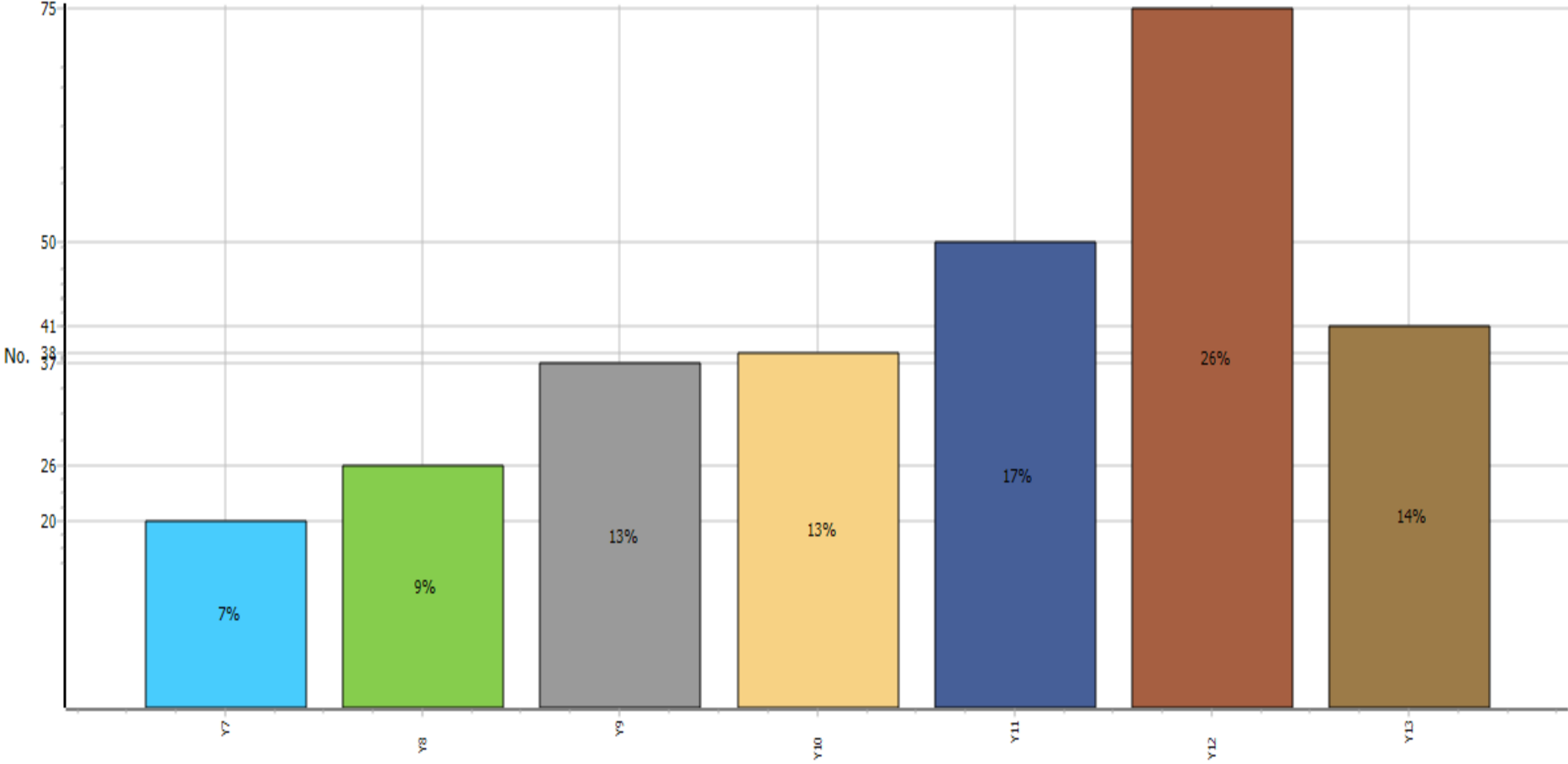
Consultation Numbers by Consultation Type for 2017 : Middleton Grange School (Mike)



The majority of consultations are face to face within our Guidance room



Consultation Numbers by Year Level for 2017 : Middleton Grange School (Mike)



I have had the majority of referrals come from Senior School with Year 12 the highest

Classification numbers -2018 : Middleton Grange School (Administrator)

