

# Who comes to the school counsellor and what do they talk about?

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## Abstract

Public and political attention have recently been given to concerns over the mental health and wellbeing of young people in New Zealand. Guidance counsellors, embedded as they are within school communities, are well positioned to offer professional mental health support. In addition, school counsellors report an increasingly busy and complex workload. This article reports on a research project that looked at who comes to see the school counsellor and what issues they talk about. Over a 50-day period in 2018, secondary school counselling services across 11 schools in the North and South Islands of New Zealand collected data specific to their counselling work. Results indicate that counsellors are widely used by students at all year levels, and that the majority of students were self-referring. However, nearly 30% of students wanting an appointment had to wait three or more school days to see a counsellor, the majority of those waiting six or more days. In 9 out of the 11 schools Māori accessed the counselling service at a higher rate than their percentage of the school roll. In 4 of the 11 schools New Zealand European students accessed the counselling service at a higher rate than their percentage in the school. Minority ethnic groups were underrepresented. Five issues—family, anxiety, school, peer friendships, and depression—were the most frequently reported. These results have implications for schools in a wide number of areas, including staffing levels in counselling departments.

**Keywords:** school counselling, counselling client demographics, youth mental health

Having an accurate picture of who is accessing school counselling is important at two levels. At a grass-roots level, the two research questions regarding who comes to see the school counsellor and what issues they talk about give a vantage point from which counsellors may reflect on their own school data. Secondly, at a broader level, school counselling as a profession has a responsibility to make visible

its work so that decision-makers such as the Ministry of Education, the Ministry of Health, school managers, and counsellors themselves have solid data with which to make effective and wise decisions regarding the resourcing of counselling in schools.

As the world changes, the challenges young people face become increasingly complex (Education Review Office [ERO], 2013a). Concerns for the mental health and wellbeing of young people have become a significant issue in New Zealand, as evidenced by the establishment in 2016 of the Prime Minister’s Task Force—Social Policy Evaluation and Research Unit. School counsellors are in a unique position to respond within the context of students’ lives and relationships when young people are struggling. Attending to and caring for the wellbeing of students is an integral responsibility of schools (ERO, 2016), and serves not only as a foundation for academic learning and progress, but also as part of a wider community function in which “schools have the potential to be places of safety, stability and security where young people can experience connection and belonging that supports their development” (Ministry of Education [MoE], 2017, p. 14).

For more than fifty years students in secondary schools in New Zealand have called on the support of guidance counsellors (Crowe, 2006). Sitting within the wider pastoral care systems of the school, counselling is now recognised as a “specialist therapeutic service” provided by qualified professionals (MoE, 2017, p. 56). While previous studies open a window into the daily work of school counsellors (Crowe, 2006; Ferguson, 2012; Hughes, 2012; Hughes, Burke, Graham, Crocket, & Kotzé, 2013), there is limited local research *across* schools that evidences the extent and the value of counselling practice (Crocket, Kotzé, & Peter, 2015; ERO, 2013b; Manthei, 1999).

Manthei’s research (1999) focused on developing a profile of the work of school counsellors, and cited career decisions, family problems, educational problems, peer conflict, and disruptive behaviour as the most frequent issues students brought to counselling. This information is now over two decades old, and the role of school counsellors has changed; for example, career counselling is no longer a routine part of their role. The University of Auckland Adolescent Health Research Group’s (Clark et al., 2013) studies provide comprehensive information on the mental health concerns of secondary school students and therefore what they may *potentially* bring to counselling. In the same year, ERO

(2013b) published a survey in which they asked students who they would most commonly talk with across a range of problems. Students were supplied with a list of people: parents/caregivers, friends, form teacher, dean, school nurse, school doctor, careers advisor, and guidance counsellor. The results of this survey showed that the school guidance counsellor was nominated by students as the adult they would most likely talk to on mental health issues, sexuality, drug and alcohol issues, grief, self-harm, family issues, and family violence. When the go-to list of who to talk to is restricted to school adults, the issues where the school counsellor becomes the preferred adult to speak with extends to those concerning friends, boy/girl friends, sexual harassment, and body image. As valuable as this survey is, it records student *intentions*, not actual behaviour. Our research records issues *actually* brought to counselling and, together with the above research, provides a more precise understanding of young people's use of school counselling services.

## **Method**

The focus of this study was specifically on the characteristics of those who came to counselling and the key issues addressed in the counselling process. It did not, however, capture the many consultative sessions counsellors had with staff members and outside agencies. Also, it did not consider the time taken reading and composing emails and reports, unless they directly formed part of the counselling process such as writing a "narrative letter" (Epston, 1994, p. 31) to a student. There are also many aspects of school life that counsellors may be involved in that were not included in this study.

### *How the study was shaped*

As a group of counselling practitioners wanting to research our own profession, we had no ready access to research funding. To get around this difficulty a process of "crowd-funded" research was settled on. The crowd in this case was school counsellors, and the funding was the time each counsellor put into the project. Working with counsellors volunteering their time, already under considerable pressure, required a research design that endeavoured to spread the workload as widely as possible. Collaboration and joint ownership of research was at the very heart of this project.

Colin recruited two other school counsellors (Angela and Judith) to form a lead team. He also invited four counsellors from different areas of the country

to be the local coordinators of this project. The regional coordinators in turn recruited other school counsellors to be part of a local research unit. The decision to have small clusters of schools involved in this research in the same region was important and advantageous. It allowed easier and more personal oversight of the research through the regional coordinator and made meetings among local counsellors possible. The research design provided support, distributed the workload, and allowed the lead team's communication focus to be with the four regional coordinators.

The participating school counselling departments then entered into a formal written agreement with the lead team. At a minimum, each school needed to have one counsellor working at least three days a week. If more than one counsellor worked in a school's counselling department, all counsellors needed to agree to be part of the research so that the data gathered would accurately reflect the work of each school's counselling service as a whole. The one exception was a single-sex boys' school where only one of the two full-time counsellors was available to submit their results.

Each area coordinator had a meeting with the local participating school counsellors prior to the research start date to familiarise them with the protocol of recording the data. To achieve as much uniformity as possible, detailed guidelines were provided by the lead team. These guidelines covered what could be defined as a counselling session. Guidance was given on how topics of counselling sessions were to be recorded on the log provided, the recording of individual clients, the number of appointments each client had, and the length of the appointment, along with a range of demographic data. Counsellors had access to the regional coordinator, and ultimately the lead team, to answer any questions about completing the log or any other aspect of the research process.

### *Participants*

Twenty-five full- and part-time counsellors from 11 schools participated in the research. The schools were from both the South Island (four schools) and the North Island (seven schools). Of those schools, seven were co-educational, and four were single-sex (two boys' and two girls' schools); seven were city and four were small-town schools. Their decile ratings included decile 3 (one school), decile 4 (two schools), decile 6 (two schools), decile 7 (four schools) and decile 8 (two

schools). Their size ranged from 551 to 1,654 students. Six schools had over a thousand students and five had fewer than 830 students. The data gathered was from 1,596 individuals who generated 4,646 counselling appointments.

### *Data gathering*

In order to make visible the work of school counsellors we intentionally gathered a range of information, such as: year level, ethnicity, gender, number of appointments per person, and the issues addressed in counselling. Later, we called on post-structuralist understandings of meaning-making to invite questions about what the data might be telling us (Burr, 2003). We brought to the data an awareness that the act of researching is neither neutral nor absolute in terms of truth-finding. Our commentary is therefore more than a transparent representation of data gathered and analysed, because our own experiences, as well as those of the counsellors who participated in the study, were entangled with the data (Jackson & Mazzei, 2012). We also acknowledge that our counsellor-researchers, students, whānau/caregivers, staff, school practices, and wider educational and mental health discourses are ravelled together in every session that these numbers represent (Barad, 2007).

### **Ethical issues**

Ethical guidelines for speaking, writing, and researching about counselling practice are set out in section 11 of the New Zealand Association of Counsellors (NZAC) *Code of Ethics* (2016). These ethical guidelines informed this study. A paper concerning ethical issues was prepared and sent to each participating counsellor. This paper took each clause of section 11 and spelt out its implications for the conduct of this research. A similar process was undertaken using the New Zealand Ministry of Health *Ethical Guidelines for Observational Studies* (National Ethics Advisory Committee, 2012) and used as another reference point by the lead team. In terms of the Ministry of Health guidelines, this study falls within the definition of an observational study and a descriptive study that is rated as relatively low risk to participants. The lead team also engaged an independent, experienced researcher who is well published in the counselling field to provide ethical advice and guidance.

Before the research began, written permission was sought and obtained from each school's principal to use data collected for the purposes of this study. It was

agreed that in any publication no student would be identified, nor any individual school's results be revealed. As research-practitioners, each counsellor involved in the project held responsibilities for their own practice. Counsellors were encouraged to take any ethical questions to their regular supervision, as well as to contact the lead team with ethical concerns.

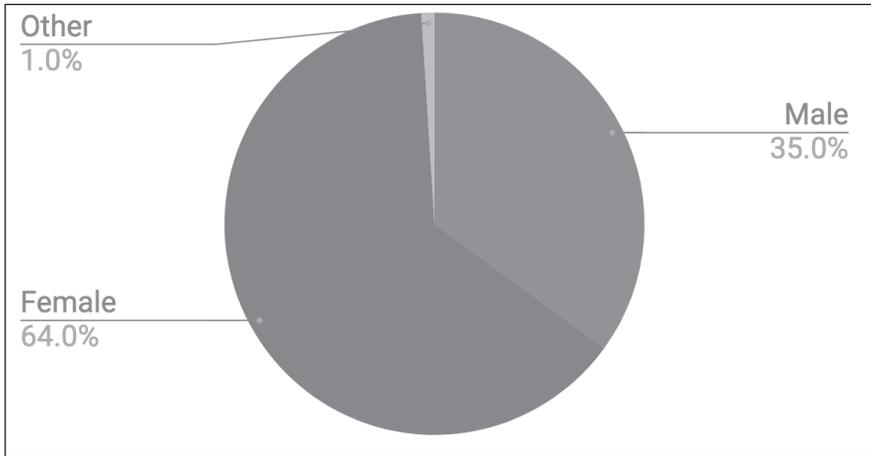
Data collection took place over a 50-day period in 2018: Term 1, weeks 5-10 and Term 2, weeks 1-5. Once each counsellor had completed their data collection, each school analysed and collated their logs on a specially designed metadata document, before sending the resulting information to the lead team. The metadata document organised the logged information across a series of questions in two primary ways: according to the number of appointments the counselling department had over a 50-day period, and the number of individuals who generated them. The lead team then reviewed each school's results, clarifying any matters in question with the schools as needed, before collating and writing up the results. A draft copy of that paper was submitted to all participating counsellors for comment before a final report was written.

## **Findings**

*Who comes to school counsellors?*

### ***The gender of students accessing the counselling services***

The gender data offered both male and female categories and included *Other* (non-binary) as a category for those students who might not identify as either male or female. Two of the seven co-educational schools had students who self-identified as otherly gendered or non-binary.



**Figure 1.** Individual students seen by gender in co-educational schools

When the identified gender of students was calculated as a percentage of all the individual students (i.e., each student counted only once), girls at co-educational schools accessed counselling more frequently than boys, by approximately two to one (see Figure 1). Two co-educational schools reported a slightly different result regarding the percentage of male students accessing counselling services, with one school reporting that males made up 40% of the total number of students in the school, and the other school reporting 43%.

### ***The ethnicity of students accessing counselling services compared with their percentage representation in the school population***

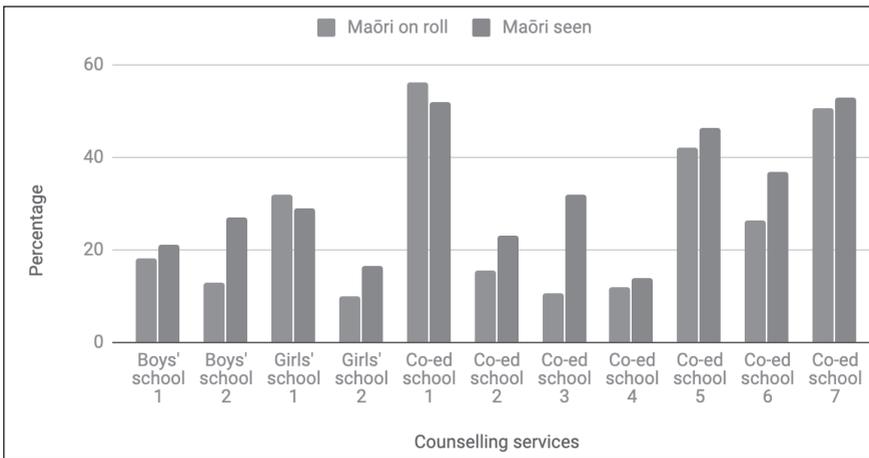
This information was important to the team because although our results show that counselling services are well used by students, we wanted to understand if there was an equitable distribution across each ethnicity represented in the schools.

In the schools in this study, most students identified as New Zealand European and Māori. In most schools, the figures for students identifying as Asian, Pasifika, or Other were below 10% of the total student population, sometimes well below. The figures for students of these ethnicities accessing counselling services were relatively low in comparison to their number on the school roll. When dealing with such small numbers, percentage results can potentially change relatively

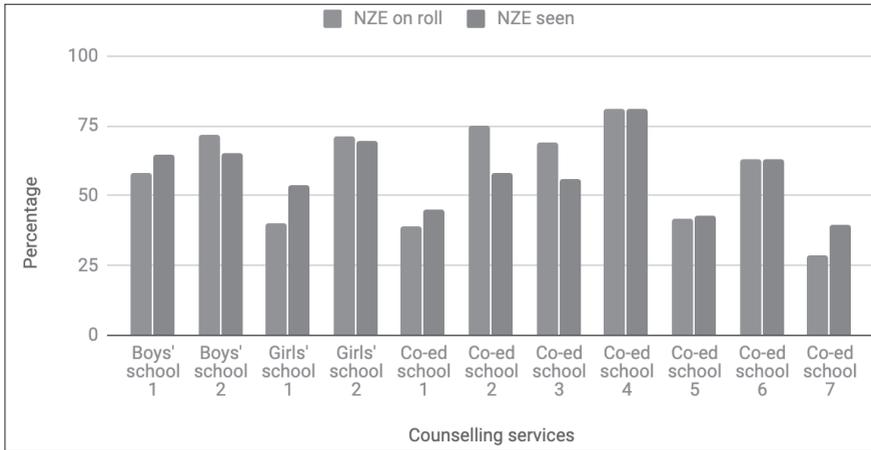
quickly; for example, percentage results can vary significantly with just three or four students who identified as Asian, Pasifika, or Other accessing counselling. A longer research timeframe may have produced a different result. Again, this result invites further research.

Māori accessed counselling at a higher rate than their percentage of the school roll in 9 of the 11 schools, with one school reporting nearly three times the rate for Māori than their percentage representation in the school. In four schools, New Zealand European students accessed counselling at a higher rate than their percentage of the school roll (Figures 2 and 3).

In 7 of the 11 schools, the reported rates of New Zealand European students accessing counselling hovered around the same rates at which these students were represented in their total school populations.



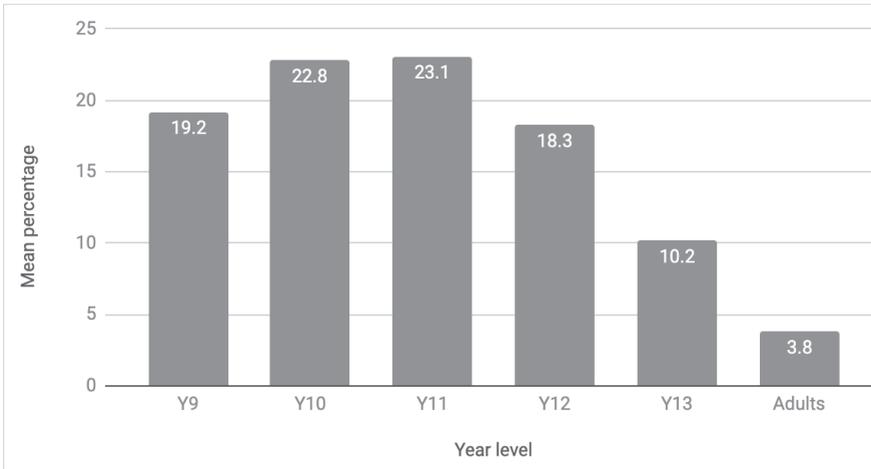
**Figure 2.** Percentage of Māori students using the counselling service compared to their percentage on the school roll



**Figure 3.** Percentage of New Zealand European (NZE) students using the counselling service compared to their percentage on the school roll

### ***Accessing counselling according to year level***

Each counselling department recorded each year level seen as a percentage of their total appointments over the 50-day period. We totalled these figures and took the average to produce Figure 4. In general terms the distribution of students accessing counselling services across year levels followed the distribution of their numbers in schools. The slightly lower mean percentage of Year 9s in this result may have been influenced by the timing of the data gathering, with half occurring during Term 1. Early in the school year, many Year 9s may still not be completely familiar with the counselling services in their schools.



**Figure 4.** Mean percentage of appointments by year level across all schools

### ***Adult clients***

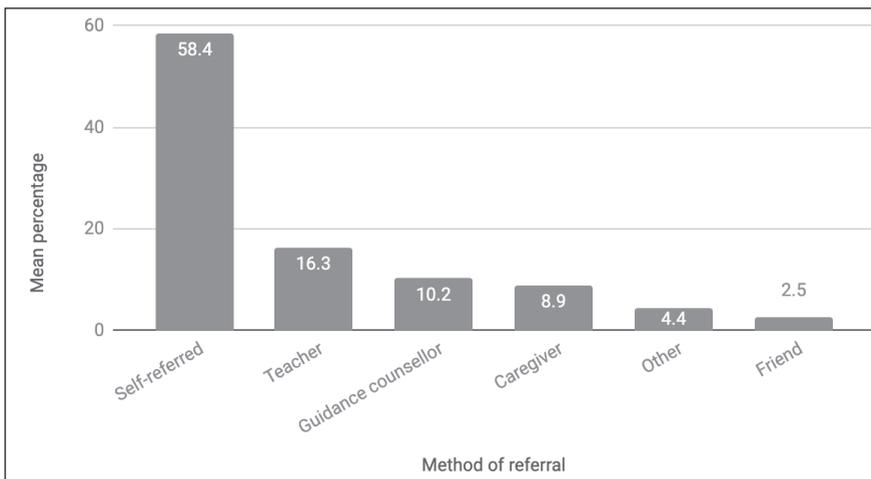
Adult clients may have been caregivers, parents, whānau, or staff. These counselling sessions were included in this study only when the focus of the counselling was on the adult client's concern or problem, rather than a consultative session which focused on a third party. Two-thirds of all adult clients were female.

Counselling services recorded a wide variation in terms of working with adults, ranging between 0% and 24% of all counselling appointments. Such a wide range raises a number of questions; for example, whether speaking with family and whānau is seen as an integral part of the counsellor's practice; to what extent student preferences about involving caregivers are given weight; whether teachers are encouraged, or discouraged, from speaking with a counsellor as part of a staff wellbeing policy; whether there is accessible, external agency support for staff, and whether this influences the extent to which staff seek support from the counselling service within their school. Again, these results raise questions that warrant further research.

### ***Initiation of referrals***

Students self-referred for nearly 60% of all appointments (Figure 5). This is an encouraging result. Firstly, it shows that students are stepping into responsibility for their own mental health and resisting certain cultural messages of shame about accessing support. Self-referral can also be seen as reflecting the value that students place on school counselling services, and their perception that the counsellors are safe and approachable people to engage with. Young people can be discerning clients and will not easily commit themselves to a service they or their friends do not regard as having value or efficacy (ERO, 2013b, p. 12).

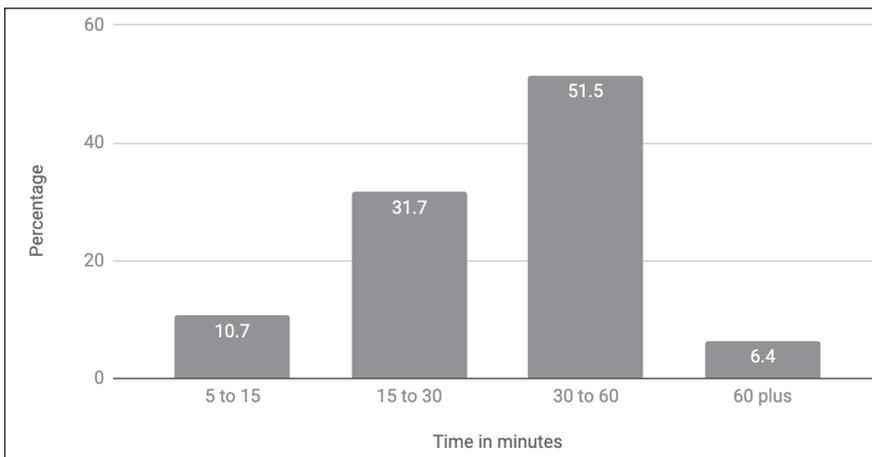
Teachers referring students were the next highest source of referrals, underlining the value of the pastoral role of teachers in accessing mental health care for students. In this regard, the easy access teachers have to school counsellors (as compared to agencies external to the school) greatly enhances teachers' pastoral care of students, both by direct referral as measured in this study and also through the consultative conversations teachers may have with counsellors when they are concerned about a student.



**Figure 5.** Mean percentage of referral method across all schools

### ***Length of counselling appointments***

The fact that the school day is divided into predetermined time segments affects all of school life. Counsellors and students, while having some discretion, are not immune to the impact of bells and timetables shaping appointment times. Just over 40% of sessions were recorded as 30 minutes or less (Figure 6). Counsellors often used brief appointments to monitor student progress and wellbeing, followed by a series of longer counselling sessions. This continuing support of clients points to the extension of care for students that efficient accessibility provides. Some counsellors also spoke of managing the high student demand for their services by seeing students for a shorter assessment appointment followed by a longer counselling appointment later as needed. The impact on therapeutic practice of managing high demand in this way invites further research.



**Figure 6.** Length of appointments as a mean percentage of total appointments across all schools

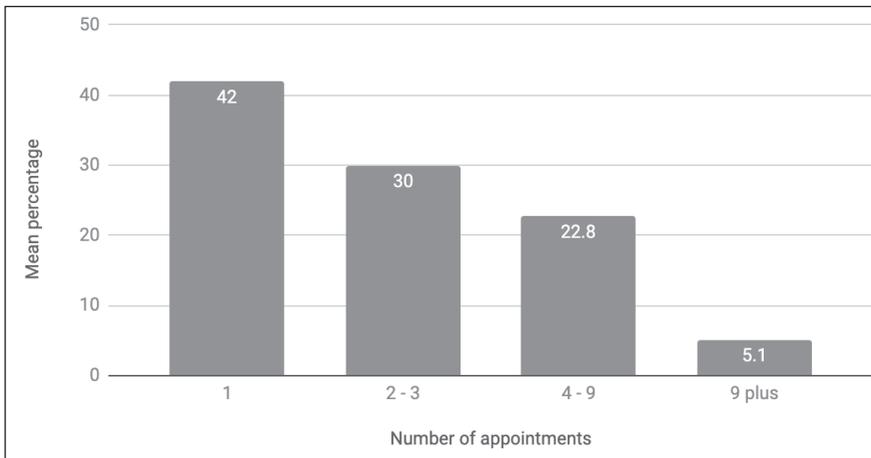
### ***Participation of a support person***

There was a wide variation among schools regarding client attendance with a support person, ranging from 2% to 37% of all appointments. This variation

invites questions about the reasons for such differences. For example, is such variation across schools a reflection of school policy or counsellor preference? Might there be some cultural practices which encourage support people to join in a counselling session? Are there some differences across genders?

### ***Number of counselling appointments per client***

The number of appointments per person averaged out at 2.51 over the 50 days (Figure 7). School counselling is one of the very few specialist services where students have relatively easy access to counselling unimpeded by distance or gate-keepers who may judge their distress not serious enough for admission.



**Figure 7.** Number of appointments of unique students seen as a percentage of unique students seen across all schools

Nearly 60% of the students who came to counselling were seen at least twice over the 50 days, with about half of those four or more times, suggesting that the issues that these students brought to counselling were more complex and called for ongoing work with the counsellor. This is not to say that a brief intervention of one session, especially in the early stages of a problem, is not a significant intervention. Additionally, a one-off appointment may also involve referring to another specialist service or external agency.

## ***Students using the counselling service as a percentage of the school roll***

Over the 50 days of the study, counselling services saw between 8% and 24% of the total number of students enrolled at their school. The precise reason for the extent of this range was beyond the scope of this study, but the unevenness of counselling provision between schools is noteworthy. For example, two schools of over a thousand students in this study had fewer available counsellor hours than two schools that were just over half their size.

### ***Issues brought to counselling sessions***

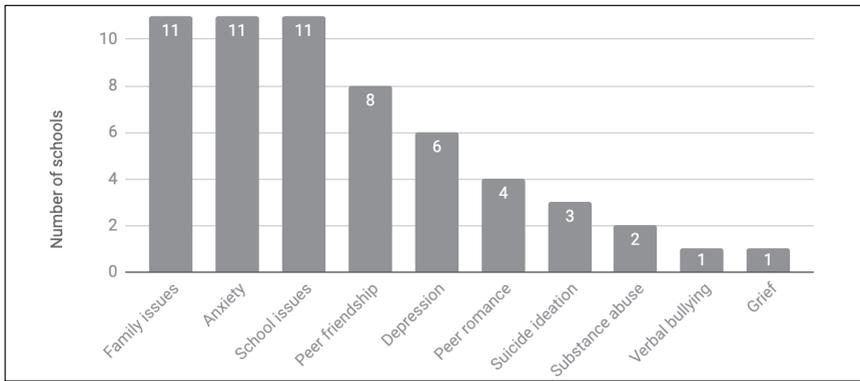
The issues brought to counselling were recorded on a log sheet provided to all participating counselling departments. Issues were recorded in 19 categories: physical abuse, sexual abuse, anxiety, body image and disordered eating, verbal bullying, physical bullying, social bullying, cyber bullying, depression, family issues, gender identity, grief, peer friendship, peer romance, school issues, self-harm, substance abuse, suicide ideation, other.

The categories in this study were chosen with deliberate reference to the mental health issues reported in the ERO survey (2013b) and some categories were expanded to give a more finely grained picture of what was discussed in counselling sessions. The ERO survey gave students a list of issues and a list of people who students might go to for related support, including the school counsellor, and asked students what issues they would take to whom. In contrast, this current study shows what issues students *actually* did take to the counsellor.

It is important to note that issues are often intertwined in complex ways and the categorisation of the focus of a counselling session involves a degree of simplification. Further, the identification of a category in this context does not necessarily imply a clinical diagnosis. Rather, counsellors called on their professional experience and judgement when recording the focus of a counselling session.

Most counselling departments reported counselling sessions with young people on all the issues identified above. School by school, we took each issue, and counted the number of appointments where this issue was recorded as a *primary focus* of the counselling session. Primary focus was defined as the topic that occupied most

of the counselling session. This number was converted into a percentage of the total number of appointments of that school’s counselling department. The issues were then ranked in descending order by school. Below are the top five issues for each of the 11 schools (Figure 8 and Table 1).



**Figure 8.** The distribution of the top five primary foci of counselling conversations across all schools

Boys' school 1	Boys' school 2	Girls' school 1	Girls' school 2	Co-ed school 1	Co-ed school 2	Co-ed school 3	Co-ed school 4	Co-ed school 5	Co-ed school 6	Co-ed school 7
School Issues 17%	Family Issues 22%	Anxiety 18%	School Issues 21.5%	Peer Friendship 25%	Family Issues 22.5%	Anxiety 23%	Family Issues 22%	Family Issues 22%	Family Issues 44%	Family Issues 26%
Family Issues 15%	Anxiety 18%	Family Issues 15%	Anxiety 17%	Family Issues 16%	School Issues 18.5%	Family Issues 16%	Anxiety 16%	Anxiety 22%	School Issues 22.5%	School Issues 23.5%
Verbal Bullying 15%	School Issues 15%	Depression 12%	Peer Friendship 13%	School Issues 12%	Anxiety 10%	Peer Friendship 15%	School Issues 16%	School Issues 14.5%	Peer Friendship 7.5%	Peer Friendship 7%
Peer Friendship 14%	Depression 7%	School Issues 12%	Family Issues 9.5%	Substance Abuse 8%	Depression 8%	School Issues 9%	Peer Friendship 12%	Suicide Ideation 18%	Anxiety 6.5%	Anxiety 6.5%
Anxiety 11%	Peer Romance 4.5%	Peer Friendship 6% Grief 6%	Depression 5.5%	Peer Romance 8%	Substance Abuse 6%	Suicide Ideation 5%	Suicide Ideation 7.5%	Depression 7%	Peer Romance 5.5%	Peer Romance 6.5%
<b>Totals 72%</b>	<b>66.5%</b>	<b>69%</b>	<b>69.5%</b>	<b>71%</b>	<b>65%</b>	<b>68.5%</b>	<b>73.5%</b>	<b>74.5%</b>	<b>86%</b>	<b>69.5%</b>

**Table 1.** Each school’s top five primary focus issues as a percentage of their total counselling appointments for the 50-day period

When added together, the five most frequently recorded issues for each school accounted for between 65% and 86% of all counselling sessions.

### *Unpacking the five most frequent categories*

#### **Family issues**

Concerns related to family matters were noted as one of the five most frequent primary foci of counselling sessions in all 11 schools. In six schools it was the most frequent issue brought to counselling. Although a broad category, counsellors gave useful details describing the type of counselling concerns that were the focus in this category. In no particular order these included concerns about the lack of food, parental gambling, parental arrest and/or imprisonment, the death of a parent, physical and/or emotional family violence, perceived favouritism by and/or conflict with parents, and different parenting standards about going to parties. For one school, 44% of all counselling sessions involved these kinds of family issues. For all other schools, a family issue was recorded as the primary focus in 9.5% to 26% of all counselling sessions.

#### **Anxiety**

Anxiety is an umbrella term, and counsellors included under this heading: phobias, panic disorders, perfectionism, social anxiety, post-traumatic stress, obsessive compulsive behaviours, and generalised anxiety.

Anxiety was one of the five topics most frequently brought to counselling in all 11 schools, with six schools reporting that between 16% and 23% of all appointments were for anxiety. Both girls' schools rated anxiety as one of their top two counselling issues, as did three of the co-educational schools. In three of the seven co-educational schools, boys spoke more frequently than girls about anxiety. When one takes into account that one of the boys' schools also ranked anxiety in the top two for appointments, the data shows that anxiety is widespread among both young men and young women.

#### **School issues**

Every counselling service reported concerns related to school as one of the most frequent five issues. In five of the schools it ranked as one of the top two issues

brought to counselling.

In specific terms, counsellors recorded these sessions as being about:

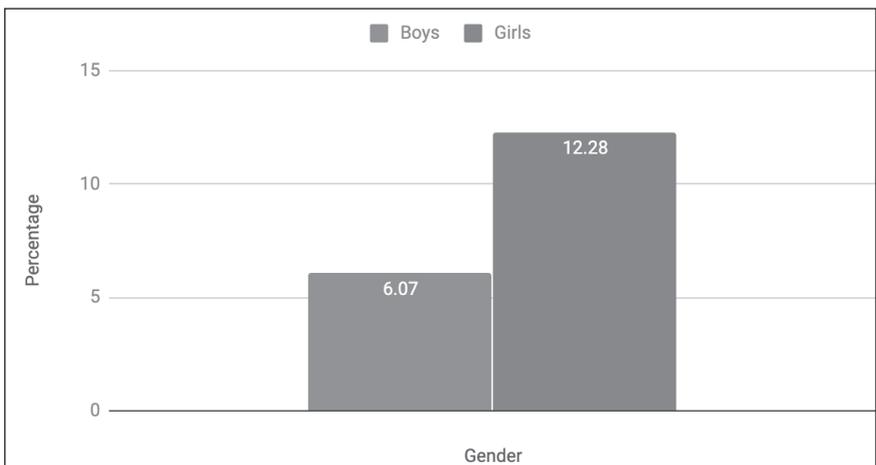
- relationships with teachers
- worry about academic progress
- time management of competing academic requirements
- life/work balance
- suspension
- the search to find personal meaning in some school work
- truancy
- lack of opportunity to do homework at home
- counterproductive classroom behaviour
- difficulty concentrating in class
- tiredness
- chronic illness
- lack of motivation
- timetabling issues (due to illness, lack of capacity in some subjects to cater for them)
- balancing competing school activities and pressures (academic, sport, cultural, leadership roles, social/friendship)
- feeling lonely and isolated at school
- gang issues.

A school issue mentioned frequently by counsellors as a focus of student concern was stress in their relationship with a teacher, most often a sense of unfairness by a student about a particular teacher's actions toward them. It is not unusual for counsellors to find themselves in a mediating role as a result of counselling sessions, where their skill in advocating for the health of the student-teacher relationship becomes valuable for both parties.

### ***Peer friendships***

Concerns about peer friendships were one of the most frequent five counselling issues for 8 out of 11 schools and were recorded as a counselling issue in all of the schools. For a young person, while the school environment provides a location for the development and testing of friendships, this can, at times, be particularly emotionally consuming. It is unsurprising then that for one co-educational school,

peer friendship was the most frequent counselling issue at 25% of all appointments. In six out of seven co-educational schools girls brought this issue to counselling more often than boys. Echoing this gender difference, both girls' schools, but only one of the boys' schools, had peer friendship as one of the five most frequently visited counselling issues. Overall, this study shows that girls brought issues relating to peer friendships to the counsellor twice as frequently as boys (see Figure 9).



**Figure 9.** The mean percentage of primary focus counselling conversations about peer friendships by gender across co-educational schools

### ***Depression***

Depression represented one of the five most frequently reported issues for 5 out of the 11 schools and was a counselling issue in every school. In every co-educational school the percentage of boys' appointments reporting depression was higher than the girls'. Such a consistent gender difference across all the co-educational schools is noteworthy and invites further research. In addition, the two boys' schools reported counselling sessions about depression at a rate equivalent to the

very upper end of the co-educational range, at 7% and 7.5%. However, it was the two girls' schools that, out of all the schools, recorded the highest percentage of counselling sessions about depression at 8.5% and 12% of all counselling appointments.

### ***Peer romance***

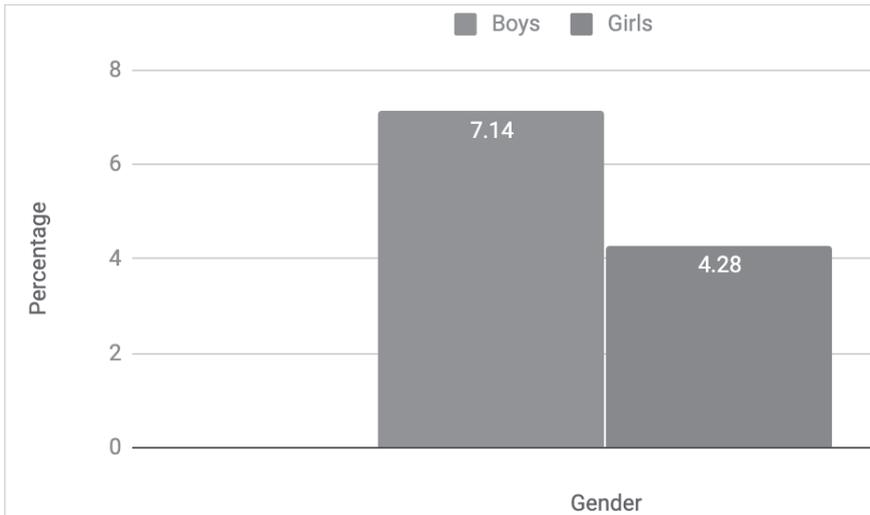
One of the five most frequently reported issues in 4 of the 11 schools and an issue in counselling sessions in all the schools was peer romance. The range across the co-educational schools was wide, from 1% to 8% of all appointments, with girls registering this as a concern more frequently than boys in five out of the seven co-educational schools.

In contrast, in the two boys' schools (4% and 4.5%) the percentages were distinctly higher than the two girls' schools (1% and 2.5%), where peer romance did not appear as one of their top five counselling issues. These results raise the question of whether girls' schools may have some dampening effect on romantic relationship issues and if so, why the single-sex factor did not have a similar effect in boys' schools? The sample in single-sex schools is too small to draw any conclusions but is interesting and invites further research.

### ***Suicidal ideation***

Provisional statistics released by the Coroner's Office (Coronial Service of NZ, 2016) show that 51 young people (15 to 19 years olds) died by suicide in the year to June 2016, and 52 young people ended their lives in the previous year. Suicidal ideation was recorded as a primary counselling issue in all schools and was one of the most frequent five in 3 out of the 11 schools.

There was little reported difference between boys' and girls' schools. All four single-sex schools sat in the midrange with suicidal ideation at about 3.5% of all counselling appointments. In co-educational schools, suicidal ideation ranged from 2.5% to 10% of all counselling appointments. In six out of the seven co-educational schools, sessions with boys around suicidal ideation were more frequent than with girls (see Figure 10). Given the greater risk for males completing suicide, it is encouraging to see that young men are reaching out for support from the school counselling services.



**Figure 10.** The mean percentage of primary focus counselling conversations about suicidal ideation by gender across co-educational schools

### ***Substance abuse (use and misuse)***

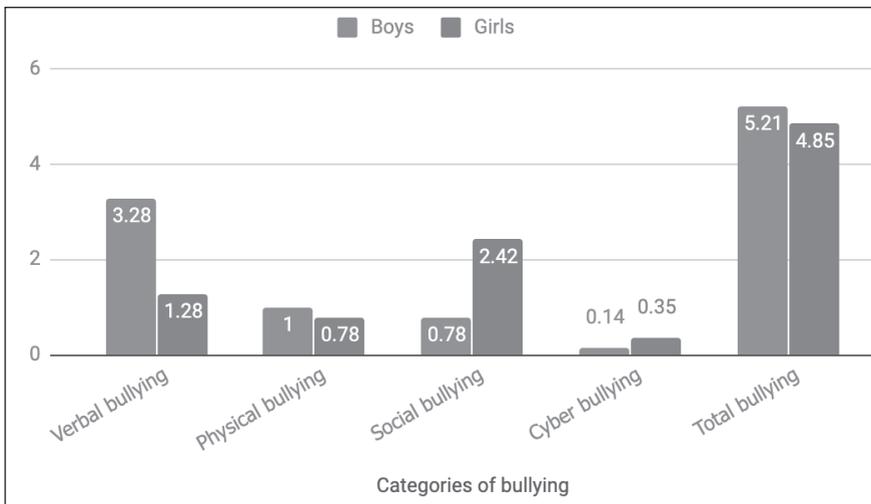
Substance abuse was one of the five most frequently reported counselling issues in 2 out of the 11 schools (6% and 7%) and registered as a counselling focus in 10 schools. The co-educational schools ranged from 0% to 7%, with five of the seven schools at 2.5% or below. There was little difference between male and female students on this issue, except for one school where 12.5% of boys' appointments compared to 3.5% of girls' appointments focused on this concern. Both girls' schools and one of the boys' schools were at the low end of the co-educational school range, while the other boys' school was in the middle.

School procedures and protocols, and the relationship between the disciplinary network and the counselling service, are likely to have a significant impact on how substance use/misuse is handled. Some incidents may bypass the counsellor

completely. Four of the 11 schools in our research had a drug counsellor coming into the school once a week to see students and a fifth school had a drug educator who did some counselling on an occasional basis. Their work was not captured by this research.

### **Bullying**

Bullying was represented as four categories: cyber, physical, social (exclusion), and verbal, and as a total figure (Figure 11).



**Figure 11.** The mean percentage of primary focus counselling conversations about bullying by gender in co-educational schools

**Verbal bullying** was recorded as a counselling issue in all schools and a top-five focus issue in one school. In four of the seven co-educational schools, sessions with boys about verbal bullying were more frequent than with girls, with the other schools recording equal rates.

**Social bullying**, which mainly involves behaviours of social exclusion, was recorded more as a counselling concern among girls in all co-educational schools.

**Cyber bullying.** In five out of the seven co-educational schools no boys brought cyber bullying to counselling as a primary issue.

**Physical bullying** was recorded at similar rates for both boys and girls in co-educational schools.

Depending on the bullying situation, students experiencing bullying behaviours may elect to involve the disciplinary network rather than the counsellor on this issue.

## **Grief**

The category of grief included profound loss arising from a range of events and changes, such as separation of parents, relationship changes, life transitions or moving schools, as well as death. Grief was recorded as a top-five counselling issue in one girls' school (6%). However, even though it was not one of the top five most frequently reported issues, the other girls' school recorded grief as an issue in 7.5% of all counselling sessions. The boys' schools recorded grief at 1% and 6%. Five of the seven co-educational schools reported that girls brought this issue to counselling more often than boys. All the co-educational schools named grief as a counselling issue in between 1% and 3.5% of all counselling sessions.

### *Remaining categories of primary focus*

Seven topics (sexual abuse, physical abuse, body image/disordered eating, gender identity, self-harm, and other) did not appear as a top-five issue in terms of frequency in any school during the period of the study. It is important to note, however, that while frequency of client concern can be seen as one statistical measure of importance, and overall time spent by the counsellor on an issue, it also has its limitations. Physical or sexual abuse, for example, may involve just one appointment in cases where a first counselling appointment leads to a referral to another specialist helping agency. In addition, the process of listening, assessing risk, exploring possible referral and reporting options, contacting supporting agencies, waiting for their arrival, and accompanying the student through that process can last most of a day. In such cases, the statistical measure of frequency used here does not truly reflect the amount of time a counsellor may spend.

### ***Sexual abuse***

Sexual abuse was a primary counselling issue in all schools, except the two boys' schools. Only one co-educational counselling department recorded sexual abuse as an issue brought by boys to counselling at 2%. The range for girls was 0.5% to 4%, with an average of 1.9% of all girls' counselling sessions.

### ***Physical abuse***

Physical abuse refers to physical violence in non-school settings such as homes. This was a counselling issue in nine schools. There was no significant difference between boys and girls in bringing this issue to counselling in the co-educational schools.

### ***Body image/disordered eating***

Body image or disordered eating was a counselling issue in all but two schools: a boys' school and a co-educational school. While in six of the seven co-educational schools boys did not bring this issue to counselling, in co-educational schools the range for girls speaking about body image/disordered eating was from 0% to 6% of all girls' counselling appointments.

### ***Gender identity***

Gender identity was a primary focus of some counselling sessions in all schools except in one co-educational and one girls' school. The highest percentage recorded was for one co-educational and one boys' school at 4% of all counselling appointments.

### ***Self-harm***

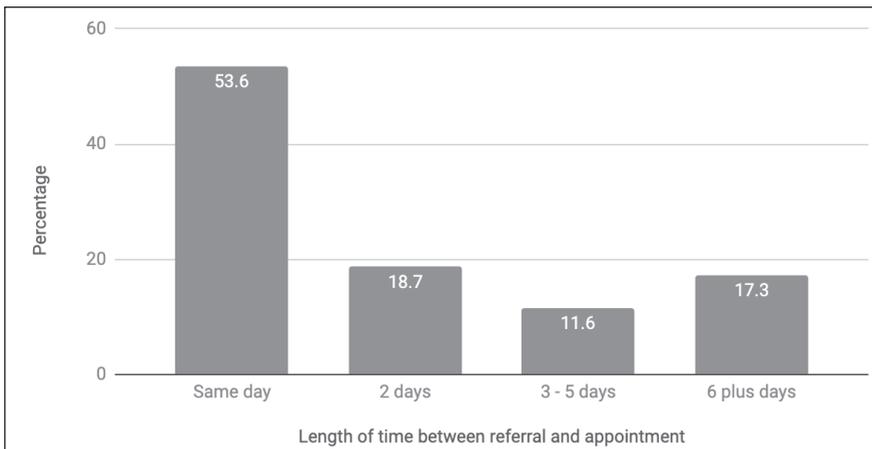
In this research self-harm constituted some form of cutting, scratching, or burning. In all schools except one boys' school, self-harm was a primary focus of some counselling sessions. In all co-educational schools except one, counsellors reported a higher percentage of sessions with girls about deliberate self-harm than with boys. This ranged from 0.5% to 4.5%, with an average of 2.7% of girls' counselling sessions.

## Other

This category was used when the counsellor was not able to find a comfortable fit with any of the other categories. Counsellors included the following issues: managing serious health issues, general fatigue, sleep disturbances, gaming, student financial issues, homesickness, and mental health issues such as dissociative episodes and hallucinations. These “other” issues ranged from 1% to 11%, with an average of 6.1% across all counselling sessions.

### *Differences in time between a referral and counselling*

One of the aims of this research was to make visible the demands placed on counselling services in schools. As counsellor-researchers we were curious as to how this demand would be reflected in the 50-day research period. We postulated that one measure of the demand might be seen in delays between when an appointment was made and when a student was seen for their first appointment. We asked counsellors to record whether a student was seen on the same day as the referral, or within two days, three to five days, or six-plus days. This study has produced, for the first time, a quantifiable measure that illustrates the impact on students of the busyness of school counselling services (see Figure 12).



**Figure 12.** Mean percentage of time between referral and appointment across all schools

There was a large variation among counselling services on this measure, with some counselling services seeing 38% of referrals on the same day, and one counselling service seeing 89% of referrals on the same day. There are many different factors that come into play here, such as the number of counsellors in a department and the number of non-counselling activities some counsellors are obliged to take on in their school.

Counsellors spoke of the tension produced by high demand and the need to assess distress/risk. Some managed this tension by seeing students for an initial short appointment, then setting a time with the student for a full counselling appointment, perhaps many days later. These sometimes shorter assessment sessions were still counted as counselling appointments in our study. Some of the participating counsellors said that including short initial sessions as a first counselling appointment under-reports the real time delay between initial referral and a full counselling session. Again, this is an area that invites further research. Even so, nearly 30% of students had to wait three or more school days for a counselling appointment. The majority of those (17%) waited six or more school days.

The delay in being seen by a counsellor following referral raises several questions, two of which we pay attention to here:

- What effect does this delay have on student mental health?
- What influence does this delay have on the counsellor/s and their work?

Following an initial analysis of data, the lead team of counsellors, as well as the participating counselling departments, were specifically asked to respond to these two concerns. These additional comments allowed the study to capture counsellors' knowledge and experience about the impact of such delays.

### ***The impact of delays on students***

The effect of a delay on a student once they had requested help seems as variable as the individual's situation. Some counsellors commented that, for a few students, the delay encourages them to find other positive resources, internal or external to themselves. But for the majority, the counsellors' experience is that the delay may reinforce a student's sense of isolation and hopelessness, leading to an increased risk of harm and distress. Between the polarities of no risk and life-threatening risk, there are a host of adverse effects that might result in a deterioration in

the mental wellbeing of the student. Counsellors reported students turning to unhelpful coping actions such as truanting, cutting, and the use of drugs and alcohol. If frustration and anger take hold, damage to important relationships can occur, increasing the isolation of the individual.

For many students who may have been debating with themselves about coming to see a counsellor, that point of reaching out with tenuous hope and trust to make an appointment is frequently a moment of courage and vulnerability. If this action of hope is met with days, sometimes weeks of delay, it is the delay and not the eventual encounter with the counsellor that may be their first experience with the service. Often this time lag reinforces erroneous beliefs that the student or their concerns are not important to the counsellor, or that they are just being a nuisance to bother someone who is clearly so busy. See the report of the Children's Commissioner (2018) to read students' voices on this issue.

### ***The impact of delays on counsellors***

If students struggle with delays, so too do counsellors. Counsellors must manage the pressure that, day after day, they have more students asking for help than they can cope with in a timely fashion. They must live with the knowledge that these delays will have consequences for their students, and that some of those consequences will be serious. How does the counsellor accommodate such knowledge? Like the students they serve, their coping strategies will vary. Some, as the ERO (2013b, pp. 26-27) survey shows, cope by working longer hours. This is frequently demonstrated by counsellors skipping lunch, working through their morning break time, and becoming isolated from their fellow staff members. Commonly counsellors in this study reported rarely taking a non-contact break. Other counsellors have felt the constraints of regularly limiting appointment length to allow time to see more students. Many find themselves pleading with management for more resources and becoming dispirited and "browned off," if not burnt out, if their pleas are not heard. For many counsellors there remains a hovering anxiety about the students and whānau they are not able to attend to.

### **Discussion**

This study provides a sense of the breadth and complexity of who is accessing counselling in secondary schools in New Zealand, and the issues they bring. It

is the first study in which school guidance counsellors have collaborated to collect such a wide range of data in this crucial aspect of their work. Situated in educational settings as these counselling services are, the issues being brought to counselling are not divorced from the wider learning mandate of schools. As Hughes et al. (2013) have demonstrated, counselling sessions are permeated with the five Key Competencies of *The New Zealand Curriculum*: managing self, relating to others, thinking, (making meaning with) language, symbols and text, and participating and contributing (MoE, 2007, pp. 12-13). Counselling sessions are learning sessions and therefore sit within the core function of schools. *The New Zealand Curriculum* (MoE, 2007, p. 10) also details five value reasoning abilities for students to develop: the ability to express their own values, explore with empathy the values of others, critically analyse those values and the actions based on them, discuss disagreements that arise from differences in values and negotiate solutions, and make ethical decisions and act on them. The opportunity to explore and give expression to those values is fundamental to the work that is effectively accomplished in counselling sessions (Hughes, 2012).

Every research design has its strengths and limitations. With 11 schools involved, it was not possible for this study to represent every region of New Zealand or decile group. Nevertheless, the range of schools was quite wide, and the sheer number of individuals included in this research (1,596) was substantial. Due to the small sample size of single-sex schools (two boys' schools and two girls') in our study, particular care needs to be taken in extrapolating the results from these schools. Distinctive matters that arose, however, have been noted and invite further research.

This 50-day study, five weeks at the end of Term 1 and five weeks at the beginning of Term 2, covered a quarter of the school year. A longer study would offer an even more detailed picture, nevertheless, this study collected data from 4,646 client appointments, giving a comprehensive picture of how counselling services in this group of schools were being used.

This study has highlighted a number of features of school counselling services:

- The sheer breadth of the issues that students bring to counsellors in schools. Handling such immense variety competently and effectively underlines the importance of having well-qualified professional counsellors with specialised knowledge in adolescent development.

- The commonality of some issues across all schools is clear. Five issues—family, anxiety, school, peer friendships, and depression—were the most frequently reported primary foci of counselling in over half of the 11 schools. The prevalence of these concerns for young people, indicated in the study, has multiple implications not only for the adequate provision of mental health services in schools but also for the school curriculum and culture; for example, the importance of the attention being given to the school climate through programmes such as restorative practices and orientation to school programmes for new students.

It is instructive to note the change over two decades of the top five issues taken to school counsellors. In both Manthei's (1999) research and this current research, family problems, educational problems (school problems), and peer conflict (peer relationships) remain in the top five. However, career decisions and disruptive behaviour (Manthei, 1999) are replaced by anxiety and depression in the top five presenting issues in this study, reflecting the pressures on young people in the contemporary environment. This result also captures the evolution of the counsellors' role, with a greater focus on mental health and wellbeing.

- Widespread students' and counsellors' concerns over the increasing busyness of counselling services was quantified in this research in terms of the delay between a student requesting an appointment and being seen. These were the same issues noted in the ERO (2013b) survey, and the consequences of this delay continue to have adverse effects on both student clients and counsellors.
- In the current study, student support of their schools' counselling services—as demonstrated by their constant use by students who self-referred from all levels—indicates a measure of their confidence in these services. School counselling is well used by our young people. Teachers were the next largest source of student referrals, indicating that they recognise the important role of school guidance counsellors as colleagues in working to support the pastoral care of their students.
- Māori students accessed counselling services at or above their percentage on the school roll. This result is evidence that Māori students are actively engaging with the mental health support provided by school counsellors.

The data from this study also reveal some areas for potential growth and development.

- Overall, girls accessed the counselling services at a ratio of about 2 to 1 compared to boys. However, some schools seemed to be closing this gender gap, a finding that invites further investigation.
- The percentage of students from many minority ethnic groups who accessed counselling fell below their percentage of the student population in their schools. This raises questions about what might be influencing this result.
- The percentage of students accessing counselling varied from school to school. While it was beyond the scope of this study to do a detailed analysis of why this was so, it was clear that the ratio of students to counselling provision in each school varied widely, with some schools approximately half as well resourced as others. It is concerning that so many counsellors reported that the sheer volume of work was impacting on their capacity to respond. Establishing a ratio of one counsellor to 400 students in the larger schools, as recommended by NZAC (2015), would be a significant step towards remedying this situation. The intention to appoint more school nurses, while admirable, is unlikely to provide the professional counselling expertise necessary in addressing the issues that this study so clearly shows students are bringing to their counsellors.

### **Concluding comments**

This study provides evidence that students from all levels of secondary schooling use school counsellors to address significant and serious mental health issues, and display enough confidence in their counsellors to self-refer, and that they do so multiple times. This is equally true for both Māori and Pākehā students. Judging by the number of students they refer to the counselling service, teachers also value the work of counsellors. It is a service, however, that is under pressure. In a national environment where there is so much disconnection between mental health needs and the help required, it is vital that the close connection between needs and counselling expertise, as evidenced in the schools in this study, is both celebrated and strengthened.

## References

- Barad, K. (2007). *Meeting the universe halfway: Quantum physics and the entanglement of matter and meaning*. Durham, NC: Duke University Press.
- Burr, V. (2003). *Social constructionism* (2nd ed). New York, NY: Routledge.
- Children's Commissioner. (2018, March). *Education matters to me: Emotional wellbeing*. Retrieved November 5, 2018, from <http://www.occ.org.nz>
- Clark, T., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., ... Utter, J. (2013). *Youth '12 overview: The health and wellbeing of New Zealand secondary school students in 2012*. Auckland, New Zealand: The University of Auckland. Retrieved from <https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports/overview-of-health-and-wellbeing-findings.html>
- Coronial Service of NZ. (2016, July 29). *Office of the Chief Coroner of New Zealand Annual Report: 1 July 2015-30 June 2016*. Ministry of Justice. Retrieved from <https://coronialservices.justice.govt.nz/assets/Documents/Publications/MOJ0216-2015-16-v9-web.pdf>
- Crocket, K., Kotzé, E., & Peter, M. (2015). Young people's perspectives on school counselling. *New Zealand Journal of Counselling*, 35(1), 22–43.
- Crowe, A. (2006). Guidance and counselling in New Zealand secondary schools: Exploring the issues. *New Zealand Journal of Counselling*, 26(3), 16–25.
- Education Review Office. (2013a). *Improving guidance and counselling for students in secondary schools*. Retrieved from <http://www.ero.govt.nz>
- Education Review Office. (2013b). *Guidance and counselling in schools: Survey findings*. Retrieved from <https://www.ero.govt.nz/publications/guidance-and-counselling-in-schools-survey-findings/11-national-report-summary-guidance-and-counselling-in-schools-survey-findings-july-2013/>
- Education Review Office. (2016). *Wellbeing for success*. Retrieved from <https://www.ero.govt.nz>
- Epston, D. (1994). Extending the conversation. *Family Therapy Networker*, 18(6), 31–37, 62–63.
- Ferguson, C. (2012). Out of our comfort zone: Holistic counselling in a multicultural school. *New Zealand Journal of Counselling*, 32(1), 25–36.
- Hughes, C. (2012). School counsellors, values learning, and *The New Zealand Curriculum*. *New Zealand Journal of Counselling*, 32(2), 12–28. Retrieved from <http://www.nzac.org.nz>
- Hughes, C., Burke, A., Graham, J., Crocket, K., & Kotzé, E. (2013). School counsellors and

- the key competencies: The difference that makes the difference. *New Zealand Journal of Counselling*, 33(1), 2–15. Retrieved from [www.nzac.org.nz](http://www.nzac.org.nz)
- Jackson, A. Y., & Mazzei, L. A. (2012). *Thinking with theory in qualitative research: Viewing data across multiple perspectives*. Abingdon, England: Routledge.
- Manthei, R. (1999). School counselling in New Zealand. *New Zealand Journal of Counselling*, 20(1), 24–46. Retrieved from [www.nzac.org.nz](http://www.nzac.org.nz) <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>
- Ministry of Education. (2007). *The New Zealand curriculum*. Wellington, New Zealand: Learning Media.
- Ministry of Education. (2017). *Te pakiaka tangata: Strengthening student wellbeing for success*. Retrieved from <https://education.govt.nz/assets/Documents/School/Supporting-students/Pastoral-Care-Guidelines-Te-Pakiaka-TangataNov2017.pdf>
- National Ethics Advisory Committee. (2012). *Ethical guidelines for observational studies: Observational research, audits and related activities*. Wellington, New Zealand: Ministry of Health. Retrieved from <https://neac.health.govt.nz>
- New Zealand Association of Counsellors. (2015). *Do they make a difference? YES*. Retrieved from [http://www.nzac.org.nz/school\\_counsellors\\_making\\_a\\_difference.cfm](http://www.nzac.org.nz/school_counsellors_making_a_difference.cfm)
- New Zealand Association of Counsellors. (2016). *Code of ethics*. Retrieved from [http://www.nzac.org.nz/code\\_of\\_ethics.cfm](http://www.nzac.org.nz/code_of_ethics.cfm)
- Social Policy Evaluation and Research Unit. (2016). *The Prime Minister's youth mental health project*. Retrieved from <http://superu.govt.nz/sites/default/files/YMHP%20Summative%20Report%202016.pdf>