



**Our focus in this edition of Mind Matters is to highlight the difficulties we know you are experiencing in schools and to seek to offer some practical support, as well as insight, into the issues you're supporting children and young people with.**

We endeavour to write Mind Matters as a useful tool for you and so this edition covers:

- Current themes in our work
- What is process group work?
- Issues regarding school attendance/avoidance and students' struggles
- A case study of a year 6 pupil struggling with anger
- A "how to" guide to support you in responding to, and understanding, anger

### **But first ... what have we been up to?**

You may be aware that we moved into new premises in Billericay before Christmas. Whilst the building and its refurbishment has felt like a luxury to us and re-energised us, the most important part of the move has been the counselling and training rooms we now have on site.

In January we ran a schools' training day, to which you were all invited. We ran three workshops:

- An interactive workshop which focused on how to engage children in a therapeutic way
- The impact of parental mental health on children and young people
- A Mindfulness taster session

The day was a great success and something we would like to build upon. We know how hard you are working in schools and we are always motivated to continue to find ways to support you with the difficult job you do.



# CURRENT THEMES IN OUR WORK

Our team is dedicated to supporting children, young people, families and schools with the seemingly ever-increasing needs within children. Our work is never stagnant, and we amend our methods of therapy in response to the ever-changing landscape. Whilst our methods of delivery may change, the core of our theoretical approach remains the same.

**Stress, anxiety, self-harm, school avoidance,** and **emotional dysregulation** are the common denominators evident in the referrals we are receiving, both in schools and within our Child and Family Counselling Service. We are regularly not only asked, “why”, but “what can we do?” There is a general theme of helplessness – predominantly in our children and young people, but it is evident in the school setting too. Whilst the position of helplessness evokes feelings within us of “we can’t ... fix/solve/guide/resolve”, therapeutically we see it as something very real to work with and a platform for exploration.

Before we can be effective, we must assess the way these projections of helplessness leave us feeling. What is a projection? It is a feeling, often unbearable to the person experiencing it, and thus unconsciously rejected from one’s psyche. We receive these projections as real and can often seek to recognise the feeling as our own. We can then seek to claim it, and regulate it, as ours. The reality is that it isn’t our emotion in the first place; in doing this, we limit our ability to be effective. The theme of helplessness is real in our work at this time.





## How are we supporting this issue in schools?

We are engaging in process group work with cohorts of students, each cohort lasting for six weeks.

**What is a process group?** Process groups provide children and young people with the opportunity to engage therapeutically within a group setting and this can be a really good way to normalise and validate one's experience. It is also often helpful for children and young people to hear about the experiences, thought processes, and beliefs of others as not only do they feel less alone, but they can also feel hope in that they want to help and support another.

## What does process group therapy look like?

A process group usually consists of around eight students who will meet weekly for the common purpose of finding out more about who they are and what they would like to change in their personal lives and relationships with others. the process groups we run have identified themes, such as parental separation, self-harm, stress or anxiety, anger, peer related problems.

The life of a process group from the beginning to the end seeks to parallel the different developmental stages of growth and maturity.

***“With support and guidance, the group inherently knits together an abundance of experiences forming and emulating a social microcosm that bears its own unique culture and identity.”***

GoodTherapy | What is a Psychotherapy Process-Oriented Group?

We support participants to understand how they ‘bring’ and unconsciously seek to repeat the many characteristic ways of engaging that they have witnessed, felt and lived within their family unit, to the group setting. We will support students’ experience of the other in a contained, therapeutic way, whilst challenging their beliefs about themselves and others which is deeply embedded within their family system. Process group work helps us to work with students to understand that they are accepted, acceptable, and that the things they feel are shared, in different guises, by others too and so normalised to a point that it feels bearable. Therapy is often the safest place for us to try out different ways of relating, safe in the knowledge about where those patterns of relating have been borne. We are providing process group work in every secondary school we now work within.



## School attendance: Mental health issues and their effect on school attendance. How can you help?

Ofsted asks that attendance is “everyone’s business” in school, so that includes you. In their February 2022 paper, the importance of a whole school approach was emphasised with the key to ‘success’ being listening, understanding, empathising and supporting. Until recently there was little research into the links between mental health and school attendance, but anecdotal evidence has always suggested a powerful correlation. In March 2022, Cambridge University Press published *Mental health and attendance at school* and in February 2023 the DfE released *Support for pupils where a mental health issue is affecting attendance*. Both texts make interesting reading for all who are involved with attendance issues – not just Attendance Officers! Some key points are explored below:

Anxiety is described as a key risk factor and is listed as one of the most frequently given reasons for a student not coming to school. There are many aspects of the school setting that may cause anxiety, such as separation from parents/carers, social interaction with peers and school staff, and academic stress. This may lead children to avoid school in an attempt to reduce their anxiety, at least in the short-term. Somatic symptoms such as headaches and tummy-aches are also common in children with anxiety and may further contribute to their absence from school. However, although anxiety and school absence may be related, it is not yet known whether anxiety comes before school absence, or vice versa. Is there a causal relationship between the two?

From a diagnostic perspective, a direct link between mental health problems and school absenteeism appears in the *Diagnostic and Statistical Manual of Mental Disorders* classification system for mental health disorders. Disorders are diagnosed when symptoms cause impairment in social, occupational, or other areas of functioning. For school-aged young people, occupational functioning can be interpreted to mean school functioning, which includes attendance at school. Furthermore,

some disorders are defined in part by attendance problems, such as refusal to attend school in separation anxiety disorder and truancy in conduct disorder.

There is an expectation that school staff work together to ensure regular attendance for all. So what can you do to support school attendance? The promotion of ‘good’ mental health is key alongside the idea that actively encouraging school attendance can be a protective factor in reducing mental health problems. Holding in mind that young people have multiple needs, collaborating in a multiple disciplinary way can also be crucial. The complexity of difficulties with mental health and attendance at school highlight the need to consider a wide range of potential risk factors and how these factors interact. It can be suggested therefore that to solve complex problems, schools need the perspectives of professionals who see things differently.

The **British Association for Counselling and Psychotherapy** campaigns for the provision of mental health services via a counsellor in school – every school. This person can support school staff with prevention interventions, provide individual support to young people showing signs of an emerging school attendance problem and liaise with parents and statutory services. Schools who employ professional, qualified, and effective psychological practitioners may see a boost in academic achievement, a reduction in behaviour issues and a rise in attendance. Recent studies have shown that that emotional disorders are most predictive of unauthorised absence compared to other types of absence. These emotional disorders may directly lead to absenteeism via symptoms such as insomnia, fatigue, or avoidance of anxiety-provoking stimuli in the school environment. Prevention and intervention serve to reduce the burden of emotional difficulties for students and improve academic outcomes. Early identification of difficulties and a collaborative team-based approach are recognised as key steps to supporting young people who are experiencing these difficulties, alongside the identification of individual needs, adopting a whole-school approach to mental health, and the provision of more specialised interventions where necessary.



The importance of acknowledging and valuing the parental understanding of a child's complex educational requirements could be better utilised by professionals across all teams to help personalise the best individual pathway for each child. To achieve this goal there needs to be a fundamental shift in the language used around school attendance. It is interesting that, if we go back to OFSTED's listening, understanding, empathising and supporting as the key to improving attendance, they also add that non-attendance should not be, "tolerated". If we are

considering a shift in language as part of a whole school approach in tackling attendance issues, there may be the potential for the punitive misinterpretation of this word.

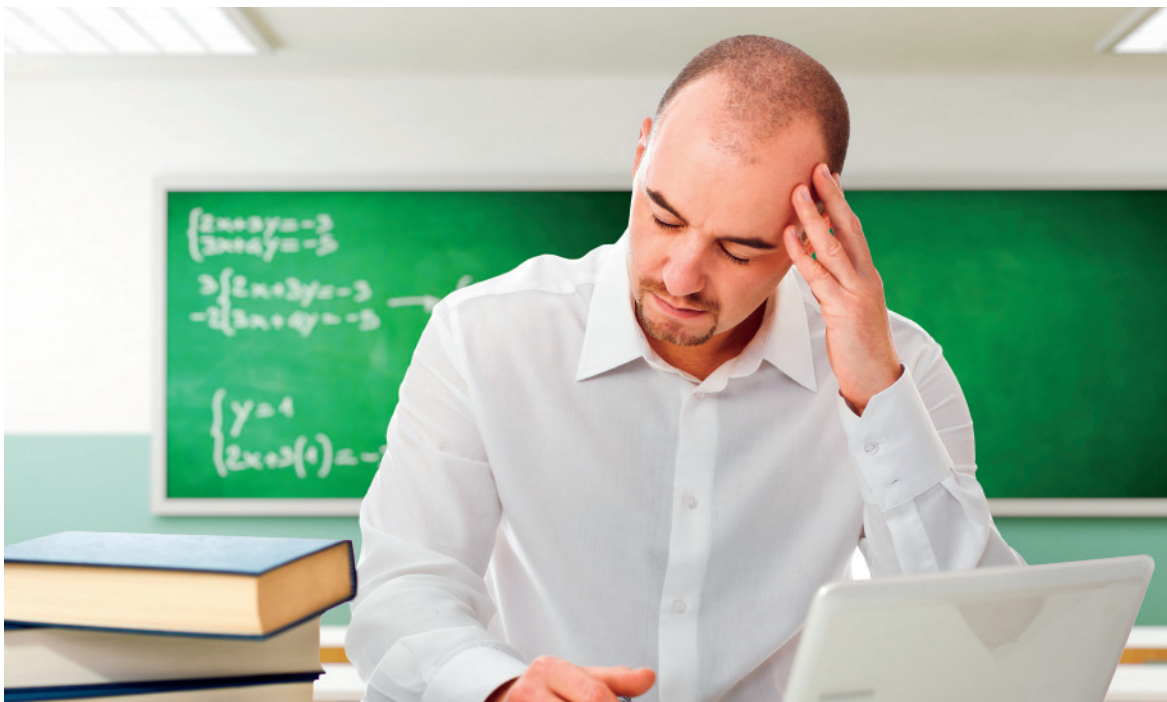


## Employing a counsellor in school not only benefits children and young people but school staff too – and you don't even need to have your own therapy!

According to the UK's Health and Safety Executive, teaching staff and education professionals report the highest rates of work-related stress, depression, and anxiety in Britain. There are many reasons why this may be, but one contributory factor has been identified as the need to take on extra responsibility outside of areas of professional expertise. Most staff feel that they have the skills and knowledge to deliver good quality education, but it can feel disempowering to be dealing with student issues peripheral to this remit.

Bearing this in mind, research shows that dealing with the ever-increasing complexity of student mental health can lead to school staff stress. This emerges from there being a mismatch between feeling responsible for and being able to help students with mental health problems. The relationships between teacher well-being, the quality of teacher-student relationships and student mental health outcomes are clearly complex and likely to be interrelated. So it is this symbiosis that can be stressful and schools need to be able to focus on what they do best and make sure that external support services are properly resourced and that they can provide the right level of intervention.

This is where BCCS can be invaluable. *The Times* recently reported on the current state of statutory services with headline "Fears for a 'lost generation' as thousands of children wait for mental health help". We all know that waiting times for CAMHS assessment have reached record highs and that the threshold for intervention acceptance has also escalated. It can be hard for schools to have the time and knowledge to navigate this system and we know from our dialogues with schools that they are doing their very best within huge economic and staffing constraints. Having a professional, knowledgeable, and reliable counsellor on the school site can not only be key to assisting students in this area but can also benefit staff in that they can quickly and effectively make an in-house referral, knowing that students are in safe hands. Employing a counsellor in schools is not only crucial for young people but the ripple effect of this is that it is one less thing for staff to feel anxious about. Teachers and support staff can be relieved of the worry about feeling deskilled when dealing with student mental health and, as has been shown, this can decrease their mental load too.





# COUNSELLING FOR SCHOOL STAFF



BCCS

a children's charity for  
Essex and East London

Our provision to offer counselling for school staff has now been running for over 18 months and we have never had a time when it is not being used.

We support staff throughout any of our schools in Essex and East London and can offer a professional, discreet and often immediate intervention.

Session prices remain the same at £50 and can be funded by school or the client.

All our counsellors work in school themselves and are aware of the unique pressures faced. This along with the broader financial and social issues mean that we are busier than ever.

For a confidential chat to find out how we can support you or your staff, please email Louise at [lpicton@bccs.org.uk](mailto:lpicton@bccs.org.uk) and she will arrange a call.

# CASE STUDY – YEAR 6 PUPIL

## From selective mute to verbalising anger healthily

In this case study, we consider how a client's silent rage revealed the areas of support needed to fully acknowledge and assist this child at home and in school. To maintain confidentiality, any identifiable factors of this client have been altered.

Margaret was ten years old when she was referred for 1 to 1 therapeutic support. Her referral noted that Margaret had been recently paralyzed from the hips down, after enjoying nine years of being very active and playing sports.

After one month, Margaret was selectively mute when engaging with adults, and would frequently have angry outbursts at home. Margaret's continued silence evoked a sense of hopelessness in so many adults in her life and the BCCS counsellor had to consider carefully how to acknowledge the huge emotions she was inevitably experiencing. This process began with speaking to her family who were struggling to find ways to mourn the loss that was involved with Margaret's diagnosis while still supporting Margaret's needs. They were offered

a therapeutic intervention of their own within BCCS.

Their understandable reaction to the rapid change Margaret was experiencing was creating a greater sense of instability and Margaret was internalizing the helplessness, sadness and desperation from her parents. Although difficult to digest, this helplessness was explored with the parents, alongside a sense of guilt and shame, within a safe and non-judgemental space. It became easier for Margaret's parents to think more clearly and to separate out their own feelings from hers. Meanwhile Margaret had an intervention of her own and also began making strides in her non-verbal communication and to acknowledge the power her silence had. This power was an important place for her to reside for the time being.

After providing a space for Margaret's parents, they began to discover that their way of coping with their child's diagnosis was giving into everything she wanted. While experiencing counselling they could then see how the lack of boundaries and consistency created a fluid space that was difficult for Margaret and themselves to exist in and support, especially during this transition time. What Margaret needed was structure, consistency, and empathy. Without these structures in place not only did Margaret begin to get lost and angry with her parents but so did they. Margaret and





her mum shared a conversation they had, specifically around the physical space within which Margaret had her sessions, and that they did not suit her current needs. Within a few weeks we changed rooms and after the first session in this new space, Margaret began to speak. Meetings were also put in place so that Margaret's parents, the school and the BCCS counsellor could meet once a month to discuss areas of improvement and the areas where support was still needed. As Margaret's parents and the school gained more insight Margaret slowly began to speak to adults again. The therapeutic intervention provided a neutral and consistent space for the boundaries that Margaret needed to be put in place. Without the therapeutic support for her parents and herself, her silence would have continued to evoke anger and frustration in others and would have placed a barrier for growth or change. The therapeutic space held the anger and supported what the anger was truly communicating, thus opening up the door for positive change.



# HOW TO... SUPPORT AN ADOLESCENT WHO STRUGGLES WITH ANGER

In this edition of Mind Matters' "How To", we'd like to talk to you about responding to students' anger.

Expressions of anger in young people can be very challenging for adults; we can feel deskilled and helpless in the face of behaviour that seems unpredictable and intimidating. Here are some ways we can support adolescents to understand and regulate their anger:

- **Avoid labelling:** an adolescent who feels they are an "angry person" is more likely to see this as an unchangeable, unacceptable part of them and will try to suppress anger. Like a beachball held under water, anger can only be pushed down for so long before it eventually "bursts out". We can reframe anger as a feeling like any other, which comes and goes; its function is to indicate when something is deeply uncomfortable, and we can learn to respond to it in safe, manageable ways.
- **Recognise the anger as a shield:** in therapy, we understand anger as a secondary emotion, often disguising more painful feelings such as fear, powerlessness, and shame. Anger can usefully be understood as a form of armour, a defence against vulnerability. Often, an adolescent reacts with anger when they are scared.
- **Look beyond the behaviour:** while consistent boundaries and meaningful consequences are vital to keeping young people safe, try to focus on the feelings behind challenging behaviour. This will support the young person to develop a reflective space in their mind in which to process their feelings, rather than having to "act them out".
- **Remember that adolescent brains work differently:** in adolescence our brains get "turbo charged", offering great potential for new learning, but as the emotional part of the brain speeds up first, it reacts more quickly. It can lead to apparent "overreacting" and rapid mood changes, as confusing and scary for the adolescent as for the adults around them! Normalising this can be very reassuring, and awareness of this encourages them to pause before reacting when angry.
- **Bring curiosity, not judgment:** the most powerful way we can support is to listen attentively and with acceptance, even when what we are hearing is difficult. Reflecting back and naming the feelings we are identifying, without trying to "solve" the issue or counter their viewpoint, can allow a young person to feel heard and understood. Often this is enough to reduce their anger and frustration.
- **Offering second chances** when they "fire off" verbally can show that you understand unintentional mistakes: "That sounded a bit harsher than maybe you meant...do you want to try that again?"
- **Be aware of your non-verbal signals:** adolescents often misinterpret another's "upset" facial expressions as anger towards them. Ensure your tone of voice and body language are controlled, unambiguous and match your words. This is particularly important for adolescents who have experienced trauma, as their brains will be "hypervigilant"; on high alert for non-verbal signals of danger and ready to react defensively.
- **Extend their emotional literacy:** often adolescents act out their feelings when they struggle to verbalise them; help them to develop their emotional vocabulary by modelling feeling words, identifying them in yourself and in everyday stimuli such as photos and films. This normalises the presence of difficult emotions in all of us and shows they are survivable: what is mentionable is manageable.



- **Help them to connect the physical and the emotional:** note and show curiosity about low-level physical signs of dysregulation such as a red face or jittery feet. This can help them to notice it for themselves and take action to regulate themselves.
- **Don't get drawn in to power battles:** young people can unconsciously create “stand-off” situations which they can then struggle to resolve without losing face; you can support them to manage this by offering understanding and giving choices, which can avoid shaming and restore their sense of self-control.
- **Model strategies for self-regulation:** simple breathing exercises and physical strategies such as clenching and unclenching your hands are much more powerful when demonstrated in action. It helps to verbalise what you're doing and why, including that when you feel too angry to talk reasonably, you take time out.
- **Sometimes anger is justified:** young people have a keen sense of social injustice which can leave them feeling disenfranchised and powerless. Supporting them to engage constructively with issues and find their voice through volunteering and campaigning can help build their sense of agency and self-esteem, as someone who can use their anger to create positive change.



We hope you have enjoyed this edition of Mind Matters. If you need any further support or help, please use the contact details below or follow our social media channels for updates and news.

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