

ITEM No ...5.....

REPORT TO: CHILDREN AND FAMILIES COMMITTEE – 2 MARCH 2026

REPORT ON: MENTAL HEALTH AND WELLBEING SUPPORT

REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE

REPORT NO: 49 - 2026

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to provide Committee with an overview of key mental health and wellbeing support strategies for children, young people, and families, and to highlight key developments and outcomes over the past year.

2.0 RECOMMENDATION

2.1 It is recommended that the Committee notes the contents of the report.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications associated with this report.

4.0 BACKGROUND

4.1. The Children and Families Service is committed to promoting and supporting the mental health and wellbeing of Dundee's children, young people, and families. Through a whole-systems approach, we deliver a range of universal, targeted, and specialist supports in partnership with schools, third sector organisations, health services, and the wider community. Our work is aligned with national and local strategies, ensuring services are accessible, responsive, and informed by the needs and experiences of those we serve.

4.2 Counselling in Schools

4.2.1 Counselling in Schools (CiS) is a core component of Dundee's approach to supporting children and young people's mental health and wellbeing. The service provides accessible, early intervention support within school settings. See the Case Study in Appendix 1.

4.2.2 During the reporting period (1 April 2024 to 31 March 2025), 462 children and young people accessed school-based counselling across Dundee schools. The vast majority of provision was delivered in person (445 pupils), with a small number accessing virtual support (17 pupils). Provision was delivered by 11 counsellors, providing approximately 176 counselling hours per week.

4.2.3 Children and young people accessed counselling for a wide range of reasons, often with multiple presenting issues. The most frequently reported concerns included:

- Anxiety
- Emotional and behavioural difficulties
- Family-related issues
- Anger and behavioural regulation
- Depression
- Trauma and bereavement
- Self-harm

4.2.4 These patterns are consistent with national trends and highlight the increasing complexity of need being presented within school communities. Importantly, the data reflects reported reasons for accessing support and does not constitute clinical diagnosis.

4.2.5 Of the pupils who completed counselling and outcome measures, the service demonstrated strong evidence of positive impact:

- 228 pupils completed counselling
 - 150 pupils completed both pre- and post-intervention questionnaires
 - 130 of these pupils showed an improvement in wellbeing outcomes
- 4.2.6 Feedback from children and young people indicates increased confidence, improved ability to identify and manage concerns, and clearer understanding of where to seek support following counselling. Parent and carer feedback similarly highlights improvements in children's wellbeing, emotional regulation, and confidence.
- 4.2.7 The average waiting time from referral agreement to commencement of counselling was approximately 7 days, reflecting effective coordination between schools, providers and the Tayside CiS Coordinator. Waiting lists are actively monitored to ensure timely, fair and proportionate access to support.
- 4.2.8 Referrals were predominantly made by school staff, reinforcing the importance of trusted adult relationships and early identification within schools. Appropriate onward referrals and signposting were made where additional or alternative support was required, including CAMHS, child protection processes and community-based services.
- 4.2.9 A satisfaction survey completed by schools between September 2024 and March 2025 reported generally high levels of satisfaction, particularly within secondary schools where on-site counsellor presence strengthened communication and integration. Identified areas for improvement, primarily around awareness and information-sharing in primary schools, are being addressed through targeted actions led by the Tayside Coordinator and service providers.
- 4.2.10 Counselling in Schools continues to play a critical role in Dundee's preventative and early intervention mental health system. The service demonstrates strong uptake, timely access, positive outcomes for children and young people, and effective integration with wider education and wellbeing supports. Ongoing quality assurance, workforce development and partnership working will remain a priority to ensure the service continues to meet rising and increasingly complex need.

4.3 Together to Thrive

- 4.3.1 Together to Thrive is a community-based partnership initiative in Dundee that provides early support to families awaiting CAMHS assessment, particularly those affected by neurodevelopmental conditions. The programme offers practical guidance and emotional support, helping families manage challenges such as sleep, sensory issues, and relationships while awaiting specialist intervention.
- 4.3.2 The formal independent evaluation of Together to Thrive was commissioned by the Mental Health Foundation and conducted by Social Value Lab. The full impact report was published in August 2025 and disseminated at a dedicated event held at Dundee Contemporary Arts Centre (DCA) on 4 September 2025, attended by local partners, practitioners, and stakeholders.
- 4.3.3 The evaluation evidences that Together to Thrive has delivered measurable improvements for families in Dundee awaiting CAMHS neurodevelopmental assessment. Key findings include enhanced sleep routines, improved sensory regulation, and stronger family relationships, with both families and professionals reporting increased confidence and skills. The report also highlights ongoing challenges around capacity and sustainability and recommends continued investment and partnership working to maximise the programme's impact. Senior Officers from the Children and Families Service continue to engage with colleagues from NHS Tayside in relation to building on the success of this initiative. See the Case Study in Appendix 2.

4.4 Child Healthy Weight Strategy

- 4.4.1 Improving child healthy weight remains a strategic priority for Dundee, embedded within the Tayside Child Healthy Weight Strategy and the Children and Families Service Improvement Plan (2023–2027).
- 4.4.2 The latest data indicate that 74.3% of Primary 1 children in Dundee are a healthy weight, with obesity rates reduced to 25.1%. However, significant socioeconomic inequalities persist, with children in deprived areas at greater risk.

- 4.4.3 Over the past year, progress has included the launch of the Infant Food Insecurity Pathway (February 2025) to support families facing food insecurity, the development of a citywide Food and Health Framework, and the expansion of digital resources such as the Food and Health Padlet, now accessed by over 450 users. Programmes such as Eat Well, Play Well and Best Foot Forward continue to promote healthy lifestyles in early years and primary settings, while a Whole School Approach to Food and Health has been piloted in four schools, receiving positive HMIE feedback. Free School Meal uptake has risen to 58.6%, exceeding targets.
- 4.4.4 Next steps will focus on reducing inequalities, sustaining whole systems approaches, and further developing targeted interventions to support children and families most at risk.

4.5 Third Sector Commissioned Services

- 4.5.1 A wide range of third sector organisations are commissioned to deliver targeted mental health and wellbeing support for children, young people, and families across Dundee. These services are designed to address diverse needs, from emotional wellbeing and trauma recovery to family relationships and support for young carers.
- 4.5.2 Key providers include Hot Chocolate, offering drop-in and referral-based support for young people aged 12–25; Dundee Carers Centre, which supports young carers from P4 to S1 and works closely with schools and agencies; and SAMH, providing additional support for young people aged 11–18 who have not been taken on by CAMHS or require more than school-based provision. Dundee Women's Aid delivers clinical psychology services for children and young people up to age 18 who have experienced developmental trauma, while Alternatives offers specialist animal-assisted counselling for those aged 12–18 attending Rockwell Learning Centre.
- 4.5.3 Relationship Scotland provides counselling, mediation, and contact support for children, young people, and families aged 5–24, and Front Lounge delivers community-based support with a focus on anxiety, confidence, and self-esteem, particularly for care-experienced young people and teenage parents. Tayside Council on Alcohol's Kith 'n' Kin Project supports kinship families affected by parental substance use or imprisonment, and Place2Be addresses mental health barriers and school avoidance for those aged 11–18.
- 4.5.4 LGBT Youth Scotland delivers specialist youth work for LGBTI young people, creating safe and affirming spaces for identity exploration and community building. Together all offers an online, peer-to-peer mental health community for those aged 16 and over in Dundee and Tayside, providing accessible, anonymous support for a wide range of mental health concerns.

5.0 CONCLUSION

- 5.1 The Children and Families Service continue to strengthen early intervention and prevention pathways, ensuring timely and effective support for children, young people, and families. Ongoing collaboration, quality assurance, and a focus on continuous improvement remain central to our approach as we respond to increasing and evolving needs across Dundee.

6.0 POLICY IMPLICATIONS

- 6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate Senior Manager has reviewed and agreed with this assessment.

7.0 CONSULTATIONS

- 7.1 The Council Leadership Team have been consulted in the preparation of this report and are in agreement with its content.

8.0 BACKGROUND PAPERS

8.1 None.

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February 2026

APPENDIX 1

Counselling in Schools – January 2026

Case Study 1

A second-year pupil was referred to the school counselling service due to significant anxiety affecting daily life. The young person identified the transition from home to school as particularly challenging, which resulted in difficulty arriving on time and heightened anxiety upon arrival. These factors created a barrier to attendance and engagement in learning.

Following initial meetings with both the pupil and their parent—covering confidentiality, expectations, and how counselling works—assessment sessions were undertaken. These confirmed that counselling would be beneficial.

The school counsellor presented three therapeutic options:

1. **Exploratory 1:1 sessions** using talking, play, and art
2. **KIT (Knowledge, Insight and Tools)** – a structured, CBT-informed approach for anxiety and low mood
3. **A blended approach** combining both methods

The pupil selected the blended option and subsequently attended all ten sessions.

In the early stages, the pupil appeared hesitant and unsure how to begin, often relying on guidance from the counsellor. Initial sessions incorporated the structured KIT framework to help the young person recognise links between thoughts, feelings, and actions in anxiety-provoking situations. As trust developed within the therapeutic relationship, the sessions naturally expanded into more open exploration. Over time, the pupil progressed from needing consistent direction to confidently choosing activities and shaping the focus of each session.

By the end of counselling, the young person was able to use the therapeutic space independently, exploring their anxieties at a pace and in a manner that felt safe and manageable. They demonstrated increased autonomy, confidence, and emotional awareness.

Although some anxiety remained, the counsellor observed clear improvements. Both the pupil and their parent reported that the anxiety had reduced and become significantly more manageable. The school also noted a marked decrease in anxiety-related difficulties, with improved attendance and engagement in learning.

Through counselling, the pupil was able to address emotions and develop self-directed coping strategies that helped reduce anxiety levels. They identified this as a key outcome of the intervention.

Case Study 2

An S5 pupil, was referred to counselling in April 2025 due to concerns about emotional wellbeing—specifically anxiety, anger, and poor school attendance. Although the pupil did not feel safe attending classes, they were willing to meet in the school's counselling space, which provided a separate, low-pressure environment where they could engage without encountering peers.

Counselling initially focused on building rapport. Through exploring the pupil's interests, home life, and past experiences, the counsellor gained insight into the pupil's difficulties forming safe and trusting relationships. the pupil had faced significant challenges both with peers and within their family environment, which contributed to conflict, withdrawal, and heightened emotional distress. Despite this, the pupil showed a strong ability to reflect on their feelings and behaviours and benefitted from having a consistent, non-judgmental space to talk.

Over the course of the intervention, the pupil used counselling to explore their decisions about their future. Initially planning to leave school for college, the pupil reconsidered and ultimately decided to stay on for S6. This shift represented a notable increase in self-esteem and confidence.

From August 2025 onward, the pupil demonstrated significant positive change. They returned to school, attending classes regularly and reconnecting with old friends. Counselling continued to support the pupil through emerging challenges, helping them develop strategies to manage conflict, anxiety, and difficult emotions. The pupil built a supportive peer network and began participating more actively in school life. They have since applied to university to study paramedicine and secured an interview—an achievement they once viewed as unattainable.

The pupil showed strong commitment to the process, attending weekly sessions consistently, even choosing to continue through holidays at the service's town office. Their progress was reflected in their CORE score, which decreased from 25 (moderate distress) to 6, indicating a substantial improvement in wellbeing.

According to the counsellor, the pupil made meaningful personal growth, becoming more confident in their ability to make positive changes. The school observed marked improvements in attendance, engagement, and social relationships. The pupil also reported feeling more capable of managing their emotions and more in control of their life. They identified the nonjudgmental environment and opportunities for honest reflection as essential to their progress.

Case Study 3

A Primary 7 pupil was referred to school counselling after disclosing self-harm and suicidal ideation to their class teacher. Alongside these risks, the pupil experienced ongoing friendship difficulties and found social relationships hard to manage, which contributed to emotional distress.

During early sessions, the counsellor observed that the pupil struggled to maintain focus and found it difficult to recount events clearly. When discussing emotions, the pupil often shut down quickly, expressing a desire not to appear weak or vulnerable. Although usually talkative, they tended to avoid deeper emotional content until the end of sessions, at which point heightened feelings made returning to class difficult.

Strengths and Difficulties Questionnaires (SDQs) were completed by the pupil and parents, both indicating severe difficulties, particularly around emotional symptoms and hyperactivity.

As the pupil became more open about self-harm and suicidal thoughts, a safety plan was developed involving parents, teachers, and the counsellor. While this ensured consistent monitoring and support, the pupil continued to experience high levels of anxiety and distress.

The counsellor identified that the pupil's self-harm was likely linked to challenges with feeling, processing, and expressing emotions. Although socially skilled on the surface, the pupil struggled to interpret subtle social cues, which contributed to social anxiety and difficulties maintaining friendships. These observations suggested possible underlying neurodivergent traits.

Both parents engaged positively with the school, seeking to understand the pupil's needs and to explore pathways for further assessment. Together with the counsellor, they planned for a supported transition to Secondary 1.

To facilitate continuity, the counsellor:

- prepared a report for the S1 guidance teacher,
- arranged for a suitable resources worker to support the pupil, and
- shared a summary with the GP at the parents' request to support onward referrals.

The pupil reported feeling more aware of their emotions and increasingly able to express them without fear of appearing weak. Parents gained a clearer understanding of their child's difficulties. The collaborative work between the counsellor, parents, and school created a consistent support network. This approach helped reduce parental anxiety about the transition to secondary school and ensured the pupil felt supported academically and emotionally.

Case Study 4

A 14-year-old pupil was referred to counselling after concerns were raised by their parent, school staff, and peers. Although previously sociable, engaged, and attending regularly, the pupil had become increasingly withdrawn following the sudden death of a parent two years earlier. They showed reduced interest in activities, emotional distress at home—particularly at night—and avoided talking about their loss. In school, staff noticed declining motivation, emotional dysregulation, and the pupil frequently leaving class due to anxiety or upset. Friends also expressed that the pupil “was not themselves.”

The pupil presented with complex bereavement-related difficulties with the initial assessment confirming significant distress, with a YP-CORE score of 26. The pupil expressed willingness to engage but felt anxious about showing emotion. They disclosed that they had never properly spoken about their loss and felt they were “not coping.”

An integrative therapeutic approach was used, combining person-centred practice, grief psychoeducation, expressive/creative work, and emotional regulation strategies.

Key insights from the counsellor included:

- The pupil had been containing their grief to avoid burdening their parent.
- Emotional avoidance had initially served as protection but later contributed to feeling “stuck.”
- Creative tools enabled expression when talking felt overwhelming.
- The pupil’s emotional safety and trust grew steadily, reflected in their shift from remote sessions to in-school sessions.

Across the work, the pupil:

- expressed previously suppressed emotions
- processed complex feelings about their parent’s death
- developed healthier coping strategies
- understood grief as an ongoing process that does not need to be hidden
- increased their emotional literacy and ability to recognise and regulate distress

By the end of 15 sessions, the pupil showed measurable and observed improvement.

- Reduced CORE score (26 → 15)
- Increased ability to express emotions openly
- Better self-regulation and coping skills
- Reduced avoidance and emotional withdrawal
- Greater understanding of grief and their own reactions
- Increased confidence in seeking support
- Improved school engagement and participation

Pupil feedback: “My grief is still present, but it is more manageable rather than overwhelming. I now know my feelings are normal, and I will continue to look after myself.”

School staff observed improvements in motivation, emotional stability, and classroom engagement. The pupil re-joined social activities they had previously avoided and appeared more settled and confident in the school environment.

Counsellor's view: The therapeutic relationship and structured ending highlighted clear growth in resilience, emotional awareness, and the pupil's ability to live alongside grief in a healthier and more integrated way.

The ending was planned collaboratively, acknowledging the emotional weight of endings in bereavement work. Progress was reviewed and strengths reinforced. The pupil expressed confidence in managing future challenges, and information about ongoing bereavement supports and re-referral options was provided.

APPENDIX 2

Case Study





Progress and Impact:


A key strength of Sidlaw View Primary is our proactive approach to supporting children’s social and emotional wellbeing. This is embedded through a range of whole-school strategies, targeted interventions delivered by our School and Family Development Workers (SFDWs), and strong partnerships with external agencies—many of which are made possible through Pupil Equity Funding (PEF).


Recognising the vital role that family wellbeing plays in a child’s development, we have seen a notable increase in FORT referrals aimed at supporting the wider family network. Feedback gathered from families consistently highlighted that parents and carers often felt more comfortable seeking support from familiar school staff, with whom trusted relationships had already been established.


In response, and with a long-term vision for sustainable change, we made support for families a key priority in our 2024–2025 School Improvement Plan. Our commitment included:

 **Capacity building through professional learning:** Key staff, including the Senior Leadership Team, SFDWs, Finding Flora Worker, PTs, and a class teacher engaging in *Together to Thrive* training delivered by CAMHS, covering Reflective Parenting, Trauma, Sensory Needs, Positive Behaviour Support and Sleep.

 **Resource development and signposting:** Lead staff accessing the CAMHS portal to source relevant materials to enhance support for families.

 **Tailored referrals:** Families offered referrals via the FORT system to a *Together to Thrive* worker, based on their preferences for external 1:1 support or in school group or individual supports.

 **Parent voice and participation:** Gathering views from parents to understand what forms of support would be most meaningful and effective for them.

 **Innovative test-of-change initiatives:**

- Joint parent–child sessions held in school with the Finding Flora project
- Parent-only group sessions introducing key concepts in trauma, sensory processing, sleep hygiene, behaviour support, and reflective parenting

Impact and Recognition

- **Recognition of Best Practice:** Our collaborative work with CAMHS and the Mental Health Foundation has been recognised as a model of best practice nationally.
- **Pupil Wellbeing Gains:** Most pupils engaged in individual and family support initiatives have shown measurable improvements in their Glasgow Motivation and Wellbeing Profiles and other pre and post surveys, indicating enhanced emotional resilience and motivation.
- **Staff Development and Impact:** Seven staff members have now completed training with CAMHS through the *Together to Thrive* programme. This has significantly boosted staff confidence in providing guidance and has led to more informed, supportive conversations with families, both through the TATC process and in dedicated family sessions.
- **Family Feedback:** Feedback from participating families has been overwhelmingly positive. Comments include:
 - “It has been transformational for our family.”
 - “You really don’t know how much you’ve helped and supported our family.”
 - “My child actually sleeps now!”
 - Two families filmed for the *Together to Thrive* promotional video sharing their journey and impact.

[Together to Thrive | Mental Health Foundation](#)

Critical Reflections

- **Family Engagement:**

Our initial “one-size-fits-all” model for family sessions, designed solely by staff, proved ineffective. Engagement improved only after we gathered wider parental input and shifted to a more parent-led approach. Co-planning with families is now central to our strategy and key to continued success.

- **Sustainability:**
With limited in-school resources, sustaining Together to Thrive requires external funding. We will explore grants such as *Awards for All* and wellbeing funds to support ongoing delivery and development.